





September 7, 2021

George H. Neal Memorial Home for the Aged  
102 South Potomac Street  
Waynesboro, Pennsylvania 17268

RE: Hearthstone Retirement Home  
Certificate #: 328560

Dear George H. Neal Memorial Home for the Aged:

The Department has received your July 20, 2021 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Hearthstone Retirement Home within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE**  
**APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE**  
**THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

**TYPE OR USE PEN, SIGN AND RETURN** 328 006 0009

IDENTIFICATION			
1. NAME OF AGENCY/FACILITY <b>HEARTHSTONE RETIREMENT HOME</b>		TELEPHONE NUMBER <b>(717) 762-6313</b>	
FACILITY ADDRESS <b>102 SOUTH POTOMAC STREET, WAYNESBORO 17268</b>	E-MAIL FOR FACILITY (NOT the WEB site URL) <b>JTHOMAS01@EMBARQMAIL.COM</b>	3. COUNTY <b>FRANKLIN</b>	
2. NAME OF LEGAL ENTITY <b>GEORGE II NEAL MEMORIAL HOME FOR THE AGED</b>		TELEPHONE NUMBER	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>102 SOUTH POTOMAC STREET WAYNESBORO PA 17268</b>	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) <b>JTHOMAS01@EMBARQMAIL.COM</b>	4. DATE CERTIFICATE EXPIRES <b>11/02/2021</b>	5. CERTIFICATE NUMBER <b>328560</b>
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE <b>Ms. Joey L Thomas</b>			
7. TYPE OF SERVICE PROVIDED <b>PERSONAL CARE HOMES</b>		FEIN OR SSN <b>23-1585605</b>	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) <b>✓ # 13472 \$20 30</b>			
9. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA C.S. 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

**RECEIVED**

**JUL 20 2021**

**DECLARATION**

**Human Services Licensing**

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

**Daniel DeDonna**

NAME (Type or Print)



SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE  
 (Where the legal entity is a corporation, the signature must be of a corporate officer)

**President, Board of Directors**

TITLE

**16 Jul 2021**

DATE