



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: May 30, 2018

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

RE: Renaissance Home Forks  
License # 226921

Dear Ms. Regina:

As a result of the Department's Bureau of Human Services Licensing inspection on April 11, 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.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 PCH Name: RENAISSANCE HOME FORKS

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident # 1 fell in the bedroom on 2/24/2018, suffered a laceration to the forehead which required sutures, and was admitted to the hospital on 2/24/2018 after treatment for the fall.  
 Resident#2 had an unwitnessed fall in the bedroom on 4/10/2018, was taken to the hospital and was diagnosed with a fractured nose. The home did not report either of these incidents to the local regional office.

**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 that during the inspection that resident #1 and #2 fell and suffered injuries which were not reported to the local regional office.

For the POC the administrator will ensure the following;

- That all incident are reviewed to see if they are reportable or not.
- Any serious bodily injury or trauma requiring treatment at a hospital or medical facility will be reported within 24 hours.
- The ongoing monitoring of injuries that are DHS reportable are reported within 24 hours so that we remain in compliance with regulation 2600.16(c)

*Immediately + Ongoing:*

- The administrator will review the incidents required to be reported by 2600.16 a c all staff.
- All future incidents will be reported as required.
- The administrator shall monitor and be responsible for ongoing compliance. *M* 5/21/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Mathis</i>	Date 05/12/2018
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The above plan of correction is approved as of 5/21/18  
 (Date)

The above plan of correction was approved by *M*  
 (Initials)

Plan of correction implementation status as of 5/21/18  
 (Date)

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

Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 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  
 On 4/8/2018 resident #3 did not receive his/her 8:00pm dose of Ambien. Instead, staff administered Lorazepam to the resident in error.

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 narc count on 4/8 it was found that the wrong medication was administered.

As a Poc the Administrator will ensure the following:

- Medtechs are properly trained on the five rights of medication administration and the three checks required before medication administration.
- Medication administration policy and procedure are being followed.
- The error is reviewed with the med tech who administered medication in error and monitoring is being done.
- The ongoing monitoring of medication administration is being done so that we remain in compliance with regulation 2600.187(d)

*The administrator shall monitor and be responsible for ongoing compliance -*

*[Signature]* 5/21/18

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie Mathis*

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Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 PCH Name: RENAISSANCE HOME FORKS

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

Through staff interview it was determined that resident #2's hands are sometimes held by 1-2 staff persons when a 3rd person is changing the resident due to incontinence. According to staff the resident is sometimes combative and it's sometimes necessary for 2 to 3 staff persons to assist in changing the resident which involves some measure of physical restraint 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 through staff interview that some measure of physical restraint was imposed on resident.

For the POC administrator will ensure the following:

- Staff to receive re-education on approach for combative residents on 5/16/18
- Staff to attend continuing education on dementia training on 5/21/2018
- All staff will be educated on the use of manual restraint being prohibited in personal care facilities 5/21/18
- All staff have been educated on resident rights on 4/11/18
- The ongoing monitoring is being done so that we remain in compliance with regulation 2600.202.

*The administrator shall monitor and be responsible for ongoing compliance. m 5/21/18*

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Signature of Legal Entity Representative (Required on EVERY Page) *Steph Mathis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stephene Mathis* Date *5/12/2018*

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 (Date)

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Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 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 #7 was placed on hospice services on [redacted] 2018. The resident's support plan was not updated to reflect the change in the resident's needs.

**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 inspection that rasp was not updated when resident was placed on hospice services.

For the POC the administrator will ensure the following:

- That an updated RASP is done within the required time.
- An addendum will be done to reflect the changes in the residents needs.
- The ongoing monitoring of RASP is done so that we remain in compliance with regulation 2600.227(d)

*The administrator shall monitor and be responsible for ongoing compliance -*  
*M 5/21/18*

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie Mathis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie Mathis* Date 05/12/2018

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Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 PCH Name: RENAISSANCE HOME FORKS

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Residents #4, #5, and #6 were admitted to the home's secure dementia unit on [redacted] 2018. The home did not have Documentation of Medical Evaluation (DME) forms completed within 60 days prior to the admission of the residents to the secure dementia 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.*

On [redacted] 18 Weston Senior living at Hillcrest was evacuated due to a power outage. Some of residents were sent to Renaissance Home Forks for respite stay while the power was out at Hillcrest. The residents remained at the facility as a respite stay until it was decided that Hillcrest would remain closed. On 3/27/18 it was determined that Hillcrest was going to remain closed. A letter went out to notify the residents and the residents POA. During the inspection on 4/11/18 it was found that resident #4, #5 and #6 were placed in the homes secure dementia unit and the home did not develop a DME within 60 days prior to residents admission to the homes secure dementia unit.

As a POC the administrator will ensure the following:

- 60 days prior to the admission DME will be is done by a physician, physician assistant or certified registered nurse practioner and placed in the residents record.
- The DME will be completed to help the home develop accurate assessment, support plans and to make sure medical needs can be met.
- The ongoing monitoring of DME's are being done so that we remain in compliance with regulation 2600.231(b)

→ The identified resident(s) will have a medical evaluation that addresses all of the areas required by 2600.141a. Documentation of the evaluation will be made on form Documentation of Medical Evaluation (DME). The documentation will include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. Documentation shall be maintained by the home and available for review by the department.

→ The administrator shall monitor and be responsible for

Repeat Violation: No	Date(s) of Previous Violation(s):	Ongoing Compliance
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		<i>Stephanie Mathis</i>
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date
<i>Stephanie Mathis</i>		<i>5/21/18</i> 05/12/2018

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(Initials)

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Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 PCH Name: RENAISSANCE HOME FORKS

**1. REGULATION 55 Pa.Code §2600**  
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
 Residents #4, #5, and #6 were admitted to the home's secure dementia unit on [redacted] 2018. The home did not complete pre-screening forms for the residents within 72 hours prior to admitting the residents to the secure dementia 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.

On [redacted] 18 Weston Senior living at Hillcrest was evacuated due to a power outage. Some of residents were sent to Renaissance Home Forks for respite stay while the power was out at Hillcrest. The residents remained at the facility as a respite stay until it was decided that Hillcrest would remain closed. On 3/27/18 it was determined that Hillcrest was going to remain closed. A letter went out to notify the residents and the residents POA. During the inspection on 4/11/18 it was found that resident #4, #5 and #6 were placed in the homes secure dementia unit and did not develop a prescreening within 72 hours prior to residents admission to the home - Secured Dementia unit.

As a POC the administrator will ensure the following:  
 -Prior to the admission to the secured dementia care unit a prescreening will be is done by a physician or a geriatric assessment team and placed in the residents record.  
 -The prescreening also includes the cognitive prescreening so that the home can provide the services that the resident will need in the secure dementia unit.  
 -Prescreenings are being done within 72 hours prior to residents admission so that we remain in compliance with regulation 2600.231(c)

*The administrator shall monitor and be responsible for ongoing compliance. m 5/21/18*

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Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 PCH Name: RENAISSANCE HOME FORKS

**1. REGULATION 55 Pa.Code §2600**  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not have a code posted near the exit door leading from the secure dementia unit to the lounge area of the personal care unit. According to staff interview, the code was removed by staff and hidden under a piece of paper taped to the door because a resident of the secure dementia unit was able to enter the code into the keypad.

**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 4/11/18 inspection that the code for the memory care was not posted on the exit door of the secure dementia unit. During the inspection the code was placed on the door so that it is visible to everyone.

- As a POC the administrator will ensure the following:
- The direction for operation is posted conspicuously near the device
  - If the code comes off or is not visible a new code is placed back up so that it is visible to everyone.
  - That door lock codes are placed around the door and are visible so that we remain in compliance with regulation 2600.233(c)

*The administrator shall monitor and be responsible for ongoing compliance.*

*mm*  
 5/21/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephenie Mathis</i>	Date 5/12/2018
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Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
 PCH Name: RENAISSANCE HOME FORKS

**1. REGULATION 55 Pa.Code §2600**

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**2a. DESCRIPTION OF VIOLATION**

Residents #4, #5, and #6 were admitted to the home's secure dementia unit on [redacted] 2018. The home did not develop support plans within 72 hours of the residents' admission to the home.

**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.*

On [redacted] 8 Weston Senior living at Hillcrest was evacuated due to a power outage. Some of residents were sent to Renaissance Home Forks for respite stay while the power was out at Hillcrest. The residents remained at the facility as a respite stay until it was decided that Hillcrest would remain closed. On 3/27/18 it was determined that Hillcrest was going to remain closed. A letter went out to notify the residents and the residents POA. During the inspection on 4/11/18 it was found that resident #4, #5 and #6 were placed in the homes secure dementia unit and did not develop support plans within 72 hours of the residents admission to the home. *Secured Dementia Unit*

As a POC the administer will ensure the following:

- 72 hours prior to the admission to the secured dementia care unit a support plan will be developed, implemented and documented in the residents record.
- There is a plan to serve the resident that has challenging behaviors as soon as possible.
- The ongoing monitoring of the resident support plans are being done so that we remain in compliance with regulation 2600.234(a)

*The administrator shall monitor and be responsible for ongoing compliance.*  
*[Signature]*  
 5/21/18

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie Mathis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie Mathis* Date 5/12/2018

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Violation Report: 22692 - 04/11/2018 - Deluca, Amy  
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1. REGULATION 55 Pa.Code §2600  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION  
 According to care notes in the resident's record, resident #2 has had violent behavior towards staff, has engaged in inappropriate behaviors such as defecating in a common area of the home, and has been admitted twice to hospital psychiatric units since the last support plan was completed. The resident's support plan was not updated to address how the home will meet the needs 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.

During the 4/11/18 inspection it was found that resident #2 did not have a support plan updated to show how the facility would handle the needs of the resident.

- As a POC the administrator will ensure the following:
- Any resident who has a change in status or resident's condition changes will have an addendum or updated RASP.
  - Each residents RASP will be updated at least annually.
  - The ongoing monitoring of the RASP's is being done so that we can remain in compliance with regulation 2600.34(d)

The administrator shall monitor and be responsible for ongoing compliance.

*m*  
 5/21/18

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Signature of Legal Entity Representative (Required on EVERY Page) *Stephanie Mathis*

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