



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: November 7, 2018

Ms. Joanne M. Regina
Chief Executive Orricer
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 Services Licensing inspection on September 27, 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,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22692 - 09/27/2018 - Deluca, Amy
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract dated 5/1/2018 for resident #1 was not signed by 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 inspection the contract dated 5/1/2018 for resident #1 was not signed by resident.

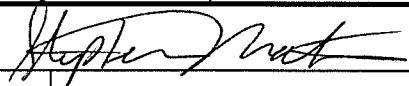
For the POC the administrator will ensure the following.

-The family member and the resident are aware that both acknowledgments are required. If resident can not sign a marking of any kind would be acceptable.

-Resident #1 has signed contract

-Administrator will monitor all contracts and speak with family members to stress the importance of both signatures needed even if they are Power of Attorney. In order to remain in compliance with regulation 2600.25(b)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Stephenie Mathis (Administrator)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Stephenie Mathis	Date 11/1/2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of	<u>11-6-18</u> (Date)	Plan of correction implementation status as of <u>11-6-18</u> (Date)
The above plan of correction was approved by	<u>MM</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 - 09/27/2018 - 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 #1's Resident Assessment and Support Plan (RASP) dated 3/17/2018 indicates that the resident ambulates with the assistance of a rolling walker. It was determined that the resident was not using a walker to ambulate until after the resident had a fall on 7/15/2018 when the nursing notes indicate the resident's family member requested that he/she be given one. Also, notes from physical therapy notes indicate the resident repeatedly refused to use a walker when encouraged. Neither of these issues were addressed on the support plan.

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 inspection that resident #1 resident assessment support plan (RASP) dated 3/17/2018 indicated resident used a rolling walker for assistance to ambulate. The resident had refused to use walker for assistance and was not supported in her RASP.

For the POC the administrator will ensure the following

- The updated Rasp is documented within required time upon conclusion of morning meetings with Therapy department, DOW and Administrator.
- An addendum done to reflect any changes in the residents need
- The on going monitoring of RASP is done so that we remain in compliance with regulation 2600.227(d)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Stephenie Mathis Date 11/1/2018

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

The above plan of correction is approved as of 11-6-18
 (Date)

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

Plan of correction implementation status as of 11-6-18
 (Date)

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