



**Sent via email to: mmoser@renaissanceseniorhomes.com
MAILING DATE: January 31, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 17, 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 NORTHAMPTON*

License Number: *22701*

Address: *1001 WASHINGTON AVENUE,, NORTHAMPTON, PA 18067*

County: *NORTHAMPTON*

Region: *NORTHEAST*

Administrator

Name: *Michele Moser*

Phone: *6102621010*

Email: *mmoser@renaissanceseniorhomes.com*

Legal Entity

Name: *RENAISSANCE HOME NORTHAMPTON LLC*

Address: *1001 WASHINGTON AVENUE, NORTHAMPTON, PA, 18067*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *12/01/1995*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *50*

Waking Staff: *38*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

10/17/2019 - On-Site: Amy Deluca, Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60*

Residents Served: *42*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4*

Are 60 Years of Age or Older: *41*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *8*

Have Physical Disability: *1*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

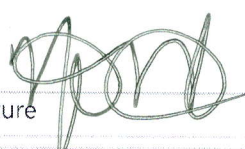
The carbon monoxide detector located in the boiler room was not located at least 15 feet from the fossil fuel burning device as required by The Care Facilities Carbon Monoxide Standards Act.

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.)

The carbon monoxide detector, that was actually located in the laundry room, was moved 15 ft away from gas dryer. This was done on the same day of the inspection.
See attachments #1 + 2

Legal Entity Representative

Signature 

Printed Name and Title Michele Wiser, Administrator Date 1/19/20

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(Date)

Plan of correction implementation status as of 1-24-2020
(Date)

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

- Fully Implemented
- Partially Implemented
- Not Implemented

28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1's room was cleared on 8/6/19; a refund was not issued until 9/24/19.

Plan of Correction (POC)

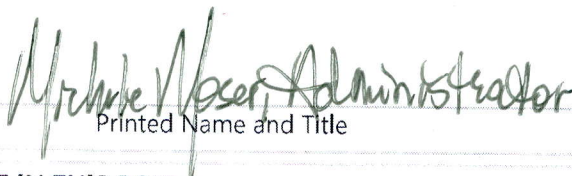
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Our Corporate office instituted a Computer Reminder that will let them know when a discharge refund for a resident needs to be done to ensure the resident receives it within the 30 days of the discharge from the facility. (see attachment #1)

The Administrative assistant will monitor that the refund is back within 30 days of discharge to ensure ongoing compliance

Legal Entity Representative

Signature 


Printed Name and Title

1/19/20
Date

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff person A did not receive training in the topics required by this regulation for 2018.
Staff person B did not receive training in self management techniques for 2018.

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.)

Staff Person A + B did receive training in the topics required by regulation 65 F. (See attached #1, 23, 5 + 6.)
 Dept. Representative (Amy) looked at corresponding logs because their names weren't on all of them she claimed they weren't there. I mainly use the logs from Inservice to use as proof of Presenters that are unable to stay + sign the training book of 40 plus employees. I do by the training forms in the book because they are more organized + show all their full years of training

Legal Entity Representative

I held an inservice (which all employees signed to monitor training because it was needed for POC). I will continue inservice to ensure book + would change date + time if they were not at
 on going compliance

Signature

Printed Name and Title

Michelle Moser Administrator

Date

1/19/20

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~~Partially Implemented - Adequate Progress~~

~~Partially Implemented - Inadequate Progress~~

Not Implemented

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in the topics required by this regulation for 2018.

Staff person B did not receive training in resident rights and falls and accident prevention for 2018.

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.)

Staff Person A + B did receive training in the topics required by Regulation 65G. (See attached #1,2,3,5,6) Dept Representative (Amy) looked at the corresponding In-service log & because their name wasn't on all of them she claimed they weren't there. For one reason or another there are times staff forget to sign it because they know they have to sign in the book where training sheets are kept. I mainly use the logs because some presenters aren't able to stay & sign the training book of 40 people/employees. I go by the training Book Forms because they are more organized & shows all their full years of training. I held an In-service (which all employees signed because it was needed for POC) see attached. I will continue to monitor training book & I would change date & time when an employee was unable to come to in-service and made up another day to ensure on going compliance.

Signature

Printed Name and Title

Michelle Nipper, Administrator

Date

11/19/20

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130e - Hearing Impairment

Regulations

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident #2 is unable to hear the fire alarms when activated. The resident does not have a signaling device approved by a fire safety expert so the resident can be alerted in the event of a fire.

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.)

On 10/23/19 I spoke with owner of our Alarm Company and told him we needed a bed shaker. He told me he'd call back when found something compatible with our system. He called me back 10/25/19 about the device and he ordered it. We received the bed shaker & was installed on 11/10/19 by Reliance Alarm Company (see Attachments # 1-2) The bed shaker was tested & works. We will still continue using the system we did before just in case she isn't in her room when alarm goes off. We would go to her room and hold fire drill sign up to her. She would see it, get up and evacuate herself from room to exit which is only 21 feet from her doorway. If not in her room the staff would take fire drill sign with them to alert her when they located her in another area in Building (see Attachments 3-5) Maintenance and Administrator will monitor staff to ensure ongoing compliance

Immediately and Ongoing:

Legal Entity Representative The Administrator shall monitor monthly fire drills for accuracy and compliance with this regulations. Monitoring shall be monthly x's 6 months to ensure ongoing compliance. 1-24-2020--MM

Signature [Handwritten Signature]

Michelle Moser Administrator 1/19/20
Printed Name and Title Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

According to staff interview, on 7/25/2019 resident #1 was not evacuated during the fire drill. The fire drill was not documented correctly on the home's fire drill logs to indicate that 1 resident was not evacuated.

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.)

Resident #1 was on hospice services and she started actively dying, that is why she wasn't evacuated. The paperwork wasn't completed that was needed from Physician and JOP. To excuse her from fire drill due to the fact it could cause her bodily harm and hasten death as a result of it. A form will be given to the hospice services so at the time the resident is admitted to hospice services, the form can be completed along with the consent forms they need as well. (see Attachment #1) The Administrator will go over with the staff the simulation that shows the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit. This will ensure on-going compliance and the written drill record will have the simulation documented on it right after the drill is over.

Legal Entity Representative

[Handwritten Signature]

Signature

Nichele Moser, Administrator

Printed Name and Title

1/19/20

Date

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2600 132c - CONT.

Immediately and Ongoing:

10/17/2019

The Administrator shall monitor monthly fire drills for accuracy and compliance with this regulations. Monitoring shall be monthly x's 6 months to ensure ongoing compliance. 1-24-2020--MM

132g - Fire Drills Days/Times

Regulations

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.

Description of Violation

The home's sleeping hour fire drills were conducted on 2/25/2019 at 5:20am and 8/23/2019 at 5:18am with 5 staff persons participating in the drill. The home normally has their 3rd shift staffed with only 3 staff persons. The home conducted the last two sleeping hour drills when additional staff were available to evacuate residents.

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.)

A Fire drill will be done at the beginning of the night shift when there is no additional staff available to help with evacuation. The other sleeping hour fire drill will be done near the end of the night shift that doesn't have additional staff available to help evacuate.

A Note will be placed on Fire drill log when the next sleep hour fire drill is due and the time as a reminder to whoever is conducting Fire drill and to ensure on-going compliance. (see attachment #1)

Immediately and Ongoing:

The Administrator shall monitor monthly fire drills for accuracy and compliance with this regulations. Monitoring shall be monthly x's 6 months to ensure ongoing compliance.

1-24-2020--MM

Legal Entity Representative

[Handwritten Signature]

Signature

Michael Moser, Administrator 1/19/20

Printed Name and Title

Date

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132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

According to staff interview, resident #1 was not evacuated during the fire drill conducted on 7/25/2019.

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.)

Resident # 1 was on Hospice Services, started actually dying. That was the reason she wasn't evacuated.
The administrator will get the paperwork needed to determine whether or not the Resident is actually evacuated to an exit or fire safe area or if a simulation of the effort it takes to move the resident and then proceed to practice evacuation. This will be documented on her RASP to ensure staff is aware of the evacuation procedure needed to ensure ongoing compliance.

Immediately and Ongoing:

The Administrator shall monitor monthly fire drills for accuracy and compliance with this regulations. Monitoring shall be monthly x's 6 months to ensure ongoing compliance. 1-24-2020--MM

Legal Entity Representative

Michael Hoyer, Administrator 1/19/20

Signature

Printed Name and Title

Date

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	(Initials)	<input checked="" type="checkbox"/> Partially Implemented	
		<input type="checkbox"/> Not Implemented	

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's documentation of medical evaluation (DME) form dated 5/18/19 is a photocopy. Ink was noted in sections (3), (4) & (8) after the physician signed the form.

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.)

Anytime there is missing info on a DME the DOW/LPN will need to be notified so they can call physician to alert them about the missing information on the DME. Once the physician is notified and approves the changes the LPN can add the info on & write down the Dr's Name that approved & LPN initials who received added info to DME. Administrator will monitor DME's for ongoing compliance

Legal Entity Representative

Signature 

Michelle Lopez Administrator

Printed Name and Title

1/19/20 Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

A wooden bench was located in the home's designated smoking area, posing a possible fire hazard.

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.)

The bench that was constructed with metal and wood, was taken out of the edge of the smoking area the same day the inspection was done. (See attachment #1)

Administrator and Maintenance will monitor smoking area daily to make sure there isn't any items that could possibly pose a fire hazard and ensure on-going compliance

Legal Entity Representative

Michele Meyer, Administrator

1/19/20

Signature

Printed Name and Title

Date

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