



Sent via e-mail to: [ctomlinson@renaissanceseniorhomes.com](mailto:ctomlinson@renaissanceseniorhomes.com)  
MAILING DATE: August 8, 2020

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

RE: Renaissance Home Pinebrook  
2 Woodbridge Road  
Orwigsburg, Pennsylvania 17961  
License #: 227550

Dear Ms. Regina:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 14, 2020 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 "Anne Graziano". The signature is written in a cursive style with a large initial "A".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *RENAISSANCE HOME PINEBROOK*

License Number: 22755

Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961*

County: *NORTHAMPTON*

Region: *NORTHEAST*

## Administrator

Name: *Carolyn Tomlinson*

Phone: *4842398249*

Email: *JRWSSP@ME.COM*

## Legal Entity

Name: *RENAISSANCE HOME PINEBROOK LLC*

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

## Certificate(s) of Occupancy

Type: *1-2*

Date:

Issued By:

## Staffing Hours

Resident Support Staff:

Total Daily Staff: *42*

Waking Staff: *32*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

## Inspection Dates and Department Representative

*04/14/2020 - Off-Site: Jason Harvey*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *68*

Residents Served: *39*

### 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: *39*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *3*

Have Physical Disability: *0*

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/02/2020 at 2:30 pm medication technician A used resident #1's glucometer on resident #2. The home self-reported the incident to the Department on 4/3/20.

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.)

See attached pages.

Legal Entity Representative

Carolyn Tomlinson  
Signature

Carolyn Tomlinson  
Printed Name and Title

5/5/2020  
Date

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

The above plan of correction is approved as of 8-5-2020  
(Date)

Plan of correction implementation status as of 8-5-2020  
(Date)

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

Implemented  
 Not Implemented

Plan of Correction , Renaissance Home Pinebrook  
Violation Report dated 4/14/2020

2600 85.a Sanitary conditions shall be maintained

This regulation is important for the health and safety of our residents and to maintain overall infection control. The safe and proper use of glucometers is a vital part of keeping sanitary conditions.

Our immediate steps to correct the problem happened at the time of violation. As soon as the staff member realized that she had made an error with the glucometers, she self-reported to her supervisor. An immediate request was made to order a new glucometer for Resident #1, so that only 1 resident was exposed; that glucometer was received same day.

The POA of Resident # 2 was notified. The physician of Resident # 2 was notified. A request was made to the physician of Resident # 1 to determine if said resident was free of all communicable diseases. Physician ordered bloodwork.

The results of that bloodwork has been received by the facility, and verification was made that Resident # 1 did not have any communicable diseases (Results of test attached).

Education:

The staff member involved was reeducated on the proper policies and procedures for identifying the correct glucometer to be used for each resident. The glucometer cases were already marked clearly with each resident's name. The staff member was also retrained on infection control using the material provided by DHS on that topic.

The staff member involved was then moved from the evening shift to day shift for several reasons:

1. Direct supervision by the Director of Wellness for mentoring, answering questions, and guidance
2. Extra support by a larger number of staff in the building in order for her to not be pulled away from her responsibilities as a med tech by visitors, alarms, telephone calls etc.
3. Removal of all supervisory responsibilities