



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **RENAISSANCE HOME FORKS LLC**

LEGAL ENTITY

To operate **RENAISSANCE HOME FORKS**

NAME OF FACILITY OR AGENCY

Located at **2222 SULLIVAN TRAIL, EASTON, PA 18040**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **61**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 11, 2020** until **May 23, 2020**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226920**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 7/19



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unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226920**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

Deputy Secretary

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HS 628 – 7/19



**MAILING DATE: May 12, 2020**

Mr. Richard L. Hosmer  
Chief Operating Officer  
Renaissance Home Forks, LLC  
2222 Sullivan Trail  
Easton, Pennsylvania 18040

RE: Renaissance Home Forks  
License # 226920

Dear Hosmer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 4, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is a reduction in SDCU beds from 20 to 0. The licensed capacity of the personal care home remains the same. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

## Violation Report

### Facility Information

Name: RENAISSANCE HOME FORKS

License Number: 22692

Address: 2222 SULLIVAN TRAIL,, EASTON, PA 18040

County: NORTHAMPTON

Region: NORTHEAST

### Administrator

Name: Rich Hosmer

Phone: 6105150500

Email: rhsomer@westonslc.com

### Legal Entity

Name: RENAISSANCE HOME FORKS LLC

Address: 2222 SULLIVAN TRAIL, EASTON, PA, 18040

### Certificate(s) of Occupancy

Type: Other

Date: 09/24/2019

Issued By: Forks Twp

### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 40

Waking Staff: 30

### Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal,Incident

### Inspection Dates and Department Representative

03/04/2020 - On-Site: Amy Deluca, Gerry Dumas, Corey Pica

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 61

Residents Served: 33

#### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: 5

#### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 33

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 1

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Staff person B reported 3 separate incidents of verbal abuse by staff person A. In the witness account on 2/11/20 the incidents occurred sometime in the last two weeks. Staff person B failed to report the incidents immediately.

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 the abuse investigation that Staff person B reported 3 seperate incidents of verbal abuse by staff A and that staff person B did not report the incidents immediatly.

- After the report was made about the suspected abuse an internal investigation was done and along with the AAA investigation is was found that staff A did speak in a inappropriate way towards three residents.
- Employee A was suspended during the investigation and was terminated after the investigation was completed.
- A mandatory all staff abuse inservice was done on 2/20/2020

As a POC the administrator will ensure the following:

- All staff are educate on abuse upon hiring, yearly traing and on a as needed basis to enusre that all staff are aware of the importance of reporting abuse immediatly regardless of the .
- On a mandorty in service was done on abuse and reporting abuse.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.15a

Legal Entity Representative

  
Signature

*Richard C Hogman* Administrator 3/2/20  
Printed Name and Title Date

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

The above plan of correction is approved as of 4-3-2020 (Date) Plan of correction implementation status as of 4-3-2020 (Date)

- Implemented
- Not Implemented

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

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff person A acknowledged that she used inappropriate language towards residents #1 and #2. Resident's shall be treated with dignity and respect.

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 the investigation that staff A admitted to using inappropriate language towards resident 1 and 2.

- All staff were educated the proper way to speak to a resident during the mandatory abuse inservice.
- A No tolerance policy which all staff had signed prior the incident occurred was reviewed again.
- Staff A was suspended and then terminated after the investigation was over.

As a POC the administrator will ensure the following:

- All staff are educated upon hiring, during annual trainings and on an as needed basis.
- All new staff will be required to sign and be educated on the no tolerance policy upon hire.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.42c

Legal Entity Representative

  
Signature

Richard L Hosmer Administrator 3/27/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 4-3-2020  
(Date)

Plan of correction implementation status as of 4-3-2020  
(Date)

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

- Implemented
- 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.

Description of Violation

Staff persons C and D did not have fire safety training by fire safety expert in training year 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 the annual inspection that staff person C and D did not have the annual fire training in 2019.

Training was done during the annual fire drill by fire safety officer, but was not done as part of the annual training which was done by the administrator who is not certified.

As a POC the administrator will ensure the following:

- Annual training are done by a fire safety expert during the annual required training.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.65g

\*\* Immediately and Ongoing:

Staff persons C and D shall receive fire safety training by a fire safety expert for training years 2019 and 2020. Documentation of training shall be kept at the home and made available to the department upon request. 4-3-2020 --MM

Legal Entity Representative

  
Signature

Richard L. Asmer Administrator 3/27/2020  
Printed Name and Title Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's most current notice to the fire department was not dated and did not contain an address specifying to whom it was addressed, therefore it could not be verified that the fire department was notified of the information required in this regulation.

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 the annual inspection that the letter that was given the fire department did not have a date and could not be verified that the fire dept recieved the letter.

After the inspection a call was made to the local vol. fire dept to find out the correct contact person is to send the letter to, because last years letter was hand delivered to the fire dept and no receipt was given. On 3/24/2020 a email was sent to me with a name of the contact person for the fire dept. the letter was sent and I am awaiting for email confirmation of receipt.

As a POC the administrator will ensure the following:

- All documination sent to the local fire dept will have a date on the letter sent and a email confirmation from the fire department stating they recieved the letter.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.124

Legal Entity Representative

  
Signature

*Richard L Hosmer Administrator 3/27/2020*  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 4-3-2020  
(Date)

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(Initials)

- Implemented
- Not Implemented

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

A fire drill was held on 2/17/2020 at 5:30 am. The home did not list the fire drill on their fire drill logs. The fire drill was captured on a 2nd form but did not list the date the drill was conducted. The form also indicated one resident sheltered in place during the drill. The resident's name and the circumstances were not documented on this 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.)

It was found during the annual inspection that the date was not on the fire drill sheet and the date, indication of why the resident was sheltered in place during fire drill or the residents circumstances and info about the fire drill was not on the monthly fire log.

After the inspection the fire drill log was completed and the date was put on the fire drill sheet.

As a POC the administrator will ensure the following:

- All sheets are filled out correctly.
- If there are issues during the fire drill it will be documented on the monthly fire drill log.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.132c

Immediately:

The home will use the Department's model fire drill log to record fire drill information. The log will be completed in its entirety. 4-3-2020--MM

Legal Entity Representative

  
Signature

*Richard Hosmer* Administrator 3/27/2020  
Printed Name and Title Date

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(Date) (Date)

Implemented

Not Implemented

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

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

A fire drill document indicates that a fire drill was held in which a resident sheltered in place. The administrator indicated the drill was held on 2/17/20 at 5:30am and that resident #3 refused to evacuate during the drill.

Resident interviews conducted also indicate that resident #4 did not leave her room during this fire drill.

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 the annual inspection that one of the residents refused to come out of their room and was marked sheltered in place on the fire drill log.

Moving foward all residents will evacuate from their rooms and will not be marked sheltered in place, but be marked as non copliant and that information will be marked in the issue column.

As a POC the administrator will ensure the following:

- All resident will evacuate to the fire safe area and if resident refuses will be marked on the monthly fire log under issues.
- All residnts will be educate on the importance of doing a fire drill.
- Any resident that continues to refuse a meeting will be set with the POA or designated person to discuss the importance of the fire drill and the options if the resident refuses to participate in them.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.132h

Immediately and Ongoing:

Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. 4-3-2020 --MM

Legal Entity Representative

  
Signature

*Richard L. Hoerner Administrator 3/27/2020*  
Printed Name and Title Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #5's Levemir and Novolg pens were stored in the medication cart with no labels attached.

Resident #6 has an order for refresh tears that are to be administered every 8 hours as needed. The label on the medication indicated the old order, which was for the drops to be administered two times per day.

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.)

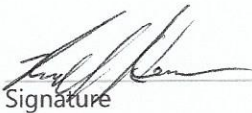
It was found during the annual inspection that resident #5 Levemir and Novolog pens did not have labels attached to them. Resident #6 label on their eyedrops did not match the new order that was in the system.

After the inspection a change in order/see MAR sticker was placed on the eyedrops due to the eyedrops being from the VA and unable to get a new label. A current order label was placed on each insulin pen.

As a POC the administrator will ensure the following:

- All medications have labels that match the current orders.
- All medication which come in a box and do not have individual labels will be labeled with the correct.
- Educate staff on the 5 rights of medication administration and the importance of having labels on all medications for that.
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.184a

Legal Entity Representative

  
Signature

  
Printed Name and Title Administrator  
Date 3/27/2020

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(Initials)

- Implemented
- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 has an order for artificial tears to be administered 6 times daily. The medication was not on hand and the 3pm dose was not able to be administered. Staff indicated the medication had run out earlier that day.

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 the annual inspection the residents artificial tears were not on hand for the 3 pm dose. Staff told the inspector that they ran out during AM pass and did not have any on hand.

After the inspection a new box of artificial tears was found in the other medication cart which was in medication room on the second floor.

As a POC the administrator will ensure the following:

- all medications are on hand and available for administration.
- all medication ar kept in the proper carts.
- Educate staff of importance of having the medication on hand and making sure the medication is in the right cart
- Will continue to monitor and be responsible for ongoing compliance of regulation 2600.187d

Legal Entity Representative

  
Signature

*Richard L Hasmer Administrator* 3/27/2020  
Printed Name and Title Date

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