



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via email to: mmoser@westonslc.com**  
**MAILING DATE: November 12, 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 June 20, 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 that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: RENAISSANCE HOME NORTHAMPTON  
Address: 1001 WASHINGTON AVENUE, NORTHAMPTON, PA 18067  
County: NORTHAMPTON                      Region: NORTHEAST

License Number: 22701

## Administrator

Name: Michele Moser                      Phone: 4842398249                      Email: mmoser@westonslc.com

## Legal Entity

Name: RENAISSANCE HOME NORTHAMPTON LLC  
Address: 1001 WASHINGTON AVENUE, NORTHAMPTON, PA, 18067

## Certificate(s) of Occupancy

Type: C-2 LP                      Date:                      Issued By:

## Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 59                      Waking Staff: 44

## Inspection

Type: Partial                      BHA Docket #:                      Notice: Unannounced  
Reason: Incident

## Inspection Dates and Department Representative

~~XXXXXXXX~~ - On-Site: Ryan Novak 6-20-2019

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 60                      Residents Served: 48

### Secured Dementia Care Unit

In Home: No                      Area:                      Capacity:                      Residents Served:

### Hospice

Current Residents: 1

### Number of Residents Who:

Receive Supplemental Security Income: 1                      Are 60 Years of Age or Older: 48  
Diagnosed with Mental Illness: 2                      Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 11                      Have Physical Disability: 2

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 fell and hit the residents head on 4/22/19, the resident was sent to emergency room and returned to the home with stitches. The injury was not reported to the Department.

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) The list of incident examples was posted in the nursing office with instructions. (see attachment #1) This will make the Med techs aware of which incidents get reported or not to DHS and will ensure that Dow and Administrator get notified of the incident immediately.
- 2) The list of incident examples was posted in the Administrator's office so that there will be no confusion whether or not to report incident to DHS. (See Attachment #2)

Legal Entity Representative

Signature 

Printed Name and Title Michele Moser, Administrator Date 8/23/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8-23-19  
(Date)

Plan of correction implementation status as of 8-23-19  
(Date)

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

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