



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED
MAILING DATE: 11/27/12

Mr. Michael D. West, President/Board of Directors
George H. Neal Memorial Home for the Aged
102 South Potomac Street
Waynesboro, Pennsylvania 17268

RE: Hearthstone Retirement Home

Dear Mr. West

As a result of the Department of Public Welfare's (Department) licensing inspection on June 15, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil S. Cody".

Neil S. Cody
Regional Licensing Director

Enclosure
Violation Report

Violation Report: 32856 - 06/15/2012 - Erb, Jaime
 PCH Name: HEARTHSTONE RETIREMENT HOME

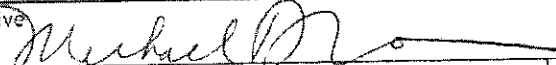
1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 5/19/12, an allegation of verbal abuse against Resident #1 was reported to staff person A. The home did not immediately report the allegation to the local Area Agency on Aging or the State Department of Aging.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- *Notification to Franklin County Area Agency on Aging on June 18, 2012 and spoke with [redacted] regarding the incident in question. Based upon the discussion of the incident, [redacted] determined we did not need to complete the Act 13 for the incident in question.
- *To ensure all employees and management are knowledgeable of the current Mandated Reporting Procedures and the Act 13, [redacted] Franklin County Area Agency on Aging and [redacted] Ombudsman will be on-site on August 1 and August 23, 2012. (See attached memo)
- *We continually work with Franklin County Area Agency on Aging and Ombudsman to ensure the residents are fully aware of their Client Rights.
- *Residents and/or Designated Representative are provided information at time of admission and throughout the year to ensure compliance and understanding with current laws, policy and procedures and regulations. Client rights information with compliance contact numbers listed are posted in common areas of facility at all times.
- *Staff is provided training throughout the year to ensure compliance and understanding with current laws, policies and procedures and regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael D. West, President/Board of Directors	Date July 16, 2012
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/26/12
 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 11/26/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32856 - 06/15/2012 - Erb, Jaime
 PCH Name: HEARTHSTONE RETIREMENT HOME

1. REGULATION 55 Pa.Code §2600
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/19/12, an allegation of verbal abuse was made against Staff person B regarding Resident #1. The home did not develop and implement a plan of supervision or suspend staff person B. Staff person B returned to work on 5/21/12.

3. PLAN OF CORRECTION (POC) (Attach pages, as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately include dates by which the steps will be completed.


*From the time of the incident until Staff person B appeared on site it was determined that the incident did not constitute verbal abuse, therefore did not require Staff person B to be suspended. Arrangements were made to discuss situation and determine any corrective action with Staff person B on their next scheduled shift. Soon after reporting to scheduled shift and prior to said meeting, Staff person B was injured on the job and was placed on worker's compensation.

~~*Incident was reported to DPW - Central Region but based upon incident report, DPW - Central Region apparently determined that the incident was not critical in nature. If DPW - Central Region had determined incident was critical the facility should have been contacted immediately according to Regulatory Issues and Frequently Occurring Situations - Abuse and Abuse Reporting - to place the staff person on a plan of supervision that is developed in conjunction with the Department and if the plan is not acceptable the Department will notify the home.~~

*If any future incidents involving a resident and/or staff member occur, incident will be reported according to laws and regulations. Expectations is DPW - Central Region will provide immediate response to assist in appropriate action for alleged incident.

→ IF FUTURE ABUSE ALLEGATIONS ARE MADE, THE IDENTIFIED STAFF PERSON WILL IMMEDIATELY BE SUSPENDED OR PLACED ON A PLAN OF SUPERVISION. IT IS THE ADMINISTRATOR'S RESPONSIBILITY TO COMPLY WITH ABUSE REPORTING AND INVESTIGATION REGULATIONS.

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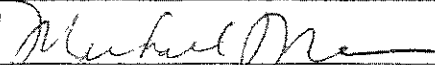
1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 5/19/12, an allegation of verbal abuse against Resident #1 was reported to staff person A. The home did not submit an incident report to the Department until 5/22/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- *From the time of notification it was determined through discussions with staff and residents it was not an incident of verbal abuse. On May 22, 2012, it was reported to DPW - Central Region as a matter of record.
- *Additional review indicated that an individual action plan be developed and implemented with Staff person B of incident.
- *To ensure all employees and management are knowledgeable of the current Mandated Reporting Procedures and the Act 13 ██████████ ██████████ Franklin County Area Agency on Aging and ██████████ Ombudsman will be on-site on August 1 and August 23, 2012. (See attached memo)
- *We continually work with Franklin County Area Agency on Aging and Ombudsman to ensure the residents are fully aware of their Client Rights.
- *Residents and/or Designated Representative are provided information at time of admission and throughout the year to ensure compliance and understanding with current laws, policy and procedures and regulations. Client rights information with compliance contact numbers listed are posted in common areas of facility at all times.
- *Staff is provided training throughout the year to ensure compliance and understanding with current laws, policies and procedures and regulations.

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Violation Report: 32856 - 06/16/2012 - Erb, Jaime
 PCH Name: HEARTHSTONE RETIREMENT HOME

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 5/18/12, at approximately 6:00 pm, after the evening dinner meal, Staff person B was assisting to transfer Resident #1 from a chair in the dining room to his/her feet. During a period of about 20 minutes, Resident #1 tried to transfer up from his/her chair to a standing position and sat back down while Staff person B was trying to assist with the transfer. Staff person B became frustrated and started to become loud while directing his/her frustration towards Resident #1. During the altercation, Staff person B was heard swearing at Resident #1.

Based on record review and interviews with staff and residents, on 5/18/12 Staff person B treated Resident #1 disrespectfully and in a demeaning manner by being verbally abusive. The Staff and Residents described Staff Person B as very loud, inappropriate, harsh and disrespectful.

On 6/13/12, Staff person B was counseled by Staff person A, for an allegation of verbal abuse against Resident #1. An action plan that constitutes a final written warning was implemented for Staff person B.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Staff person B was intermitting assisting resident during that period of 20 minutes while assisting resident to standing position.

During one assist resident returned to a sitting position which resulted in bending the fingers of Staff person B. The infliction of pain prompted Staff person B to say a swear word. The swear word was not directed at the resident but rather a reaction to the pain.

*On May 30, 2012, Staff person B received a final written action plan for behavior unbecoming to an employee, breach of confidentiality and/or inappropriate conduct. On June 12 and June 22, 2012, Staff person B received counseling based on the initial action plan. (As of July 10, 2012, Staff person B is no longer employed)

*To ensure all employees and management are knowledgeable of the current Mandated Reporting Procedures and the Act 13 [REDACTED] Franklin County Area Agency on Aging and [REDACTED] Ombudsman will be on-site on August 1 and August 23, 2012. (See attached memo)

*We continually work with Franklin County Area Agency on Aging and Ombudsman to ensure the residents are fully aware of their Client Rights.

*Residents and/or Designated Representative are provided information at time of admission and throughout the year to ensure compliance and understanding with current laws, policy and procedures and regulations. Client rights information with compliance contact numbers listed are posted in common areas of facility at all times.

*Staff is provided training throughout the year to ensure compliance and understanding with current laws, policies and procedures and regulations.

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Michael D. West

Printed Name and Title of Legal Entity Representative
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Violation Report: 32856 - 06/15/2012 - Erb, Jaime
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1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5/18/12, at approximately 6:00 pm, after the evening dinner meal, Staff person B was assisting to transfer Resident #1 from a chair in the dining room to his/her feet. During a period of about 20 minutes, Resident #1 tried to transfer up from his/her chair to a standing position and sat back down while Staff Person B was trying to assist with the transfer. Staff person B became frustrated and started to become loud while directing his/her frustration towards Resident #1. During the altercation, Staff person B was heard swearing at Resident #1.

Based on record review and interviews with staff and residents, on 5/18/12, Staff person B treated Resident #1 disrespectfully and in a demeaning manner by being verbally abusive. The Staff and Residents described Staff Person B as very loud, inappropriate, harsh and disrespectful.

On 6/13/12, Staff person B was counseled by Staff person A, for an allegation of verbal abuse against Resident #1. An action plan that constitutes a final written warning was implemented for Staff person B.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately include dates by which the steps will be completed

- *Staff person B was intermitting assisting resident during that period of 20 minutes while assisting resident to standing position. During one assist resident returned to a sitting position which resulted in bending the fingers of Staff person B. The infliction of pain prompted Staff person B to say a swear word. The swear word was not directed at the resident but rather a reaction to the pain.
- *On May 30, 2012, Staff person B received a final written action plan for behavior unbecoming to an employee, breach of confidentiality and/or inappropriate conduct. On June 12 and June 22, 2012, Staff person B received counseling based on the initial action plan. (As of July 10, 2012, Staff person B is no longer employed)
- *To ensure all employees and management are knowledgeable of the current Mandated Reporting Procedures and the Act 13, ██████████ ██████████ Franklin County Area Agency on Aging and ██████████ Ombudsman will be on-site on August 1 and August 23, 2012. (See attached memo)
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Violation Report: 32856 - 06/15/2012 - Erb, Jaime
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1. REGULATION 55 Pa.Code §2600
 2600.44(d) - The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint

2a. DESCRIPTION OF VIOLATION
 On 5/19/12, Staff person A received a complaint of verbal abuse regarding Resident #1 Staff person A did not initiate an investigation until 5/21/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately include dates by which the steps will be completed.

*From the time of notification it was determined through discussions with staff and residents it was not an incident of verbal abuse.
 On May 22, 2012, it was reported to DPW - Central Region as a matter of record.
 *Any complaints, investigations and resolution of complaints will be handled based upon their severity according to laws and regulations.

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