

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

February 15, 2023

[REDACTED]  
GEORGE H NEAL MEMORIAL HOME FOR THE AGED  
102 SOUTH POTOMAC STREET  
WAYNESBORO, PA, 17268

RE: HEARTHSTONE RETIREMENT HOME  
102 SOUTH POTOMAC STREET  
WAYNESBORO, PA, 17268  
LICENSE/COC#: 32856

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2023, 02/01/2023 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: HEARTHSTONE RETIREMENT HOME License #: 32856 License Expiration: 11/02/2023  
 Address: 102 SOUTH POTOMAC STREET, WAYNESBORO, PA 17268  
 County: FRANKLIN Region: CENTRAL

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: GEORGE H NEAL MEMORIAL HOME FOR THE AGED  
 Address: 102 SOUTH POTOMAC STREET, WAYNESBORO, PA, 17268  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 12/21/2010 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 02/01/2023

**Inspection Dates and Department Representative**

01/31/2023 On Site [Redacted]  
 02/01/2023 On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 30 Residents Served: 22  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 3 Have Physical Disability: 0

**Inspections / Reviews**

01/31/2023 - Full  
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/13/2023

02/14/2023 - POC Submission  
 Submitted By: [Redacted] Date Submitted: 02/15/2023  
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/21/2023

Inspections / Reviews *(continued)*

02/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/22/2023

02/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/31/23 at 10:35 AM, the public bathroom on the 1st Floor by the medication room had a trash can with a missing cover.

Plan of Correction

Accept (AC - 02/15/2023)

On 01/31/2023 the 1st floor public bathroom trash can was without a cover. This was replaced by Manager with a trash can with a lid on 01/31/2023. The job responsibility sheet was updated on 01/31/2023 by [redacted] Manager. The job responsibility sheet will be utilized by the Facility Technician, [redacted] whom will check on a weekly basis that all public bathrooms, shared bathrooms and kitchen have trash cans with covers. The Facility Technician started the weekly check on 02/03/2023. The job responsibility sheet has been updated to reflect this task to be completed - see attached job responsibility sheets - the addition is on the last page in yellow. The Manager will monitor these locations on a monthly basis to ensure the trash cans have covers. The Manager will complete the first check on 02/17/2023. The Manager will present to CQI committee the violation and documentation will be reviewed to ensure compliance. The scheduled CQI meeting is 02/22/2023. When compliance has been met for 6 months, CQI will consider this violation corrected. The Manager will continue to verify future compliance. Picture attached to show trash can with a lid that was replaced.

Licensee's Proposed Overall Completion Date: 02/14/2023

Implemented ([redacted] - 02/15/2023)

125a - Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 1/31/23 at approximately 10:55 AM, there were 6 wooden headboards located in close proximity to one of the boilers in the basement, presenting a potential fire hazard.

Plan of Correction

Accept ([redacted] - 02/15/2023)

The 6 wooden headboards located in the boiler room were moved to an outside location by the Facility Technician, [redacted] on 01/31/2023. The job responsibility sheet was updated on 01/31/2023 by [redacted] Manager. The job responsibility sheet will be utilized by the Facility Technician, [redacted] whom will check on a weekly basis that the basement area where the 2 boilers and hot water heaters are located that there are no combustibile and/or flammable materials located in that area. The job responsibility sheet has been updated to reflect this task to be completed - see attached job responsibility sheets - the addition is on the last page in yellow. The Manager will monitor this location on a monthly basis to ensure there are no combustibile and/or flammable materials in this area. the Manager will complete the first check on 02/17/2023, The Manager will present to CQI committee the violation and documentation will be reviewed to ensure compliance. The scheduled CQI meeting is 02/22/2023. When compliance has been met for 6 months, CQI will consider this violation corrected. The Manager will continue to verify future compliance.

Licensee's Proposed Overall Completion Date: 02/14/2023

125a - Combustible Storage (continued)

Implemented [REDACTED] - 02/15/2023)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [REDACTED]/23 at [REDACTED] PM does not include the number of staff participating in the drill.

Plan of Correction

Accept [REDACTED] - 02/15/2023)

On 01/31/2023 the Administrator was able to confirm the number of staff that participated in the fire drill on 01/05/2023 and correct the log. On 02/08/2023 a fire drill was conducted and all information was completed on the log - see attached. The Manager or designee will review the fire drill log within 24 hours after the fire drill was completed to ensure proper documentation occurred. The Administrator or designee will present to CQI committee the violation and documentation will be reviewed to ensure compliance. The scheduled CQI meeting is 02/22/2023. When compliance has been met for 6 months, CQI will consider this violation corrected. The Administrator or designee will continue to verify future compliance.

Licensee's Proposed Overall Completion Date: 02/14/2023

Implemented [REDACTED] - 02/15/2023)

185a - Implement Storage Procedures

4. Requirements

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.

Description of Violation

On [REDACTED]/2023, Resident #1's glucometer had a reading of [REDACTED] at [REDACTED] PM. However, the reading on the Medication Administration Record (MAR) for this date and time was documented as "[REDACTED]".

On [REDACTED] 2023, Resident #1's glucometer had a reading of [REDACTED] at [REDACTED] PM. However, the reading on the MAR for this date and time was documented as [REDACTED].

On [REDACTED]/2023, Resident #1's glucometer had a reading of [REDACTED] at [REDACTED] PM. However, the reading on the MAR for this date and time was documented as [REDACTED].

On [REDACTED]/2023, Resident #2's glucometer had a reading of [REDACTED] taken at [REDACTED] PM. However, the reading on the MAR for this date and time was documented as [REDACTED].

## 185a - Implement Storage Procedures (continued)

**Plan of Correction**

Accept [REDACTED] 02/15/2023)

On 01/31/2023 the blood sugar logs were altered by expanding the sheets to allow for additional room for documentation - to help with clearer documentation. The log was altered by Administrator, [REDACTED]. On a weekly basis the Registered Nurse or designee will check all residents that have blood sugars taken and will compare the blood sugar machine to the documentation. The Registered Nurse started the weekly checks on 02/03/2023. The Registered Nurse or designee will document on the comment sheet that the verification occurred. If there are any discrepancies the Registered Nurse or Designee will correct and speak with the staff member whom made the error. On a monthly basis during the last week of the month the Manager will compare documentation. The first verification will occur by the Manager on 02/27/2023. The Registered Nurse, Manager or Designee will present to CQI committee the violation and documentation will be reviewed to ensure compliance. The scheduled CQI meeting is 02/22/2023. When compliance has been met for 6 months, CQI will consider this violation corrected. The Registered Nurse, Manager or Designee will continue to verify future compliance. Attached are the sheets to show the form as well as verification that occurred on 02/03/2023 and 02/10/2023. All staff that are insulin trained were spoken to by Administrator, Joey Thomas and Ray Stull, Manager on 01/31/2023 regarding the altered blood sugar log as well as the importance of clear penmanship and correct transferring of the time and blood sugar reading to the log. A written note was placed into the nurse's communication book for all staff on 01/31/2023 by Administrator, [REDACTED].

Licensee's Proposed Overall Completion Date: 02/14/2023

Implemented [REDACTED] 02/15/2023)

## 227d - Support Plan Medical/Dental

**5. 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 #1's current Resident Assessment and Support Plan (RASP) dated [REDACTED]/22 does not reflect if the home holds money for the resident.

**Plan of Correction**

Accept [REDACTED] 02/15/2023)

The Administrator, [REDACTED], on 01/31/2023 corrected the residents RASP to show the update to reflect that the facility assists with holding money for the resident #1 and resident #2 - see attached. The facility also holds money for another resident and this record was updated as well to reflect this - see attached. The RASPs are completed by the Administrator and Registered Nurse. The Administrator meet with the Registered Nurse, [REDACTED] on 01/31/2023 and showed the violation from the regulations and discussed the importance of having the RASP noted in any holds of money for residents. The Administrator or designee will present to CQI committee the violation and documentation will be reviewed to ensure compliance. The scheduled CQI meeting is 02/22/2023. When compliance has been met for 6 months, CQI will consider this violation corrected. The Administrator, Registered Nurse or

227d - Support Plan Medical/Dental (continued)

*Designee will continue to verify future compliance.*

**Licensee's Proposed Overall Completion Date:** 02/14/2023

**Implemented** [REDACTED] 02/15/2023)