

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GEORGE H NEAL MEMORIAL HOME FOR THE AGED

To operate HEARTHSTONE RETIREMENT HOME

Located at 102 SOUTH POTOMAC STREET, WAYNESBORO, PA 17268

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 26 or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

and shall remain in effect from August 1, 2011 until November 1, 2011, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328561

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 02 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Michael West, President
George H. Neal Memorial Home for the Aged
Hearthstone Retirement Community
102 South Potomac Street
Waynesboro, Pennsylvania 17268

Dear Mr. West:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 30, 2011 and July 6, 2011 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed personal care home will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Hearthstone Retirement Home for the Aged, 102 South Potomac Street Waynesboro, PA 17268		CURRENT LICENSE NUMBER 32856	
INSPECTION DATES (Include all dates of the inspection) 06/30/2011	REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Ms. Joey Thomas, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Joey Thomas</i>	DATE 07/15/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enid</i>	DATE 7/18/11

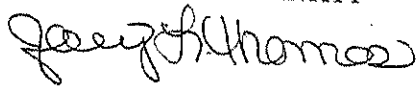
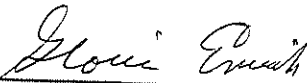
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	62 P.S. § 1002 states that no person may operate a personal care home without first having obtained a license issued by the Department. The facility received a letter from the Department, dated 11/30/10, to cease operations immediately as it was operating without a license. Despite the notification, the facility continued to admit the following residents on these dates: Resident #1 on 2/20/11; Resident #2 on 4/14/11; Resident #3 on 4/15/11; Residents #4 and #5 on 6/3/11 and Resident #6 on 6/22/11. PCH Division Central Region Field Office JUL 15 2011 RECEIVED	06/30/2011	No admissions will occur until regular or provisional license is obtained.	




VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Jeanette Thomas</i>		DATE 07/15/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Shirley Emmit</i>
			DATE 7/15/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> • The contract for resident #6, dated 6/22/11, was not signed by the resident. • The contract for resident #7, dated 6/24/11, was not signed by the resident. <p>There were no notations as to whether the residents refused or were unable to sign the above contracts.</p>	07/01/11 07/07/11	<p>Resident #6 refused to sign contract due to weakness but verbally stated [redacted] understood the admission agreement. Notation made on the contract *See Attachment #1</p> <p>Resident #7 unable to sign due to mental/physical decline, poor understanding and judgement. Notation made on the contract *See Attachment #2</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/15/11 <i>SE</i></p> <p>Date Initials (DPW)</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 07/15/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/18/11



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41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	The records for residents' #6 and #7 did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.	07/01/11	Resident #6 refused to sign due to weakness but verbally stated  understood  rights and complaint procedures. Notation made on acknowledgment. See Attachment # 3	Steps have been taken to correct violation; full compliance is not verifiable 7/18/11  Date Initials (DPW)
		07/09/11	Resident # 7 unable to sign due to mental decline and poor judgement. Notation made on acknowledgment. See Attachment # 4	


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SIGNATURE OF LEGAL ENTITY <i>Joseph Thomas</i>		DATE 07/15/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glen Smith</i>
			DATE 7/15/11

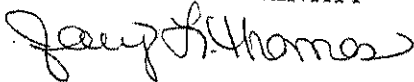
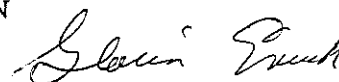
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53f The administrator shall have the ability to comply with applicable laws, rules and regulations, including this chapter.	The violation of § 2600.18 demonstrates that the administrator does not have the ability or capability to maintain and supervise facility operations in accordance with applicable laws and regulations.	06/30/11 Ongoing	No admissions will occur until regular or provisional license is obtained. Continued review of above regulations will occur on a continuous basis with email/telephone calls to DPLW representatives for questions and clarifications	

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature at the bathroom sink, by the 1st floor staff office, measured 131.1 degrees Fahrenheit.	07/01/11 - Continuous	Hot water temperature is being taken daily from July 1 st , 2011 thru July 31 st , 2011. (one (1) check on first (1 st) floor, one (1) check on second (2 nd) floor and one (1) check of misc location) See Attachment #5 + #6 Effective August 1 st , 2011 - continuously there will be weekly checks completed (one (1) check on first (1 st) floor, one (1) check on second (2 nd) floor and one (1) check of misc. location) See Attachment # 7	Steps have been taken to correct violation; full compliance is not verifiable 7/18/11  Date Initials (DPW)

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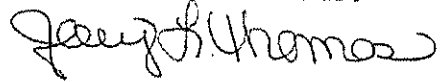
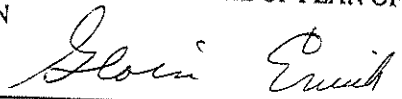
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161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	There was no documentation of resident #8's dietary needs in the resident record.	07/05/11	<p>Resident # 10 assessment (pg 4) already stated "NONE- Regular Diet only" under the Special Health or dietary needs. See Attachment # 8</p> <p>The support plan stated no dietary needs - regular diet. See attachment # 9</p> <p>Resident hadn't had physical from physician to note any changes to dietary needs. Appt scheduled. Date of admission was 06/29/11</p> <p>Dietary Restrictions has been added to each resident profile sheet + medical profile sheet. See Attachment # 10 + 11</p>	7/13/11 ZSE

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SIGNATURE OF LEGAL ENTITY <i>Joey Thomas</i>	DATE 07/15/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ernst</i>	DATE 7-18-11



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224a 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.	The home did not complete a pre-admission screening for Resident #5, admitted 6/3/11, until 6/16/11.	07/05/11	All new admissions will have a preadmission screening completed within thirty (30) days prior to admission or the day of admission. No admissions will occur until regular or provisional licensed is obtained.	Steps have been taken to correct violation; full compliance is not verifiable 7/18/11 <i>GE</i> Date Initials (DPW)

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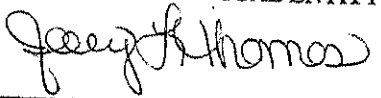

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident records reviewed did not have identifying marks, race or eye color for each resident specified.	07/05/11	All resident records have been corrected to include all identifying requirements to include identifying marks, race and eye color as noted as a violation Resident's # 1 thru #7 See Attachments # 12, #13, #14, #15, #16, #17, #18	7/18/11 SE

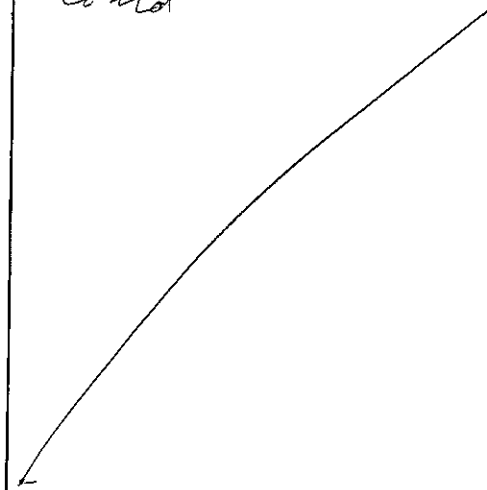
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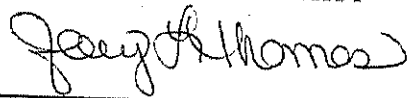

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary			<i>omit.</i>	

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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.			Cont'd 	

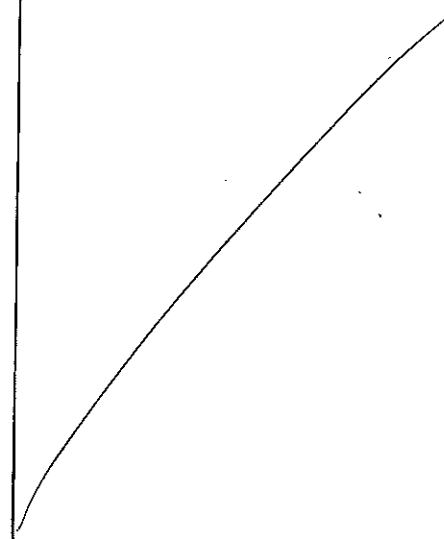
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents			<i>Cont'd.</i>	

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified			Contd. 	

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any			<i>Contd.</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Ms. Joey L. Thomas, Administrator			
SIGNATURE OF LEGAL ENTITY <i>Joey L. Thomas</i>	DATE 07/15/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE 7/18/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY	
23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.	Resident #1 did not receive assistance with ambulating, toileting and transferring in and out of bed. Resident #1 has mobility needs and is visually impaired. This resulted in a number of falls with related injuries from 4/22/11 through 6/1/11. The home completed an assessment and support plan on 6/17/11 addressing the assistance needed with ALD's to prevent falls. Resident #1 fell again on 6/22/11 and 6/28/11. The 6/28/11 fall resulted in serious injury including a spine fracture that resulted in the resident being admitted to the hospital. The following falls and injuries occurred since the resident's admission date of 4/14/11: 04/22/11 @ 9:30 PM Fell in room and got entangled in his/her walker. Nose was bleeding with a scratched knee and elbow;	07/11/2011 <i>Gnjong</i>	Physician's have recommended an increased level of care. Resident has been discharged on July 11, 2011. Hearthstone Retirement Home will be monitoring falls on a daily basis and during continuous Quality Improvement (QI) meetings to ensure residents needs are being met.	Steps have been taken to correct violation, full compliance is not verifiable 7/15/11 <i>GE</i> Date Initials (DPW)	
	05/07/11 @ 11:10 AM Fell in bathroom and cut forehead;			QI meeting scheduled on July 19, 2011. Attachment #1	
	05/08/11 @ 10:00 PM Fell out of bed and cut left elbow;				

PCH Division
Central Region Field Office

JUL 15 2011

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Hearthstone Retirement Home for the Aged, 102 South Potomac Street Waynesboro, PA 17268		CURRENT LICENSE NUMBER 32856	
INSPECTION DATES (Include all dates of the inspection) 07/06/2011		REGIONAL REPRESENTATIVE Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Ms. Joey L. Thomas, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Joey L. Thomas</i>	DATE 07/15/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gr</i>	DATE 7/18/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	05/09/11 @ 1:00 AM Fell in room and injured left elbow; 05/16/11 @ 10:45 ? Fell in room and hit head. Bruises on left leg and hip. Left hip has "large purple bruise, 3" x 3" round"; 05/27/11 @ 08:15 PM Fell in room with head and shoulder brush burns; 06/01/11 @ 10:15 AM Fell in room with 3 skin tears on left elbow and forearm; 06/22/11 @ 3:30 AM Fell in room with skin tear on right elbow. 06/28/11 In the AM Fell in home resulting in fracture of the spine.		<i>Crystal</i>	