

Department of Human Services
Bureau of Human Service Licensing

May 30, 2022

[REDACTED]
RENAISSANCE HOME PINEBROOK LLC
2 WOODBRIDGE ROAD
ORWIGSBURG, PA, 17961

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/02/2021, 08/06/2021 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* License #: *22755* License Expiration: *05/20/2022*
Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961*
County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *4842398249* Email: [REDACTED]

Legal Entity

Name: *RENAISSANCE HOME PINEBROOK LLC*
Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA, 17961*
Phone: *5703668544* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/18/2018* Issued By: *West Brunswick Twp., Pa.*

Staffing Hours

Resident Support Staff: *38* Total Daily Staff: *78* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/06/2021*

Inspection Dates and Department Representative

08/02/2021 - Off-Site: [REDACTED]
08/06/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *38*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

08/02/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/22/2022*

03/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2022*

03/30/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/09/2022*

05/06/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/13/2022*

05/30/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

224c - Preadmission Screening

1. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

Resident # 1's preadmission screening was incomplete since it did not address if resident #1 could safely use and avoid poisonous material.

Plan of Correction

Do Not Accept

Administrator will review all preadmission screens when they are initially completed to ensure that all boxes have been completed as required.

Completion Date: 03/04/2022

Update: 03/09/2022

Was Resident # 1's record corrected?

Who will be responsible for ongoing compliance?

Plan of Correction

Accept

Resident record was corrected same day.

The Administrator will be responsible for ongoing compliance. The Director of Wellness or other appropriate person completing the pre-screen will give the pre-screen to the administrator. The administrator will review the pre-screen before it is filed into the resident file.

Completion Date: 03/10/2022

Update: 03/30/2022

Please send in your proof of compliance in Step 2.

AG, 3-30-22

Document Submission

Not Implemented

The administrator will complete an audit log for every single admission for the next 5 months, starting with April with completion in August. The audit will capture every admission and require the administrator's signature documenting the review of every Prescreen for completion, every RASP for completion, and confirmation that the RASP was also filed in the chart and in the direct care staff binder of RASPs.

At the end of August the administrator will submit the completed log to DHS for review for compliance.. Log is attached.

Update: 05/06/2022

The form submitted is blank. I need to see the form in use with findings and action taken.

AG, 5-6-22

Document Submission

Implemented

Here is what we have so far, will continue to log.

The form submitted is blank. I need to see the form in use with findings and action taken.

AG, 5-6-22

227i - Support Plan Accessible

1. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

Resident # 1's support plan was not accessible to direct care staff at all times on 8/2/21 either in hard copy or accessible electronically according to the Administrator and Director of Nursing. It was download later in the day on 8/2/21 from the Director of Nursing's computer USB drive and printed for staff use.

Plan of Correction

Accept

All RASPS are to be printed out and a hard copy shall be accessible to staff at the time of completion.

The DOW will review all charts to make sure that the most recent RASPs are in the charts.

Completion Date: 03/04/2022

Document Submission

Not Implemented

The administrator will complete an audit log for every single admission for the next 5 months, starting with April with completion in August. The audit will capture every admission and require the administrator's signature documenting the review of every Prescreen for completion, every RASP for completion, and confirmation that the RASP was also filed in the chart and in the direct care staff binder of RASPs.

At the end of August the administrator will submit the completed log to DHS for review for compliance.. Log is attached above.

Update: 05/06/2022

The form submitted is blank. I need to see the form in use with findings and action taken.

AG, 5-6-22

Document Submission

Implemented

Here is what we have so far, will continue as planned

The form submitted is blank. I need to see the form in use with findings and action taken.

AG, 5-6-22