



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email: [REDACTED]
MAILING DATE: March 7, 2019

Ms. Michele Moser
Administrator
Renaissance Home Northampton LLC
1001 Washington Avenue
Northampton, Pennsylvania 18067

RE: Renaissance Home Northampton
License #: 227010

Dear Ms. Moser:

As a result of the Department's Bureau of Human Services Licensing inspection on January 4, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 22701 - 01/04/2019 - DeVries, Kristin
PCH Name: RENAISSANCE HOME NORTHAMPTON

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #1 uses a call pendant to request assistance from staff when needed. During on-site investigation, it was determined that this call pendant is not functional when the resident attempts to use it when the resident is in his/her room, which poses a possible safety risk for 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.

- 1) After inspection [redacted] daughter [redacted] gave us approval to move [redacted] into another room that received the pager system signal. This way [redacted] would be able to contact staff at all times when needed. She moved from Rm 140 into Rm 114 which is on the same floor just on the other side of the dining room from where she was before. (See attachment #1) The pager she had worked in this room so she was able to contact the staff right away when she needed it (see attachment #2)
 - 2) A new pager system was purchased on 1/8/19 (See Attachments #3 + #4)
 - 3) New Equipment was received and will be utilized by residents that currently pay for this optional service (see Attachment #5)
- [redacted] was not being charged for the pendant prior to this incident due to the fact of intermittent system signal. The pager did work outside of her room so when she was at other areas of the facility it still worked and able to contact staff when needed.
- 4) Dow + Administrator will monitor system on a regular basis + check pendants to ensure the equipment is in good condition + working order.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michele Nazer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michele Nazer, Administrator

Date
2/15/19

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The above plan of correction is approved as of 2-21-19
(Date)

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

Plan of correction implementation status as of 2-21-19
(Date)

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