



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: rhosmer@renaissanceseniorhomes.com
Mailing Date: December 26, 2019

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

RE: Renaissance Home Forks
License # 226920

Dear Ms. Regina:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 26, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *RENAISSANCE HOME FORKS*

License Number: *22692*

Address: *2222 SULLIVAN TRAIL,, EASTON, PA 18040*

County: *NORTHAMPTON*

Region: *NORTHEAST*

Administrator

Name: *Richard Hosmer*

Phone: *6105150500*

Email: *rhosmer@renaissanceseniorhomes.com*

Legal Entity

Name: *RENAISSANCE HOME FORKS LLC*

Address: *2222 SULLIVAN TRAIL, EASTON, PA, 18040*

Certificate(s) of Occupancy

Type: *R-4*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *53*

Waking Staff: *40*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

09/26/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61*

Residents Served: *41*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *39*

Diagnosed with Mental Illness: *10*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *12*

Have Physical Disability: *0*

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan dated 7/5/2019 was not updated to reflect the resident's current supervision needs. The resident has frequent exit seeking behaviors and will attempt to go to the outdoor smoking area. The resident was also was able to elope from the building unattended on 7/22/19 due to a failure in the wander guard system.

Resident #2 was found outside of the building unattended on 2/28/19, after which time a wander guard was placed on her wrist as a precautionary measure. Resident #2's support plan dated 1/15/2019 was not updated to reflect the change in supervision needs. The need for the wander guard was not noted on the support plan until 4/5/2019.

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 a resident complaint visit that support plan was not updated to reflect the current supervisory needs of resident #1. On 7/22/19 the resident was found outside unattended due to failure of the system which was due to losing power after a storm. A call was made to the manufacture of the Wanderguard system and the problem was fixed. There has been no further incidents


It was also found that on 2/28/19 resident #2 was found wandering unattended and a wander guard was then placed on residents wrist per families request for precautionary measures. It was found that the care plan was not updated to note that the resident need a wanderguard bracelet till 4/5/19.

As a POC the administrator will ensure the following:

- a policy and procedure for the Wanderguard was reviewed with staff and will be gone over with new staff ensure the safety of our residents.
- An education was done with the DOW to ensure that all the care plans are updated to reflect the resident current status or needs.
- will continue to monitor and be responsible for ongoing compliance of regulation 2600.227.d

*Attached are the policy and procedures that are used for the Wanderguard system at our facility

Legal Entity Representative


Signature

Richard L Hosmer 12/13/19
Printed Name and Title Date

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The above plan of correction is approved as of 12-26-19 (Date)

Plan of correction implementation status as of 12-26-19 (Date)

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

- Fully Implemented
- Partially Implemented
- Not Implemented