

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

October 23, 2024

[REDACTED], ADMINISTRATOR  
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 08/20/2024 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: 11/02/2024  
 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]

**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: 26 Waking Staff: 20

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
 Reason: Renewal, Complaint Exit Conference Date: 08/20/2024

**Inspection Dates and Department Representative**

08/20/2024 - 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:
<b>Hospice</b>			
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: 4	Have Physical Disability: 0		

**Inspections / Reviews**

08/20/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/03/2024

09/05/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/16/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2024

Inspections / Reviews *(continued)*

09/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/20/2024

10/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42s - Privacy

## 1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

## Description of Violation

The home has multiple cameras that record. These cameras are installed in various interior areas that are accessible to the residents to include living room, library and corridors leading to resident rooms. On 8/16/24 at 1:27 pm, several residents were recorded sitting in the living room.

## Plan of Correction

Accept ( [REDACTED] - 09/12/2024)

*Cermak Technology that installed the facility cameras have educated the Administrator on how to turn off recording of cameras in non-permitted locations of the facility. The cameras are monitoring only in the locations of the front community room, library area, main halls that are not connected to an exit.*

*Administrator has verified that proper posting are located in the areas where monitoring is occurring as well if recoding is occurring.*

*The camera monitoring/recording system is only located in the Administrator office and is not accessible to anyone other than the Administrator unless authorized by the Administrator.*

*During the next six (6) months the Administrator on a monthly basis will verify the monitoring/recording system to ensure that areas that are only to be monitoring are only monitored. The Administrator will have Manager or Registered Nurse verify as well to ensure the facility remains in complacence with the regulations,*

*During the next six (6) months, the system will be monitored closely to ensure compliance is met. During this period, CQI will be informed of the compliance of regulation.*

*On August 21, 2024, Cermak Technology provided education to Administrator on turning off the recording.*

*On August 21, 2024, Administrator inspected all areas of the facility that cameras are located to ensure that proper notification was posted on monitoring/recording. It is found to all be in proper compliance.*

*Administrator/Designee will do monthly monitoring of the camera system and inspections for the postings to ensure compliance is met. This will start on September 4, 2024.*

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented ( [REDACTED] - 10/23/2024)

## 81b - Resident Personal Equipment

## 2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

Resident 1 utilizes a bed side mobility device to aid in positioning and transferring in and out of bed. However, on 8/20/24, the mobility device for Resident 1 was not securely fastened to the bedframe.

## Plan of Correction

Accept ( [REDACTED] - 09/12/2024)

[REDACTED] was contacted where the resident purchased the bed from. A service call occurred on August 29, 2024. The Service Technician replaced the bed side mobility device as it missing a part (spacer) that would allow the device to be secured to the bed frame. The replacement was made on August 29, 2024. The Service Technician educated the Manager on proper securement to the bed. The staff are placing it properly onto the bed frame but with the spacer missing it was not securing correctly. The mobility device is now safe and secure to the bed. Notification to all staff about the mobility device has been documented in communication book.

The Facility Technician's job responsibility is to ensure specific items in the facility are safe and secure. The job responsibility sheet has specifically to complete on the 1st Wednesday of each month to Check Serviceability of wheelchairs, walkers, cane(s), potty chairs, bed rails, shower chairs. These items are monitored on a monthly basis.

During the next six (6) months this specific resident's mobility device will be monitored weekly to ensure the device remains safe and secure by the Facility Technician. The Manager, Ray Stull will also on a weekly basis check this specific resident's mobility device to ensure the equipment is safe and secure at all times. See Attached Form for Specific Resident.

The Manager will randomly over the next six (6) months check mobility devices within the facility on a monthly basis, if there are any, to ensure they are being correctly utilized. The Manager will sign off directly on the facility job responsibility sheet.

Both job responsibility sheets will be reviewed during CQI meetings for a minimum of six (6) months.

Attached is the service ticket from Dicks Homecare, Inc for their service call of the replacement of the mobility device.

Attached is a copy of the Facility Technician's job responsibility sheet that does show 1st Wednesday of the Month - Check Serviceability of wheelchairs, walkers, cane(s), potty chairs, bedrails, shower chairs for the entire facility.

81b - Resident Personal Equipment (continued)

Attached is a copy of this specific resident's weekly mobility device check by Facility Technician and Manager. The Manager is permitted to have a designee for verification of the Manager's responsibility by Administrator or Registered Nurse.

The completion of the repair/replacement (by Dicks Homecare, Inc) and first check by Facility Technician will be completed on September 4, 2024. CQI will have its meeting October 16, 2024 to ensure compliance continues to be met.

All staff were notified of the proper procedures and placement of the mobility device on August 29, 2024.

The Facility Technician will be reviewing equipment on the 1st Wednesday of each month starting September 4, 2024.

The Manager/Designee will conduct weekly monitoring starting September 4, 2024 and will continue for six (6) month.

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented (████) - 09/17/2024)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/20/24, the wall near the stairs in the library leading to the second floor had a large crack with a small opening in the middle.

Plan of Correction

Accept (████) - 09/12/2024)

On August 27, 2024, the Facility Technician started to repair the wall located at the front stairwell of the original house of the facility. The damaged area has been removed (see attached). The area on the stairwell has been be secured for safety of all. The proposed plan is to have new drywall placed, secured and painted. This will be fully repaired and completed by September 13, 2024.

The Manager, Ray Stull will ensure that the area is completed as scheduled. There will be a final review discussion during the CQI meeting on October 16, 2024 that the repair has been fully completed.

The Facility Technician as well as the Manager will monitor the wall during the next six (6) months to ensure there are no new concerns occur with the repair of this area or any area on that wall.

88a Surfaces (continued)

Attached are pictures of the wall prior to repair as well as the damaged area removed as of date of submission. The pictures show various angles of the same cracks that were seen by the inspectors. The plaster that was removed is larger area than the crack was to ensure that all cracks are removed and proper repair will occur.

Attached is receipt for items to repair wall.

The final completion is scheduled to be completed no later than September 13, 2024.

The monitoring of the repaired wall as well as the entire facility for any new concerns of surfaces will be conducting starting September 4, 2024 on a monthly basis for six (6) months.

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented [redacted] - 09/17/2024)

190b - Insulin Injections

5. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On [redacted], Staff Person A, who has not successfully completed a department approved diabetes patient education program with in the last 12 months, performed a blood sugar testing on Resident 2.

Plan of Correction

Accept [redacted] - 09/12/2024)

Staff Member A (LKT) was not aware that training had expired and did completed a blood sugar test on Resident 2. The Staff Member A was informed that training had expired and was not permitted to perform any blood sugar testing or insulin testing until completion of Diabetes Training by Wellspan Endocrinology. Staff Member A understood instructions.

Training was immediately scheduled for Staff Member A with Wellspan Endocrinology on Thursday, September 5, 2024 from 12:45pm to 2:15pm at their Chambersburg office. Until this is completed Staff Member A is NOT permitted to perform any blood sugar testing or insulin dispensing until successful completion of the training has occurred.

The staff training lists will be reviewed during CQI over the next six (6) months to ensure that no further staff that are out of compliance in any capacity perform any duties that would be out of compliance or place any resident in any danger.

The staff training lists will be reviewed during CQI on October 16, 2024.

*190b - Insulin Injections (continued)*

*Attached is notification to Staff Member A of need to attending Diabetes training by Wellspan Endocrinology on September 5, 2024.*

*The Administrator/Designee will be responsible for reviewing training information on a monthly basis for a period of six (6) months. All training records of all employee were reviewed during the timeframe of August 21, 2024 to August 31, 2024, As of September 3, 2024 all employees are in compliance with training except for Staff Member A that is scheduled on September 5, 2024.*

*Staff Member A has completed Diabetes training, attached.*

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented ( [REDACTED] - 09/17/2024)