

Department of Human Services
Bureau of Human Service Licensing

June 25, 2021

██████████ CEO
RENAISSANCE HOME FORKS LLC
2222 SULLIVAN TRAIL
EASTON, PA 18040

RE: RENAISSANCE HOME FORKS
2222 SULLIVAN TRAIL
EASTON, PA, 18040
LICENSE/COC#: 22692

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2021, 03/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

03/24/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/03/2021*

4/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/10/2021*

6/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/24/21 the home's current licensing inspection summary, dated 8/7/20, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The licensing summary dated 8/7/20 was moved to a more public place-on the first floor bulletin Board next to the elevators.

Completion Date: 03/24/2021

Update - 04/29/2021

Immediately and Ongoing:

The administrator will ensure that the current license and a copy of all violation reports where full compliance has not been verified are posted in a conspicuous and public place within the home. Copies of the violation reports and plans of correction will also be available for review upon request of the residents or their designated persons.

4 29 2021 MM

Document Submission

Implemented

See Plan of corrections- ongoing follow up

88a - Surfaces

1. Requirements

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The stairwell close to the corporate office has paint peeling, a collection of cobwebs, dirt, and bugs lined the ledge and the handrail leading to the first floor.

Plan of Correction

Accept

The stairwell was completely cleaned out. Paint chips, cobwebs and bugs were removed.

It will be checked by housekeeping on a monthly basis and inform maintenance of any repairs needed.

Completion Date: 03/31/2021

Update - 04/29/2021

Immediately and Ongoing:

The administrator will check all surfaces in the home (weekly X's 4 months) to ensure that they are clean, in good repair, and free of hazards. And surfaces found to be in need of cleaning or repair will be cleaned or repaired immediately.

4-29-2021 - MM

Document Submission

Implemented

See Plan of Correction- surfaces will be checked on a weekly basis x4 months

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was not a thermometer in the the freezer located in the first floor dining room.

Plan of Correction

Accept

A thermometer was placed in the freezer immediately. Freezer will be checked on a monthly basis by dining services.

Completion Date: 03/24/2021

Update - 04/29/2021

Document Submission

Implemented

See Plan of Correction - Freezer/Refrigerator will be checked monthly by dining services in the Independent Living dining room

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The freezer located in the kitchen was found to have 3 muffins and 2 packages of frozen lunch meat that was not labeled with the date it was removed from the original packaging.

Plan of Correction

Accept

The freezer will be checked daily for outdated items and unwrapped food by our dining services team and logged.

Completion Date: 03/24/2021

Update - 04/29/2021

Please send/ Attach copy of the service team log. 4-29-2021 -MM

Document Submission

Implemented

See Plan of Correction and attached log to be completed weekly for 4 months by Administrator or designee

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #4 is prescribed Bisacodyl 10 mg every 3 days as needed for constipation. The pharmacy label indicated the prescription expired on 1/31/21.

183f - Discontinued Medications (continued)

Plan of Correction

Accept

Discontinued and expired medication will be removed from the medication cart when identified during weekly audits.

Completion Date 04/23/2021

Update 04/29/2021

Immediately and Ongoing:

The identified medications will be discarded. In the future, the home will not keep expired or discontinued medications in the home.

The administrator or designee shall AUDIT the medication carts on a weekly basis X's 4 months. Documentation of the AUDIT shall be maintained by the home and available to the department upon request. 4-29-2021 - MM

Document Submission

Implemented

Audit weekly for 4 months-medication audit form
Administrator or designee complete.

184a - Labeling OTC/CAM

1. Requirements

2600.

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

Description of Violation

A large bottle of Antacid 500mg tablets was located in the medicine cart. Staff A indicated this was a house supply.

Plan of Correction

Accept

We will add checks to make sure we have labels for all prescription medications and will add to our cart audit weekly.

Completion Date 04/26/2021

Update 04/29/2021

Immediately and Ongoing:

The home will ensure that all prescription and sample medication containers are labeled with the required information.

The administrator or designee shall AUDIT the medication carts on a weekly basis X's 4 months. Documentation of the AUDIT shall be maintained by the home and available to the department upon request. 4-29-2021 - MM

Document Submission

Implemented

See Plan of Correction and audit form attached completed weekly for 4 months
Ongoing reviews by Administrator or designee

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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident # 1, #2, #3, and #9's glucometers were not calibrated to the correct time. All glucometers were one hour off.

Plan of Correction

Accept

Glucometers were off 1 hour due to not being changed for daylight savings.

We will have them all changed on daylight savings annually. There were no other errors related to glucometer.

Completion Date: 04/26/2021

Update - 04/29/2021

Document Submission

Implemented

See Plan of Correction-- Will provide a reminder every year to change for daylight savings

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #5 through Resident #9's picture contained in their record and Medication Administration Record did not include a date.

Plan of Correction

Accept

We are retaking all resident photos and dating them to insure there are no more than 2 years old. New admissions will get there pictures taken on day 1.

Completion Date: 04/30/2021

Update - 04/29/2021

Please send/Attach list of residents and date of new photo. 4-29-2021 - MM

Document Submission

Implemented

See Plan of Correction- A list is attached of all residents and their photo date included



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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 23, 2020 until May 23, 2021
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

March 6, 2020

[REDACTED]
Chief Operating Officer
Renaissance Home Forks LLC
2222 Sullivan Trail
Easton, Pennsylvania 18040

RE: Renaissance Home Forks
Certificate #: 226920

Dear [REDACTED]

The Department has received your March 5, 2020 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Renaissance Home Forks within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
License