

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

September 9, 2026

[REDACTED]
GEORGE H NEAL MEMORIAL HOME FOR THE AGED
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2026 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: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/21/2010

Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 25

Waking Staff: 19

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 06/25/2026

Inspection Dates and Department Representative

06/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30

Residents Served: 23

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: 23

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 1

Inspections / Reviews

06/25/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/25/2026

07/28/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/04/2026

Inspections / Reviews (*continued*)

08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/07/2026

09/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

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

On [REDACTED], Staff Member D stated while performing a medication pass in Resident [REDACTED]'s bedroom, Staff Member D observed smoke coming out of Resident [REDACTED]'s mouth. Staff Member D reported to Staff Member E that [REDACTED] believes Resident [REDACTED] was vaping in [REDACTED] room. On [REDACTED] Staff Member E asked Staff Member C to go into Resident [REDACTED] room while Resident [REDACTED] was at breakfast to search for the vape pen. Staff Member E instructed Staff Member C to search Resident [REDACTED]'s nightstand drawer, which is where Staff Member C found a vape pen. Resident [REDACTED] stated [REDACTED] did not give consent to staff to search [REDACTED] room. Staff Member E stated the home did not seek permission from the Department to search the resident's room.

Plan of Correction

Accept [REDACTED] 07/28/2026)

On June 25, 2026, Administrator reviewed the Specific Rights of 2600 regulations 42a-y, 43a-b and 44a-g, to ensure understanding. Administrator specifically reviewed 42s with what the processes are in the event a search may be needed. Administrator has full understanding of Specific Rights of 2600 regulations.

Administrator met with the Administration Team to educate them on Specific Rights of 2600 regulations. Discussion occurred specifically on 42s pertaining to Privacy of Possessions and when you are able to search or not search as well as confiscate personal property. Administration Team fully understand Specific Rights entirely.

During CQI meeting on July 14, 2026 review of Specific Rights of 2600 Regulations was reviewed.

There will be continued review and discussions during the next six (6) months during CQI to ensure that all areas of Specific Rights of 2600 Regulations remain in compliance.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/09/2026)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED]'s initial medical evaluation, dated [REDACTED] does not indicate if the resident's needs can be met by the home.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

Resident [REDACTED] initial medical evaluation was corrected on June 29, 2026 by Administrator.

Administrator met with Administrative Assistant and Registered Nurse on July 9, 2026 to review the steps to ensure that all areas of the Medical Evaluation (DME) is properly completed prior to placing in resident's records. Administrator reviewed all areas of the DME in detail with importance of each section of the DME to be completed in its entirety. Discussion occurred more in detail of the area - Medical Professional Information - explaining why this needs completed. If this area or any area that is not completed it will need to be corrected and/or returned to the physician for proper correction.

Administrator and Administrative Assistant reviewed all current residents current DME's to ensure that the DME's are completed entirely. Extreme close attention was given to Medical Physician Information, specifically that the physician has documented that the resident's needs CAN be met safely at the Personal Care Home. All 22 resident's current DME's are completed correctly as of July 24, 2026.

The Administrator / Registered Nurse / Designee will review all annual DME's of current residents and any new resident admission DME's prior to placement in the records for a minimum of six (6) months. Any DME not completed correctly will be returned to the physician for correction.

The Administrator / Registered Nurse / Designee will present all annual DME's of current residents and any new resident admission DME's during CQI meetings for verification of compliance for a minimum of six (6) months.

The tentative next scheduled CQI meeting will be conducted in August 2026.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

144d - Smoking Outside

3. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [REDACTED], Staff Member D stated while performing a medication pass in Resident # [REDACTED] bedroom, Staff Member D observed smoke coming out of Resident [REDACTED]'s mouth. Staff Member D reported to Staff Member E that [REDACTED] believed Resident [REDACTED] was vaping in [REDACTED] room. On [REDACTED] a vape pen was found in the resident's room.

Plan of Correction

Accept [REDACTED] 08/31/2026)

On May 18, 2026, Staff Member A, Staff Member B, Staff Member C met with Resident [REDACTED] to have a conversation with Resident [REDACTED] regarding not being permitted to smoke any type of items including a vape inside the facility. It was explained that this is the 3rd time having this conversation. It was explained that its against the law to smoke in buildings and if chooses to smoke cigarettes or vapes, [REDACTED] is permitted at the designated times at the designated area outside.

Notification was made again on May 18, 2026, to current staff by Administrator to monitor Resident [REDACTED] as well as any other resident residing in the facility for potentially smoking/vaping in any inside areas of the facility including resident room's.

Resident [REDACTED] is fully aware that smoking is only permitted outside at the designated smoking area. The resident since admission has smoked after each meal at the outside designated smoking area. This situation was not the first time resident was spoken to about not being permitted to smoke inside the facility. Administrator / Designee has spoken to resident's [REDACTED] / POA regarding resident's choices of smoking in unauthorized areas. The resident's [REDACTED] / POA is very aware of the smoking policy, smoking location. The resident's [REDACTED] / POA also speaks with resident regarding the smoking policy, designated area, etc...

The designated smoking area is posted at the outside designated location (courtyard, far side).

There are signs posted at the entrances of the facility stating "No Smoking except at Designated Area".

144d - Smoking Outside (continued)

This is the information that is in our admission agreement regarding smoking that residents and / or Designee sign at admission to facility.

SMOKING:

No smoking or other use of tobacco or similar products (including, but not limited to, cigarettes, pipes, cigars, E-Cigarettes, Vapors, snuff or chewing tobacco) is permitted in any part of the facility (including resident bedrooms, sunrooms, kitchen, dining room, laundry room, bathrooms, etc...) or in vehicles owned, leased or rented by HRH. Residents and community members may smoke outside in designated area.

The only designated smoking area at HRH is the outdoors, for residents and community members this means the only smoking area is in the middle of the court yard. No one may smoke along any walk ways, patio, front porch or parking lot.

When smoking or otherwise using tobacco or similar products outside, do not leave cigarette butts or other traces of litter or tobacco use on the ground or anywhere else. Dispose of any litter properly in the receptacles provided for that purpose. This helps to keep a neat and clean environment for all residents and community members.

The Administrator / Designee will address any resident not following the smoking policy and the resident's POA / Designee will be informed of the violation.

The Administrator / Designee will report any violations regarding the smoking policy during CQI meetings for verification of continued compliance of the no smoking in the facility and smoking at outside designated smoking area for a minimum of six (6) months.

The tentative next scheduled CQI meeting will be conducted in August 2026.

Note: Resident #1 has been discharged on August 6, 2026 due to health to be closer to family.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented  - 09/09/2026

183b - Meds and Syringes Locked**4. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Violation

On [REDACTED] at 9:16am, the door to Staff Member A's office was open and the medications for the following residents were unlocked, unattended, and accessible:

- Resident [REDACTED]
- Resident [REDACTED]
- Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/31/2026)

This was an oversight by the Manager to not have the medications locked in cabinet or the office door closed and locked.

On June 25, 2026, Administrator met with Manager to discuss the importance of medications always be locked in cabinet or the office door being locked when not in attendance.

Discussion occurred as to different situations that could result if medication is unlocked.

Manager is fully aware and understands the procedures that must always occur.

Effective August 1, 2026, Administrator, Manager and Registered Nurse will provide daily random checks (when in the facility), covering various hours of the day. The checks will be done in All areas of the facility but specifically offices, medication rooms and front desk. These areas will be viewed to monitor for any medications being left unattended as well to ensure any office that potentially may have medication available that office door is locked. All medications rooms will be checked on a random basis to ensure door is locked at ALL times when no staff member is present.

Administrator / Registered Nurse / Manager / Designee will be mindful of areas within the facility to ensure that medication is not left unattended. In the event that medication is

183b - Meds and Syringes Locked (continued)

unattended, the medication will be locked in a cabinet or at a minimum the office door will be locked at all times.

In the event that medication is left unattended and unlocked, the medication will become immediately secured in a lock cabinet or locked office. The staff member that failed to follow this procedure will immediately be located to discuss the situation and review of procedures and unwelcomed situations that could potentially occur will be reviewed. In the event that there is continued non-compliance with medications not being secured by a specific staff member, disciplinary action will occur.

Review of any situations of medication being found unattended and unlocked / unsecured will be reviewed / discussed during CQI for a period of six (6) months. CQI will monitor and will review situations to determine if any processes need to be alerted to ensure compliance and safety of residents is met at all times. CQI will monitor to ensure compliance is met.

The tentative next scheduled CQI meeting will be conducted in August 2026.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)