



July 15, 2019

Mr. Richard L Hosmer
Chief Executive Officer
Renaissance Home Forks, LLC
2222 Sullivan Trail
Easton, Pennsylvania 18040

RE: Renaissance Home Forks
License # 226920

Dear Mr. Hosmer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 16, 2019 of the above facility, the violations 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22690 - 01/16/2019 - Novak, Ryan

PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 (date of admission 3-3-2018) contract was not completed until 5-5-2018, outside the timeframe outlined in this regulation.

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 1/16/19 inspection it was found that resident #1 contract was not completed prior to or within 24 hours after admission.

Resident #1 was evacuated from another facility on 3/3/18 and it was determined on 4/1/18 that the resident would stay at our facility. The previous administrator failed to have a contract signed in the timeframe outlined in regulation 2600.25(a)(1)

As a POC the administrator will insure the following:

- Prior to addmision or within 24 hours after admission any new resident will have a written and signed contract between the resident and the home.
- Review the contract and explain its contents to the resident and the residents designated person if any prior to signature.
- Will continue to monitore and be responsible for ongoing compliance of regulation 2600.25 (a)(1)

As a POC the administrator will ensure the following:

All direct care staff will complete the approved online direct care competency course prior to giving unsupervised care.

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 Administrator Date 3/29/19

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

The above plan of correction is approved as of 5-14-19
(Date)

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

Plan of correction implementation status as of 5-14-19
(Date)

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

Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

5-5-19

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A hired 1/14/19, B hired 12/14/18, and direct care staff member C hired 12/4/18 did not receive training in the general fire safety orientation on the 1st day worked.

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 on 1/16/19 that three new hire employees did not have the first day fire safety orientation.

After the inspection the three employee's who were noted above recieved their fire safety orientation and their orientation sheets were placed in their file. See attached.

As a POC the administrator will ensure the following:

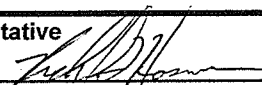
-That all new employees will recieve the fire training during the first work day this will include the following:

- Evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuations, transportation and at an emergency location if applicable.
- The designated meeting place outside the building or within the fire safe are in the event of a acual fire.
- Smoke safety procedures, the homes smoking policy and location of smoking area.
- The location and use of fire extinguishers.
- Smoke detectors and fire alarms.
- Telephone use and notification to emergency services.
- Will continue to monitor and will be responsible for ongoing compliance of regulation 2600.65 (a)

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Richard L Hosmer - Administrator

Date 3/29/19

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS 5-5-19

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff member B hired 12/14/18 did not receive training in emergency medical plan and The Older Adults Protective Services Act within the first 40 hours worked.

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 on 1/16/19 inspection one of our staff did not receive her emergency medical plan or the older adults protective services act within the first 40 hours worked.

After the inspection the employee completed the required emergency medical plan and the older adults protective service See attached.

As a POC the administrator will ensure the following:

That all new employees will complete the orientation for regulation 2600.65(b) within the first 40 hrs worked. This orientation will include the following:

- Resident rights
- Emergency medical plan
- Mandatory reporting of abuse and neglect under the Adult Protective Service Act
- Reporting a reportable incident and conditions.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.65(b)

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Richard L Hosmar Administrator</u>	Date <u>3/29/19</u>
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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

5-5-19

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff member C hired 12/4/18 did not complete the Department approved online direct care competency course.

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 on 1/16/19 inspection that an employee did not complete the department approved online direct care competency course.

It was found that when employee C who was hired on 12/4/18 did not have a direct care competency in her employee file at the time of inspection. After questioning our HR staff stated that employee was previously employed at another facility and had stated that she could get her direct care competency course from her previous employer. HR never followed up with employee C and therefore we did not have one on file. The employee was called and on 1/17/19 the course was completed. See attached.

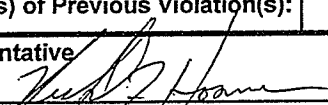
As a POC the administrator will ensure the following:

- All direct care staff will complete the approved online direct care competency course prior to giving unsupervised care.
- Will continue to monitor and be responsible for ongoing compliance of regulatin 2600.65(d)

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative
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Richard L Hosmer Administrator

Date

3/29/19

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

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

The door leading into the home's Special Care Unit near resident room 224 does not open properly from the outside when the code is entered.

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 1/16/19 inspection that the special care unit's code key pad was not functioning properly.

After the inspection it was found that one of the number keys where stuck which prevented the key pad from functioning properly. The pad was taken apart and repaired.

As a POC the administrator will ensure the following:

- A routine inspection of all equipment on a daily bases or as needed to ensure that they are functioning properly.
- If equipment is found to be not fuctioning correctly the staff will notify the administrator and or the maintenance employee of their findings as soon as the issue is found.
- If an issues is found with the equipment that the repairs are done in a timley manner to ensure the equipment is in original working order.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.95

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS 5-5-19

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The homes notice to the fire department does not indicate the total capacity of the home. The letter also notes the home serves 12 residents with mobility needs, the home currently serves 13 residents.

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.

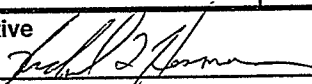
It was found during the 1/16/19 inspection that the letter to the local fire department was done incorrectly.

A new letter was written and delivered to the local fire department. The letter addressed the buildings capacity description of general layout and a general description of mobility needs.

As a POC the administrator will ensure the following:

- Whenever there is a need for a letter to the local fire department the letter will include the buildings capacity, description of layout and a general description of the residents moility needs.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.124

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Richard L. Hosmer Administrator</u>	Date <u>3/29/19</u>
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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

5-5-19

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill during sleeping hours on 1-30-2018 at 5:00am. The home did not conduct another fire drill during sleeping hours again until 10-17-2018 at 11:15pm.

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 1/16/19 inspection that the sleeping hours fire drill was not done once every 6 months.

A new fire drill log was created for 2019. A set date for the sleeping hour fire drills were put on every 6 months as described in regulation 2600.132(e)

As a POC the administrator will ensure the following:

- Sleeping hour fire drills are done once every 6 months and are done between the hours of 11:00 pm and 7:00 am.
- The fire drills are recorded on a log so that the inspectors can see when the fire drills were conducted.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.132(e)

The administrator will also ensure that fire drills are unannounced. 5-28-19

AG

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Richard L Horner Administrator

Date *3/29/19*

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 (Initials)

Plan of correction implementation status as of 5-28-19
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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

7 out of the past 12 fire drills conducted by the home were conducted on either the last day of the month or second to last day of the month. This poses a possible safety risk as residents may be able to predict when a fire drill will be conducted.

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 1/16/19 inspection that 7 out of fire drills were at the end of the month and not spread out throughout the month.

After the inspection a 2019 fire drill log was made to follow to ensure that fire drills are done at different times and different dates.

As a POC the administrator will ensure the following:

- Fire drills are done at different times and different dates throughout the calendar year so that residents are not prepared to respond to the fire drill.
- Each fire drill is logged so that inspectors can see the time and date of fire when the fire drill was conducted.
- Staff on all shifts are properly trained in evacuation procedure.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.132(g)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Richard L. Hosmer Administrator Date 3/25/19

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan

PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's annual medical evaluation (DME), dated 11-15-2018, does not include the resident's need for a secured 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.

During the 1/16/19 inspection it was found that resident #2 DME did not state the need for the secured dementia unit.

After the inspection all DME's for residents in the secured unit were checked to ensure that all stated a need for the secured dementia unit.

As a POC the administrator will ensure the following:

- All DME's are reviewed each year and are accurate to the needs of the resident.
- If there is a change in a residents status all changes will be made on a new DME as stated in regulation 2600.141(a)(2).
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.141(a)(2)

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Richard L. Hosmer Administrator

Date 3/25/19

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

5-5-19

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #3 is self-administering Ketoconazole 2% shampoo, the residents DME dated 1/14/19 notes the resident is unable to self-administer medications.

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 1/16/19 inspection it was found that a resident was self-administering a medicated shampoo and noted on their DME that they cannot self-administer.

As soon as the shampoo was found by the inspector the shampoo was removed from the residents room. After the inspection an order for the resident #3 to self administer the shampoo was written. Staff was educated on the importance of the inspecting for medication in rooms of residents who are deemed unable to self-medicate. The staff was also educated if a medication is found and they are unsure if the resident can have it, remove the medication from the room and notify either the Administrator and or DOW. See next page for supporting documents.

As a POC the administrator will ensure the following:

- Staff are educated to inspect all resident rooms for medication, if medications are found and they are unsure if the resident can have them, remove medication from the room and notify the Administrator/DOW.
- If any resident would like to administer their own medication the Administrator/DOW will contact the MD/NP to see if they will evaluate the resident to deem them able to self-administer the medication
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.181(c)

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan

PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the hallway unlocked and accessible in the memory care unit contained packets of neosporin and a tube of triple antibiotic ointment.

At approximately 9:45am the medication cart located on the memory care unit was unlocked and accessible to the residents.

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 on 1/16/19 the inspector found the memory care med cart was unlocked. The inspector also found the neosporin and triple antibiotic ointment in a unsecured first aid kit.

During the inspection the neosporin and the triple antibiotic were removed from the first aid kit and the kit was removed from the wall and placed in the nursing station right next to where it was hanging. Staff was made aware not to put the items in the first aid kit due to the risk of one of the residents getting a hold of it. Also the med cart was found to be not functioning correctly and would not lock properly a call was made to our pharmacy and a service tech came out and fixed the issue. Staff was educated on the importance of making sure the med cart is locked anytime they are away from it. They were also educated on the importance of notifying the Administrator and or the DOW if the med carts are not functioning properly have someone call the pharmacy so that they can come out ASAP to do the repairs.

As a POC the administrator will ensure the following:

- That all med tech/DOW are educated of the importance of locking the cart when the walk away from it.
- If there are issues with the locking mechanism, that staff report it immediately to the administrator and or the DOW so that the pharmacy can be called to come out and do the needed repairs.
- Staff is educated that all prescription medications, OTC medication, CAM and syringes must be kept in an area or container that is locked.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.183(b)

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Richard L. Horner Administrator

Date 3/29/19

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
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5-5-19

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's Advair 250/50 inhaler was opened on 10/18/18, the medication expires 30 days after opening.

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 1/16/19 inspection that a Advair 250/50 inhaler had expired and was not discarded after the 30 days after being open.

After the inspection an investigation was done. It was found that the resident was out at the hospital and when she returned a new inhaler was ordered and was on hand, but the old one was never removed.

As a POC the administrator will ensure the following:

- Will educate the staff on importance of discarding medication of residents that no longer live in the facility, have medications that have expiration dates once open or medications that have been discontinued by a MD/NP.
- Make sure that monthly cart audits are done correctly and that all medications are checked for expiration dates.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.183(d)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Richard L. Hosmer Administrator

Date 3/29/19

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

The above plan of correction is approved as of 5-28-19
 (Date)

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

Plan of correction implementation status as of 5-28-19
 (Date)

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

Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS 5-5-19

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 #5's morphine sulfate 15ml solution was unopened. The pharmacy label notes a total of 15ml dispensed in the bottle. Upon review of the narcotic count sheet, the count sheet notes 30ml. The incorrect amount was noted on the count sheet and the staff members continued to note that the count was correct even though the amounts were different.

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 1/16/19 inspection that an unopened bottle of morphine sulfate dosage was inputted into the quickmar system and the staff continued to count it with the incorrect amount on the quickmar.

During the inspection the amount was changed in quickmar to match what was in the unopened bottle. The staff was educated on the importance of making sure the medication dosage is inputted correctly and to check every medication label during the med count to make sure it matches up to what is on the MAR.

As a POC the administrator will ensure the following:

- Staff is aware of the importance of inputting the correct dosage so that an accurate count can be done and so that there is no suspicion of misdosing theft or criminal activity.
- DOW/Administrator to routine spot checks to make sure the medications are getting entered and counted correctly.
- Any new med tech are educated on the importance of entering dosage and proper med count at shift change and shown how to properly do so.
- Any staff found that are found not following this procedure correctly will have disciplinary actions and be reeducated or terminated if repeat violations occur.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.183(d)

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) <i>Richard L Hosmer</i>	Administrator	Date 3/29/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-28-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>5-28-19</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: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #6's (date of admission 3-3-2018) Preadmission Screening was completed 4-12-2018, outside of the timeframe outlined in this regulation.

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 1/16/19 inspection it was found that resident #6 prescreening date of was completed outside the outlined timeframe.

Resident #6 was a resident from another building which was evacuated in March of 2018. It was determined in April 2018 that the resident was going to stay at our facility. The previous administrator failed to do the prescreening after the announcement of the building she was in closer.

As a POC the administrator will ensure the following:

- That all residents moving into the facility will have a prescreening within 30 days prior to admission so that the needs of the resident can be met by the services provided in our building.
- Will continue to monitor and be responsible for ongoing compliance for regulation 2600.224(a)

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 Administrator
 (Required on EVERY Page) Date 3/29/19
 Richard L. Hosmer

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

The above plan of correction is approved as of 5-28-19
 (Date)

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

Plan of correction implementation status as of 5-28-19
 (Date)

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

Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

5-5-19

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's most recent assessment and support plan (RASP), dated 11-26-2018, does not address the resident's needs regarding the resident's diagnosis of Major Depressive Disorder.

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 1/16/19 inspection It was found that resident #7 did not show the diagnosis regarding major Depressive disorder.

After the inspection an addendum was placed in the resident RASP to show the diagnosis of Major Depressive Disorder.

As a POC the administrator will ensure the following:

- All resident and new residents diagnosis diagnosis weather on a DME or ne orders will be entered on to the RASP and staff will be made aware of the changes.
- Daily reviews are done on new orders to make sure that all new diagnosis are entered on the RASP/DME as soon as they are recieved so that proper care can be given to the resident.
- Will continue to monitor and be responsible for ongoing compliance for regulation 2600.227(d)

Within 30 days of receipt of this Plan of Correction, the Administrator will oversee a complete review of all current RASPS measuring compliance for the updating of residents' needs (assessment) and the method the home will implement to ensure that resident's needs are being met as things change (support plan). The home will retain documentation of this audit. 5-28-19

AG

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2018		
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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) Administrator
 Richard L Hsman Date 3/29/19

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

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Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 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

Resident #1's (date of admission 3-3-2018) medical evaluation (DME) was completed 3-16-2018, outside of the timeframe outlined in this regulation. The DME also does not include the resident's need for a secured 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.

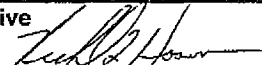
During the inspection on 1/16/19 it was found that resident #1 admission day was 3/3/18 but the DME was completed on 3/16/18 which is outside the the timeframe to complete. It was also found that the DME did not include the need for the dementia unit.

Resident #1 was evacuated from another facility on 3/3/18 and it was determined on 4/1/19 that the facility was going to close. The former administrator failed to complete the DME correctly in the timeframe outlined in regulation 2600.2312(b)

As a POC the administrator will ensure the following:

- That all resident who would have to be placed in memory care will have an evaluation by a physician, physician assistant or certified registered nurse practitioner within 60 days prior to admission. This documentation shall include the residents diagnosis of alzheimer's disease or other dementia and the need for other denentia need for the resident to be served in a secured dementia care unit.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.231(b)

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 Administrator Date 3/29/19

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The above plan of correction is approved as of 5-28-19
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The above plan of correction was approved by AG
 (Initials)

Plan of correction implementation status as of 5-28-19
 (Date)

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

Violation Report: 22690 - 01/16/2019 - Novak, Ryan

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

Resident #1's (date of admission 3-3-2018) Cognitive Preadmission Screening was completed 4-12-2018, outside of the timeframe outlined in this regulation.

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 1/16/19 inspection it was found that resident # 1 date of admission was 3/3/18 and the prescreening was not done till 4/12/18 which is out of the timeframe outline in regulation 2600.231(c)

Resident #1 was evacuated from another facility on 3/3/18 and it was determined on 4/1/18 that the facility would close and resident #1 would stay at this facility. The previous administrator failed to get the prescreen in the timeframe allotted for regulation 2600.231(c).

As a POC the administrator will ensure the following:

- Any resident who is deemed to have cognitive impairment will have a cognitive prescreening within 72 hours prior to admision to a secured dementia care unit. This will help us and the resident to establish what kind of service the resident needs
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.231(c)

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)

Administrator

Date 3/27/19

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

The above plan of correction is approved as of <u>5-28-19</u> (Date)	Plan of correction implementation status as of <u>5-28-19</u> (Date)
The above plan of correction was approved by <u>AG</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: 22690 - 01/16/2019 - Novak, Ryan
PCH Name: RENAISSANCE HOME FORKS

5-5-19

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not include a "No Objection Statement."

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 1/16/19 inspection that resident #1 file did not have a no objection statement.

Resident #1 was evacuated from another facility on 3/3/18 and it was determined on 4/1/18 that the facility wa going to close and the resident would continue to stay at our facility. On 4/12/18 after a visit from an inspector and violation for not having prescrening done on the residents who transfered from the closed facility, a prescreening was done and it was determind at the time that resident #1 would need to be on the memory care unit. The previous administrator failed to have our no objection statement form filled out by the POA.

As a POC the administrator will ensure the following:

- All residents who have a need to be in a locked memory care unit will have a no objection statetment filled out by there POA and that form will be placed in the residents file.
- will continue to monitor and be responsible for ongoing compliance of regulation 2600.231(e)

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. Hsman Administrator Date 3/29/19

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(Initials)

Plan of correction implementation status as of 5-28-19
(Date)

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

Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

The exit door on the memory care unit that is equipt with a magnetic lock would not lock during the inital walk through. The magnetic lock was not engaging immediately.

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 1/16/19 inspection that the magnetic door lock was not functioning properly when the inspector entered through to the memory care unit.

Immediatly after the issues was found the magnetic system was checked and after closing the door several times the magnetic locked engaged and remain engaged. We are usure of what caused the issue but after the incident it did not happen again.

As a POC the administrator will ensure the following:

- All staff are monitoring the doors throughout the day and ensuring that the magnetic lock engages.
- If it is found to be not functioning properly an immediate call to the maintance staff shall be made to make the nessassary repairs. so that the magnetic locking is functioning as it is suppose to.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.233(d)

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 Administrator Date 3/29/19

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 (Date)

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Plan of correction implementation status as of 5-28-19
 (Date)

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

Violation Report: 22690 - 01/16/2019 - Novak, Ryan

PCH Name: RENAISSANCE HOME FORKS

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff member D hired 2/11/15 only completed 5 of the required 6 hours of dementia care training in 2018.

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 1/16/19 inspection that direct care staff D only required 5 of the 6 hours required in 2018.

It was found during the inspection that there was only 5 dementia training hours on the 2018 training schedule. This was due to the 6th training that was on the training schedule to be part of the 12 hour annual required trainings and was not counted as a dementia care training hour. After the inspection was done a new training schedule was made to reflect the required 6 hour annual dementia care training. See next page for the 2019 training schedule.

As a POC the administrator will ensure the following:

- That all direct staff employees get the 6 hour annual dementia care training related to dementia care dementia care services. This will be in addition 12 hour annual traing.
- Will continue to monitor and be responsible for the ongoing compliance of regulation 2600.236.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Richard L. Hosman Administrator

Date 3/29/19

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(Date)

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

Violation Report: 22690 - 01/16/2019 - Novak, Ryan
 PCH Name: RENAISSANCE HOME FORKS

5-5-19

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #6's record is missing the resident's hair color, eye color, and any identifying marks.
 Resident #8's record does not include the date that the home terminated services 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.

It was found during the inspection that resident #6 face sheet was missing hair eye color and identifying marks. It was also found that resident 8 when dischrsged did not have a date of termination.

During the inspection residents #6 face sheet was updated to reflect the residents hair color, eye color and any identifying marks. After the inspection Resident #8 discharge file was located, unfourtanitley the previous administrator did not place a discharge sheet in the file, we were able to determine that the discharge date was through the buisness office refund check. The discharge date was 4/19/18

As a POC the administrator will ensure the following:

- All residents records will have all the information which will give the best possible picture of who the resident is, what the residents history is and what service or needs the resident might have.
- All dischage resident have a discharge sheet which shows the date of discharge and that sheet will be placed in any resident file that is discharged so that when information is needed it can be easily obtained.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.252

The Administrator will also ensure that all current residents' records are audited for compliance with all 26 items (if applicable, on a case-by-case basis). This is to be completed within 45 days of receipt of this Plan of Correction. The Administrator will also ensure that every resident has a photo suitable for identification purposes that is no more than 2 years old. The home will retain documentation of this audit. 5-28-19

ag

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2018		
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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 Administrator* Date *3/29/19*

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The above plan of correction is approved as of 5-28-19
 (Date)

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

Plan of correction implementation status as of 5-28-19
 (Date)

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