

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 5, 2025

[REDACTED]
CONNIE S EICHER
[REDACTED]

RE: EICHER'S FAMILY HOME CARE
704 CAMP ACHIEVEMENT ROAD
NORMALVILLE, PA, 15469
LICENSE/COC#: 44674

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EICHER'S FAMILY HOME CARE* License #: *44674* License Expiration: *12/29/2025*
 Address: *704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA 15469*
 County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *CONNIE S EICHER*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *11/17/2025*

Inspection Dates and Department Representative

11/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *32*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

11/17/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/30/2025*

11/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/04/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2025*

Inspections / Reviews (*continued*)

11/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2025

12/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home is representative payee and handles finances for resident [REDACTED]. From [REDACTED] through [REDACTED], the balance of cash funds for resident [REDACTED] did not fall below [REDACTED]. However, the home does not have documentation that they offered to open an interest-bearing bank account for the resident.

Plan of Correction

Accept [REDACTED] - 11/26/2025)

Effective immediately the Administrator will perform monthly audits, to maintain ongoing compliance with notifying a resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution, if the home is holding more than [REDACTED] for a resident for more than 2 consecutive months. Any deficiencies will be corrected immediately. Administrator will keep documentation of offering an interest-bearing account, on file in the residents financial record
If a resident elects not to have an interest bearing bank account documentation will be kept on file.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 12/05/2025)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home does not have documentation that resident [REDACTED]'s financial transactions have been reviewed with the resident on a quarterly basis since [REDACTED]

The home does not have documentation that resident [REDACTED]'s financial transactions have been reviewed with the resident on a quarterly basis since [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/26/2025)

In response to the violation on 11/17/2025, Administrator took immediate corrective action. On 11/18/2025 the Administrator reviewed an itemized financial statement with resident [REDACTED], and resident [REDACTED], both residents were provided a copy for their own record.

On a quarterly basis the Administrator will review financial transactions with residents that the facility is Representative Payee for. A detailed itemized financial statement will be given to the resident and/or designated person quarterly and as requested by resident or designated person. Administrator will keep documentation of quarterly reviews will be kept on file in the residents financial record.

20b8 Quarterly Account (continued)

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 12/05/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED]'s most recent assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/26/2025)

On 11/17/2025 Resident [REDACTED] annual assessment was completed by the Administrator and reviewed with the resident. The administrator created reminders in [REDACTED] calendar to ensure each resident's annual assessment is completed on time, a monthly audit will be completed by the Administrator on auunal assessments that are due for that month.

Annual assessments will be updated annually and if there is a change in the residents condition, prior to the annual assessment

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 12/05/2025)