



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via email to: mmoser@renaissanceseniorhomes.com
MAILING DATE: May 7, 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 February 20, 2020 and February 25, 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".

Anne Graziano
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: *JRWSSP@ME.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: *50*

Waking Staff: *38*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

02/20/2020 - On-Site: Jason Harvey, Ann O'Haire

02/25/2020 - On-Site: Jason Harvey, Ann O'Haire

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*

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

On 1/19/2020, resident #1 alleged an allegation against staff member A . The home did not report this incident to the department until 1/22/2020.

REPEATED VIOLATION 6-20-2019

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.)

- 1) I modified the current checklist for reporting alleged abuse/neglect. It now specifies that oral reports need to be made immediately after alleged report of abuse is made, the phone numbers are with the agencies that need to be called to expedite notification. See attachment (a)
- 2) I documented the reporting time on the checklist just to be done in 24 hours for written reports to Dept of Aging and Dks to ensure that reporting is done on time.
- 3) Administrator or Dow will follow checklist and document on the form the time oral reports were given and do an initial written incident report to Dks with preliminary information so it's reported on time and then a final report upon completion of investigation for alleged abuse. Administrator will contact Corporate to have Regional Dow or Regional director of Operations come to facility to assist with investigation so it's done in timely manner to ensure ongoing compliance.

The Adm will conduct a training for all staff members covering all 19 events that must be reported to the Adm/Management/Sup staff and the process that will involve to include nights, weekends and holidays. This is to be completed within 10 days of receipt of this Plan of correction and then sent to the Northeastern Regional Office for inclusion in record. 4-23-2020

Legal Entity Representative

Signature

Michelle Moser, Administrator

Printed Name and Title

3/23/20

Date

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

The above plan of correction is approved as of 4-23-20 (Date)

Plan of correction implementation status as of 4-23-20 (Date)

- Implemented
- Not Implemented

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