



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to RENAISSANCE HOME FORKS LLC
LEGAL ENTITY

To operate RENAISSANCE HOME FORKS
NAME OF FACILITY OR AGENCY

Located at 2222 SULLIVAN TRAIL, EASTON, PA 18040
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 61
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 23, 2018 until May 23, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226920**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2018

Ms. Joanne M. Regina
Chief Executive Officer
Renaissance Home Forks, LLC
2222 Sullivan Trail
Easton, Pennsylvania 18040

RE: Renaissance Home Forks
License # 226920

Dear Ms. Regina:

As a result of the Department's Bureau of Human Licensing annual inspection on January 25, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: RENAISSANCE HOME FORKS		License Number: 22692
Address: 2222 SULLIVAN TRAIL, EASTON, PA 18040		County: Northampton
Administrator: Rich Hosmer		Region: NORTHEAST
Legal Entity Name: RENAISSANCE HOME FORKS LLC		
Legal Entity Address: 2222 SULLIVAN TRAIL, EASTON, PA 18040		
Certificate(s) of Occupancy		
C2-LP A2 09/15/1999 PA Dept of L&I	DO C2-LP 09/13/1999 PA Dept of L&I	I-2 06/21/2007 Forks Township
Staffing Hours		
Resident Support: 0	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/25/2018: Foulkes, Kimberli; Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 61 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 11 Number of Current Hospice Residents: 9 Number of Hospice Residents In past year: 11	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1	

Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The carbon monoxide detector was located 13 feet from the gas stove.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that the carbon monoxide detector was not placed at least 15 feet from the gas stove. During the inspection the a measurement was done and the detector was mounted on the wall 15 feet from the stove.

For the POC the administrator will ensure the following:

- If the carbon monoxide detector is replaced that it will always remain at least 15 feet from the stove.
- That the carbon monoxide detector is monitored and will be responsible for ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 4/30/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard L Hosmer LPN Administrator</i>	Date <i>3/17/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/30/18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 4/30/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

Staff person A, date of hire 11/22/17, had training in the required topics covered under regulations 65a and 65b. It was signed off of as being completed by both parties, however there was no date completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that a training document was signed off, but was not dated by either person. After the inspection a new training sheet was signed and dated.

As a POC the administrator will ensure the following:

- All general orientation information will be done prior to or on the first working day.
- All records of training will include the staff person trained, signatures, date, source, content, length of course and certifications recieved will be placed in a training binder.
- That all new employee training forms are filled out correctly and they are in compliance with regulation 2600. 65i.

The administrator shall monitor and be responsible for ongoing compliance -

[Signature]
 4/30/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard L Hasmer LPA Administrator</i>	Date <i>3/17/18</i>
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency numbers posted on or near the phone in room 318.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that there was no emergency numbers posted by the phone. After the inspection each room was checked to make sure every resident had a emergency phone list.

As a POC the administrator will ensure the following:

- All residents that reside in the facility will have an emergency call list by there phone. If they have a cell phone the numbers will be placed on the night stand next to there bed.
- Staff monitors to make sure that each resident has the numbers. If the numbers are missing they notify the administrator to make a new emergency list.
- That they will continue to monitor and be responsible for ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance.

M 4/30/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Richard L Hosmer LPN Administrator* Date *3/17/18*

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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted during November 2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During the inspection it was found that a fire drill was not conducted in November 2017. A fire drill log had been made for 2018 and will be followed monthly.

As a POC the administrator will ensure the following:

- That a fire drill will be done monthly and a log which will include the date, time, the amount of time it took for evacuation, exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of person participating, any problems that encountered and if smoke detectors firealarms were operative at the time of drill.
- That the log is monitored and up to date to stay in compliance with regulation 2600.132a.

The administrator shall monitor and be responsible for ongoing compliance.

m
 4/30/18

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Richard L Hosmer Ltr Administrator* Date *3/17/18*

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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberti
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted in December 2017, was documented on a different form and not the home's fire drill log. This form did not document am or pm, the number of residents evacuated, and the number of staff participating.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During the inspection it was found that a fire drill was conducted, but was not documented correctly. A fire drill log had been made for 2018 and includes 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 participating, problems encountered and whether the fire alarm or smoke detector was operative.

As a POC the administrator will ensure the following:

- That a fire drill is done monthly and all information is documented on the fire drill log.
- That the logs are monitored monthly and will make sure they are up to date and remain in compliance with regulation 2600.132(c)

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 4/30/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Richard L Hasmer LPN Administrator* Date *3/17/18*

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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The smoking area had 10+ cigarette butts located in the landscaping around the area and in the corner in the leaves.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that there were cigarette butts in the landscaping around the smoking area. After the cigarette butts were found they were picked up and thrown out. Each resident that smokes was notified and educated that cigarette butts must be put in the cigarette containers. The staff was educated on monitoring for cigarette butts around the smoking area and around the building. They were also educated that if cigarette butts are found outside the containers they should put them in one and notify the administrator of the find immediatly.

As a POC the administrator will ensure the following:

- That the smoking policy #144 smoking and use of tobacco is followed.
- The area around the building is free from cigarette butts.
- If cigarette butts are found that the staff and residents are educated on the importance of disposing of cigarette butts in the proper re that are provided.
- Will continue to monitor the areas around the building regulary for cigarette butts and will be responsible for ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance.

M
 4/30/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard L Hosmer LMA Administrator</i>	Date <i>3/17/18</i>
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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimbert
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 1/4/17 and 1/6/17 staff person B administered medications to residents on the 7am-3:30pm shift. This staff person is not a medical professional and the last Annual Practicum was completed in May of 2016. Since that date the staff has had only 1 medication administration record (MAR) review and 1 observation completed on 11/20/17.

On 1/4/17 and 1/16/17 staff person C administered medications to residents on the 11pm-7:30am shift. This staff person is not a medical professional and the last complete Annual Practicum was completed 12/11/15. There were no MAR reviews or observations completed in 2016. There was MAR reviews completed on 1/16/17, 4/2/17, 8/22/17, and 11/13/17 and observations completed on 1/16/17, and 8/22/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that some of our med tech MAR reviews, observations and medication administration training was not up to date. After the inspection a medication administration train the trainer was hired and reviewed all the med tech files. Each med tech that needed thier observation, annual MAR reviews or to redo the course were completed.

As a POC the administrator will ensure the following:

- That all med tech staff are up to date with their observations and annual trainings
- That all records of the training shall be kept including the staff person trained, the date,source, name of trainer and the and the documentation that the course was successfully completed.
- Each record will be placed in a training binder and be monitored regularly to make sure each med tech remains in compliance.

The administrator shall monitor and be responsible for

Repeat Violation: No	Date(s) of Previous Violation(s):	<i>Ongoing compliance</i>
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard L Hasmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard L Hasmer LPA Administrator</i>	Date <i>3/17/18</i>
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 (Initials)

Plan of correction implementation status as of 4/30/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22692 - 01/25/2018 - Foulkes, Kimbri
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has a physician's order for a blood glucose (BG) test to be administered 4 x daily. On 1/23/18 the resident's BG#310 was entered into the EMAR as 315 at 4:00pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During the inspection it was found that the BG number for a resident was documented incorrectly. After the inspection a all staff meeting was held on 1/26/18. It was discussed with the med tech the importance of the proper documentation with BG. The BG form that was offered by one of the inspectors and was put into place on 1/26/18. The form is used daily to make sure that the correct BG are being documented for each resident daily.

As a POC the administrator will ensure the following:


- That all staff are properly trained on how to us a BG meter.
- Medication administration policy and procedure is being followed.
- The BG monitoring form is done daily to make sure all BG numbers are correct.
- If a BG is documented incorrectly it is documented in a incident report and reported to DHS.
- The error is reviewed with the med tech who documented incorrectly and a reeducation on BG monitoring is done.
- That on going monitoring is done to make sure that we remain in compliance with regulation 2600.185a

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Richard L Hosmer, PA Administrator Date 3/17/18

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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 2 has a physician's order for a blood glucose (BG) test to be administered 1 x daily. On 1/21/18 the resident did not have a BG test administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During the inspection it was found that the resident #2 did not have a BG test administered. On 1/26/18 an all staff meeting was held. It was discussed with the med tech the importance of documenting every BG number. The BG form which was noted in the above violation was put into place on 1/26/18. The form is used daily to make sure the BG monitoring is being done and documented for every resident.

As a POC the administrator will ensure the following:

- That all staff are properly trained on how to use a BG meter.
- Medication administration policy and procedure is being followed.
- The BG form is done daily to make sure all BG are documented.
- If the BG is not documented it is documented in the incident report and reported to DHS.
- The error is reviewed with the med tech who did not document the BG and a reeducation on BG monitoring is done.
- That ongoing monitoring is done to make sure that we remain in compliance with regulation 2600.187d.

The administrator shall monitor and ensure that the home follows the direction of the prescriber.

4/30/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard L Hosmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard L Hosmer - LA Administrator</i>	Date <i>3/17/18</i>
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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimbert
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION
 The activities on 1/25/18 were cancelled, however there was no change made to the activity calendar.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During the inspection it was found that activities were canceled, but it was marked off on the calendar. On 1/26/18 during the all staff meeting it was explained to the activities staff that if activities have to be canceled it must be marked off on the activities calendar. Since the violation an activities director has been hired and they are monitoring the activities staff to make sure that all activities on the calendar are being done. If the activities have to be canceled or changed the activities director is to be informed by the activities staff and the changes will be put on the activities calendar for that day.

As a POC the administrator will ensure the following:


- All daily activities will be marked on the activity calendar and followed.
- If an activity has to be canceled it will be marked canceled on the calendar for that day.
- Any changes to the calendar will be discussed with activities director first and then changed prior to the time of the activity.
- That the activities calendar is monitored daily to remain in compliance with regulation 2600.221a

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Richard L Hosmer LPA Administrator	Date 3/17/18
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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident # 3, date of admission [redacted] 18, has had falls on the following dates: 1/8/18 (x 4), 1/9/18, and 1/23/18 (x 2). The resident's Resident Assessment Support Plan was not updated to reflect the resident as a fall risk.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that a resident had fallen several times and the RASP was not updated to reflect the fall risk. After the inspection the residents #3 RASP was updated to reflect the resident as a fall risk.

As a POC the administrator will ensure the following:

- Each residents support plan will be done to make sure each residents needs are met as those needs change and that accountability for meeting those needs are firmly established.
- Any changes in status of the resident be updated as soon as they are known.
- That the RASP's are monitored regularly to make sure they are up to date with the residents needs and remain in compliance with regulation 2600.227d.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard L. Hosmer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Richard L. Hosmer LPA Administrator* Date *3/17/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/30/18</u> (Date) The above plan of correction was approved by <u><i>RM</i></u> (Initials)	Plan of correction implementation status as of <u>4/30/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

Resident # 4, date of admission [redacted] 18, Resident Assessment Support Plan does not list the resident as a total immobile. The resident resides in the Secure Dementia Care Unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that the residents DME was not marked total immobile. After the inspection the RASP was changed to reflect the resident was a total immobile due to being in a memory care unit.

As a POC the administrator will ensure the following:

- Within 72 hours of the admission or within 72 hours prior a resident RASP will developed, implemented and documented in the resident record.
- All information is correctly documented in the RASP to reflect the residents physical, medical, social, cognitive and safet needs.
- That RASP are reviewed regularly and remain in compliance with regulation 2600.234b.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 4/30/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Richard L Hasmer, RN Administrator* Date *3/17/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/30/18</u> (Date)	Plan of correction implementation status as of <u>4/30/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22692 - 01/25/2018 - Foulkes, Kimberli
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)


2a. DESCRIPTION OF VIOLATION
 The record of Resident # 3 does not contain a picture of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was found during the inspection that residents #3 picture was not in the cart. During the inspection a picture of the resident was taken a placed in the chart.

- As a POC the administrator will ensure the following:
- A photograph of the resident that is no more then 2 years old will be in their charts.
 - That all charts are monitored to make sur residents records(1-26) are there to keep in compliance with regulation 2600.252.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Richard L Hosmer LSW Administrator</u>	Date <u>3/17/18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/30/18
 (Date)

The above plan of correction was approved by m
 (Initials)

Plan of correction implementation status as of 4/30/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented