

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

April 24, 2026

[REDACTED], OWNER
CONNIE S EICHER
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/16/2026 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: *12/29/2026*
 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

Type: *C-2 LP* Date: *09/22/1997* Issued By: *Dept of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/16/2026*

Inspection Dates and Department Representative

01/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *30*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *9*
 Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *29*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

01/16/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/08/2026*

03/10/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/10/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2026*

Inspections / Reviews *(continued)*

03/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2026

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, requires carbon monoxide detectors be installed in close proximity of, but not less than 15 feet from any fossil fuel burning device or appliance. The Act states, "If the approved carbon monoxide alarm cannot be heard by the staff on duty on a specific floor or wing of the home, a single approved carbon monoxide alarm shall be installed where it can be heard by the staff on duty in addition to the alarm installed in close proximity of, but not less than 15 feet from any fossil fuel burning device or appliance." There were two fossil fuel burning devices with corresponding carbon monoxide detectors on the home's basement level, however, there were no carbon monoxide detectors on the home's first floor, where resident bedrooms and common areas are located.

Repeat Violation: 2/6/25

Plan of Correction

Accept () - 03/10/2026

In response to the violation on 01/16/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/17/2026 by the Owner, a carbon monoxide detector with dated batteries was installed on the first floor of the facility, where resident's bedrooms and common areas are located.

Effective 01/19/2026 the Administrator will perform monthly inspections of the carbon monoxide detector to ensure proper operation, batteries will be changed yearly and as needed to maintain ongoing compliance Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented () - 04/24/2026

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A, hired on [REDACTED] does not have a completed criminal background check in their record.

Plan of Correction

Accept () - 03/23/2026

In response to the violation on 01/16/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/16/2026 by the Administrator, a PSP Criminal Background check was completed on staff person A.

On 03/10/2026 all employee charts were audited and current PSP background checks are present on all employees. To enhance the currently compliant operations, the Administrator will continue to complete PSP Criminal

51 - Criminal Background Check (continued)

Background Checks, on all newly hired employees, and volunteers.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented () - 04/24/2026)

64c - Annual Training

3. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

the home's administrator, completed only 8.5 hours of Department-approved training in training year September 1, 2024, through August 30, 2025.

Plan of Correction

Directed () - 03/24/2026)

In response to the violation on 01/16/2026 by the Pennsylvania Bureau of Human Service Licensing, the Administrator will complete 39.5 hours of training by 08/30/2026. The Administrator is subscribed to Care CEU's and will complete a portion of training online. In person training will be completed through PALA. Administrator will also frequently check ListServ for training's available in the area to ensure 24 hours of annual training relating to the job duties are completed in compliance with 2600.64.C.

Proposed Overall Completion Date: 03/16/2026

Directed: The administrator will complete 15.5 hours of administrator training by 5/1/2026. 3/24/2026

Directed Completion Date: 05/01/2026

Implemented () - 04/24/2026)

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of annual fire safety training, held on 9/12/2024, for direct care staff persons C and D does not include the source of training or length of the course.

Plan of Correction

Directed () - 03/24/2026)

In response to the violation on 01/16/2026 by the Pennsylvania Bureau of Human Service Licensing the Administrator created a checklist to compare to all certificates that are received for completion of trainings to ensure that all certificates have the required information in accordance with 2600.65.i Proper documentation will be kept on the facility created training record.

Proposed Overall Completion Date: 03/12/2026

65i - Training Record (continued)

Directed: Within 24 hours of receipt of the plan of correction, the administrator will correct the training documents from the 9/12/2024 fire safety training for staff person C and staff person D. [REDACTED] 3/24/2026

Directed: Within 24 hours of receipt of the plan of correction, the administrator will ensure that the home will use either Department provided training records or other training records that include all required elements under 65i. [REDACTED] 3/24/2026

Directed Completion Date: 03/25/2026

Implemented ([REDACTED] - 04/24/2026)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 had a bedside mobility device that slides under the mattress and was not securely attached to the structure of the bed, which can move and create entrapment zones. The bedside mobility device had an opening measuring approximately 15 inches long by 6 inches wide and did not have a cover, posing an entrapment hazard.

Plan of Correction

Directed ([REDACTED] - 03/24/2026)

In response to the violation 2600.81.b on 01/16/2026

The bedside mobility device was removed from the resident's bed immediately.

All bedside mobility devices in the facility were checked on 01/20/2026 by the owner to ensure proper functioning.

The owner and or Administrator will perform checks monthly and as needed on bedside mobility devices to ensure they are securely attached to the to the structure of the bed to prevent injury, any mobility device that has an opening of more than 4 3/4 inches will be covered to prevent potential entrapment.

Any mobility device that is brought into the facility will be inspected by the Administrator and or Owner for safety in accordance with all rules and regulations.

Devices that are not safe and pose a hazard will be removed from the facility.

Proposed Overall Completion Date: 03/12/2026

Directed: Within 24 hours of receipt of the plan of correction, the owner or administrator will check each bedside mobility device in the home for compliance weekly. [REDACTED] 3/24/2026

Directed: Within 7 days of the receipt of the plan of correction, the administrator will create and implement a written policy that includes all elements of the Department's Use Bedside Mobility Devices in PCH and ALR, issued 6/26/2023. All staff persons will be educated on the policy by 4/8/2026. The home's policy and verification of staff education will be submitted to the Department.

[REDACTED] 3/24/2026

Directed Completion Date: 04/08/2026

Implemented ([REDACTED] - 04/13/2026)

101c - Bedroom Mobility Needs

6. Requirements

2600.

101.c. Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

Description of Violation

Bedroom [redacted] is occupied by 4 residents, including 1 resident with mobility needs and uses a walker for ambulation, requiring a minimum total of 280 square feet. However, the bedroom only measures approximately 264.13 square feet.

Plan of Correction

Accept ([redacted] - 03/24/2026)

On 01/16/2026 the Administrator spoke with the resident with a mobility need and also had a phone conversation with the resident's family and explained the need to have a larger room with more space to make ambulating with a walker more accommodating. All were in agreement with a room change.

On 01/19/2026 the resident was moved to room [redacted] that is occupied by a total of now 2 residents with a mobility need, and 2 resident without a mobility need. The room is 375 sq ft.

On 01/27/2026 the Administrator had all rooms measured that are occupied by a resident with a mobility need to ensure the room space was in compliance with 2600 101.C

The Administrator will monitor all room changes and new admissions to ensure that each bedroom for one or more residents with a mobility need has at least 100 square feet per resident to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented ([redacted] - 04/24/2026)

103d - Storing Food Off Floor

7. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 9:25 am, there were numerous food items stored on the floor in the home's walk-in freezer by the kitchen to include:

- * One 3 gallon tub of ice cream
- * One box of Eggo waffles
- * One box containing sealed packages of frozen liver and ham

Plan of Correction

Accept ([redacted] - 03/24/2026)

On 01/16/2026 the food items were immediately removed from the freezer floor and placed on a shelf inside the freezer.

On 01/19/2026 the Administrator spoke with all kitchen staff and explained the importance of not placing any food items on the floor of the freezer, all food items have to be placed on the shelf.

103d - Storing Food Off Floor (continued)

The Administrator will perform checks daily starting 01/20/2026 to ensure that no items are on the freezer floor.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented () - 04/24/2026

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept () - 03/24/2026

On 01/16/2026 Resident #2's Preadmission screening was reviewed and corrected the needs of the resident can be met by the services provided by the home. Within 30 days prior to admission the Administrator will make the determination and document on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the facility.

On 03/11/2026 the Administrator completed a chart audit of all resident charts to ensure that all preadmission screening were completed accurately.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented () - 04/24/2026

227d - Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 uses a bedside mobility device; however, resident #3's support plan, dated [redacted], does not indicate the use of a bedside mobility device.

Resident #4 uses a bedside mobility device; however, resident #4's support plan, dated [redacted] does not indicate the use of a bedside mobility device.

Plan of Correction

Accept () - 03/24/2026

On 01/19/2026 Resident #3's and Resident #4's support plans were updated to indicate the use of the bedside mobility device.

Any new approved devices that are being used by the resident in the facility will be indicated on the resident's support plan by the Administrator.

227d - Support Plan Medical/Dental (continued)

On 03/12/2026 Administrator completed a chart audit on residents that use a mobility device to ensure proper documentation.

On 3/16/2026 the Administrator conducted an all staff meeting on Bedside Mobility Devices.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented (█) - 04/24/2026)

227g -Support Plan Signatures**10. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4 participated in the development of █ support plan on █ however, the support plan was not signed by the assessor or the resident.

Plan of Correction

Accept (█) - 03/24/2026)

On 01/19/2026 the Administrator reviewed the support plan with Resident #4 the plan was signed and dated by the Administrator and the Resident.

The Administrator will ensure that individuals, who participate in the development of the support plan, sign and date the support plan.

On 03/11/2026 the Administrator completed a chart audit of all resident charts to ensure all support plans were signed and dated by all participants.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█) - 04/24/2026)