



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

Ms. Lori Perkins, President, Board of Directors  
George H. Neal Memorial Home of the Aged  
102 South Potomac Street  
Waynesboro, Pennsylvania 17268

RE: Hearthstone Retirement Home  
License #: 328560

Dear Ms. Perkins:

As a result of the Department of Human Services' annual licensing inspection on October 12, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 32858 - 10/12/2016 - Heemer, Laura  
 PCH Name: HEARTHSTONE RETIREMENT HOME

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home's policy for tracking controlled substances in liquid form states that the liquid can be counted by:

1. "Ask the pharmacist to package the medication in a pre-marked container to allow tracking of amount of the medication given/remaining."

Or,

2. "Place a strip of tape or a white label on the container to the side of the prescription label. Each employee administering the medication can draw a line at the level of liquid in the container after the dose is poured and initial the line."

The home did not implement a procedure for the safe storage and accounting of Guaifenesin-codeine syrup prescribed to Resident 1. The bottle was not a pre-marked container from the pharmacy, nor was the bottle labeled and marked by staff when a dose was administered.

**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.*

On October 13, 2016, a white label was placed on the bottle of Guaifenesin-Codeine syrup prescribed to Resident 1. Once label was placed on line was drawn at the level of liquid, dated and initialed.  
 \*See attached

On November 3, 2016, notification was given to staff by nursing notes of the procedure to follow when dispensing controlled medications in liquid form.

As a controlled medication of liquid form is ordered, designated employee documenting this medication in the MAR will ensure bottle is labeled correctly as well as mark the level of liquid in the container as the start level, date and initial. Continued on Page 2A

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) **Allen Ecker, President - Directors** Date **11-4-16**

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11/4/16  
 (Date)

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

Plan of correction implementation status as of 11/4/16  
 (Date)

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

The administrator, or designated staff member, will perform weekly medication audits for a period of four weeks to assure that the policy for controlled substances in liquid form is being followed.

PAS 11/4/16