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

June 2, 2026

[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 12/03/2025, 12/04/2025 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**: *11/02/2026*

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**: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *20* **Waking Staff**: *15*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *12/04/2025*

Inspection Dates and Department Representative

12/03/2025 - On-Site: [redacted]

12/04/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served**: *18*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *18*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

12/03/2025 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/30/2025*

Inspections / Reviews *(continued)*

01/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/21/2026*

06/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

88a - Surfaces

1. 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 12/3/25 at approximately 11:10am, there was peeling paint and an approximate 2 ½ inch hole in the ceiling in the bathroom near the medication room.

Plan of Correction ***Accept ([redacted] - 01/14/2026)***

On December 8, 2025, the Facility Technician started to repair the ceiling in the bathroom near the medication room (original repair prior to repair see attached). The damaged area was cleaned up and a temporary cover was placed over the opening (see attached). This was to ensure the area was secured for safety of all. The proposed plan is to have new drywall/plaster, secured and painted. This was to be fully completed by December 31, 2025.

The completion of the repair to the ceiling in the bathroom near the medication room was completed on December 26, 2026. (see attached)

The Manager, [redacted] will ensure that the area is completed as scheduled. There will be a final review discussion during the CQI meeting on January 22, 2026 that the repair has been fully completed.

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

The Facility Technician's job responsibility check list has a monthly check of the entire facility of all floors, walls, ceilings windows, doors and handrails to ensure they are secure, clean and in good repair. If any item is showing unsatisfactory conditions, it will be reported to the Manager immediately . The Facility Technician and Manager will immediately arrange an immediate plan to correct. Any unsatisfactory conditions will be reviewed and corrective action plan will be discussed during the following CQI following the unsatisfactory condition.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Implemented ([redacted] - 06/02/2026)

93a - Handrails

2. Requirements

2600.
93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On 12/3/25 at approximately 10:10am, the back stairwell used for emergency exits was observed with two steps that are on the outside of the building; however, there were no handrails installed.

93a - Handrails *(continued)*

Plan of Correction ***Accept ([redacted] - 01/14/2026)***

General Contractor Inc was notified of the need of handrail at the outside exit. GRC arrived on January 6, 2026. GRC provided an estimate to fabricate and install a steel pipe handrail for the steps/landing. The estimate has been approved by HRH to complete. The project is to be completed by GRC no later than February 27, 2026.

The Manager, [redacted] will ensure that the project is completed as scheduled. There will be a final review discussion during next CQI meeting on March 19, 2026 that the project has been fully completed.

Attached is the estimate and drawing of the handrail to be installed from GRC.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Implemented ([redacted] - 06/02/2026)

185a - Implement Storage Procedures

3. 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

Resident #3's blood sugar is prescribed to be checked twice a day at 7:45am and 8:00pm. The resident's OneTouch glucometer was cross-referenced with the blood sugar readings sheet and shows various discrepancies including following:

- *On 12/1/25 the glucometer shows a reading of 111 at 6:10pm and 7:28am, the blood sugar readings sheet also documents these times; however, the actual times were 6:10am and 7:28pm*
- *On 12/1/25 the glucometer shows a reading of 142 at 6:20pm and 7:25am, the blood sugar reading sheet also documents these times; however, the actual times were 6:20am and 7:25pm*
- *On 12/3/25 the glucometer shows a reading of 109 at 6:07pm, the blood sugar readings sheet also documents 6:07pm, however, the actual time was 6:07am.*

Plan of Correction ***Accept ([redacted] - 01/14/2026)***

All blood sugar sheets for readings have been updated to allow for Administration an area for any corrections for any errors that may be found (see attached)

All staff were notified of the proper procedures when a blood sugar machine is not showing the correct time. Administrator/Designee will be notified immediately in order to correct the machine immediately. Notation will be made on the new blood sugar sheets of the corrections.

185a - Implement Storage Procedures (continued)

In the event that the blood sugar machine can not be corrected, notification will be made to the resident's physician to obtain a new blood sugar machine.

The Registered Nurse/Designee will conduct weekly monitoring starting January 5th of the blood sugar sheets to ensure that the correct times and readings are accurate and will continue for six (6) months. Notation will be made directly on the new blood sugar sheets of the monitoring.

Starting on the next CQI meeting on January 22, 2026 review will conducted to ensure compliance continues to met.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Implemented (- 06/02/2026)

190c - Record of Training

4. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff Member C does not include the User Report detailing the required online training for the Initial training that was completed.

Plan of Correction ***Accept (- 01/14/2026)***

The Manager, [redacted] (Medication Train the Trainer) has reviewed the Medication Administration Training Course curriculum. The Manager had been completing the training thru the new curriculum but the online exam had not been completed on line.

The Manager will conduct all future new hired employees Medication Administrating Course curriculum to include completion of the online exam (user report). The online exam (user report) will be printed for the employees training records.

As of the inspection on December 3, 2025 to present, Hearthstone has not hired any new employees. At this time unable to show a completed online exam (user report).

There will be continued discussions during the next six (6) months during CQI to ensure that the Medication Administration Training Course curriculum to include the online exam (user report) has been completed and printed for the employee training records and/or documenting if no new employees were hired. During this period, CQI will be informed of compliance of regulation. The tentative next scheduled CQI meeting will be conducted January 22, 2026.

190c - Record of Training *(continued)*

Licensee's Proposed Overall Completion Date: *01/09/2026*

Implemented ([redacted] - 06/02/2026)

225c - Additional Assessment

5. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2's assessment dated [redacted], does not include the independent mobility assessment as indicated on the resident's medical evaluation dated [redacted]

Plan of Correction ***Accept ([redacted] - 01/14/2026)***

This was an oversite in completion of the RASP as physicals are compared to ensure RASP are following physician orders and any other pertinent documentation.

The Administrator/Registered Nurse/Designee will be more aware of the mobility areas and ensure that all areas of the physical and RASP are following physician orders and any other pertinent documentation.

Resident #2's RASP was immediately corrected in front of the inspector when notice was shown of the differences. The entire RASP was compared and reviewed against the physical to ensure no additional oversites occurred - there were no other errors. The Registered Nurse reviewed RASP for compliance with the Administrator.

The Administrator/Registered Nurse/Designee will present RASP's to including physicals or any other pertinent documentation for verification of compliance to CQI meetings for a minimum of six (6) months.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Implemented ([redacted] - 06/02/2026)