

Department of Human Services
Bureau of Human Service Licensing

July 15, 2021

██████████ ADMINISTRATOR
RENAISSANCE HOME PINEBROOK LLC
2 WOODBRIDGE ROAD
ORWIGSBURG, PA 17961

RE: RENAISSANCE HOME PINEBROOK
2 WOODBRIDGE ROAD
ORWIGSBURG, PA, 17961
LICENSE/COC#: 22755

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: RENAISSANCE HOME PINEBROOK **Licen e #:** 22755 **Licen e Expiration Date:** 05/20/2021
Addr e : 2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 610-600-8774 **Email:** [REDACTED]

Legal Entity

Name: RENAISSANCE HOME PINEBROOK LLC
Address: 2 WOODBRIDGE ROAD, ORWIGSBURG, PA, 17961
Phone: 510-600-8774 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 08/29/2018 **Issued By:** Building Code Inspectors

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 03/23/2021

Inspection Dates and Department Representative

03/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68 **Residents Served:** 34

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Re ident : 1

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 1 **Have Physical Disability:** 3

Inspections / Reviews

03/23/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/26/2021*

5/20/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/27/2021*

7/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 10:30 a.m., a housekeeping cart was observed in the hallway unattended and unlocked. The cart contained poisonous cleaning items: Enzampan 2000; the cleaner indicated item to contain poison : " Call Poison Control immediately." 1 can of Comet " Get medical attention immediately.. poisonous material." Not all residents of the home are deemed capable to handle poisonous materials.

Plan of Correction

Accept

Locking up poisonous materials is very important to the health and safety of the residents in our home. The administrator met with the two housekeeping staff to review the regulation and to review the policies and procedures of locking up poisonous chemicals. The housekeepers were aware of this regulation, but they had believed that if they were close to the cart that they did not have to lock it, and had made the assumption that being in a room next to the cleaning cart was safe and that the residents would not be able to approach the cart without alerting them. The administrator and/or the director of wellness will do random checks on the housekeeping staff to ensure that the housekeepers are remembering to lock the compartment that contains the cleaning chemicals at all times. This will be an ongoing practice as the administrator and/or the director of nursing completes rounds throughout the building.

Completion Date: 04/19/2021

Update - 05/20/2021

Upon Resubmission of the Plan of Correction, the Adm will submit evidence of training to the Housekeeping Staff. Documentation must be submitted via the Portal.

AG, 5-20-21

Document Submission

Implemented

see attached training document

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency fire exit, closest to room [redacted], was blocked by a large popcorn popper machine on wheels. The popcorn popper machine blocking the emergency exit poses a risk for residents and staff by potentially delaying the evacuation of the building timely in the event of an emergency or fire.

Plan of Correction

Accept

All emergency fire exits should be free and clear of any obstructions at all times. All exits will be checked daily to ensure that they are not blocked. All staff have been reminded to check the exits during their shifts.

Completion Date: 04/19/2021

121a - Unobstructed Egress (continued)

Update - 05/20/2021

Upon Resubmission of the Plan of Correction, the Adm will submit a copy of a recently completed checklist as evidence of compliance.

The Administrator will also submit documentation of the "reminder" to all staff regarding the checking of all exits during all shifts.

Documentation will be submitted via the Portal.

AG, 5-21-21

Document Submission

Implemented

The attached notice was hung up next to the time clock over the month of June, see attachment named "safety reminder". The copy was laminated on a half sheet of paper. It has since been replaced by other reminders.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 1 is on a sliding scale and prescribed accu checks 3 times daily at 7:00 a.m., 11:00 a.m. and 4:00 p.m. On 3/19/21 at 11:00 a.m., the resident's glucometer read 153 while the residents documented reading was 159.

Resident # 2 is also on a sliding scale. Prescribed accu checks 3 times daily at 7:00 a.m. 11:00 a.m. and 4:00 p.m. On 3/18/21 the residents glucometer read 217 while the documented number indicated a reading of 218. On 3/23/21 at 11:00 a.m. the residents glucometer read 207 while the documented recorded a reading of 209.

Resident # 3 is also on a sliding scale and is prescribed to have accu checks 4 times daily at : 7:00 a.m. 11:00 a.m., 4:00 p.m. and 8:00 p.m. On 3/18/21 at 7:00 a.m., the resident's glucometer read 174 while the documented reading indicated a reading of 164,

Plan of Correction

Accept

It is very important that the glucometer numbers are correctly entered into the MAR and that an accurate record should be kept at all times.

The Director of Wellness will prepare a mandatory in-service for all nurses and med techs. This in service will focus on glucometer accuracy and documentation. A copy of the in-service is attached. The training will be completed this week.

Completion Date: 04/19/2021

Update - 05/20/2021

The staff review sheet has been reviewed in the Portal.

AG, 5-20-21

Document Submission

Implemented

If I understand this correctly, no further action is required for this citation.

185a - Implement Storage Procedures (*continued*)**Update - 07/15/2021**

The Home submitted verification of this POC on 4 19 21.

AG, 7 15 21