

Department of Human Services  
Bureau of Human Service Licensing

July 12, 2022

[REDACTED]

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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 FORKS* License #: *22692* License Expiration: *05/23/2022*  
Address: *2222 SULLIVAN TRAIL, EASTON, PA 18040*  
County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *RENAISSANCE HOME FORKS LLC*  
Address: *2222 SULLIVAN TRAIL, EASTON, PA, 18040*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *12/14/2021*

**Inspection Dates and Department Representative**

*12/14/2021 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *61* Residents Served: *28*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *9* Have Physical Disability: *0*

**Inspections / Reviews**

**12/14/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/01/2022*

Inspections / Reviews (*continued*)

03/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/09/2022*

05/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/10/2022*

07/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Resident #1's nursing notes on [REDACTED]/21 indicate the resident got outside, the staff put 2 chairs and a plant in front of the exit doors. The chairs and plant would prevent immediate egress in the event of an emergency.

Plan of Correction

Accept

All exits have been checked to make sure that none of them are blocked. Current Administrator has talked to all staff individually about the exits. The current administrator, [REDACTED], was not the administrator of record at the time this happened and was not in the building, so [REDACTED] has been told that this resident that had been admitted to our facility was an inappropriate placement and attempted to leave multiple times each day. Apparently, the staff were feeling desperate and helpless and were trying to hide the exit as opposed to blocking the exit.

At our next staff meeting, safe egress will be addressed. Our staff meeting is scheduled for March 10th at 2pm.

Completion Date: 03/10/2022

Update: 03/30/2022

Please send in your proof of compliance in Step 2.

[REDACTED], 3-30-22

Document Submission

Implemented

Please send in your proof of compliance in Step 2.

[REDACTED], 3-30-22

I am not sure if this is what you are asking for - i have attached the documentation of the staff meeting addressing safe egress, I thought that i had sent that already but maybe not  
If this is not what you need can we try to connect by phone again

183a - Original Containers and Injections

1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #1's nursing notes on [REDACTED]/21 indicate while putting resident to bed a pill fell out of the residents pocket that looked like it had been in the residents mouth. While administering medications the staff are not ensuring the medication is administered.

Plan of Correction

Do Not Accept

Med Techs consistently watch the residents take their medications. This particular resident [REDACTED] was aggressive and conniving. [REDACTED] purposefully hid the medication in [REDACTED] mouth and pretended to take it. Since a resident has the right to refuse their medication, I believe that this resident expressed [REDACTED] refusal by hiding the medication in [REDACTED] mouth until no one was watching and then spitting it out. Due to [REDACTED] dementia, [REDACTED] may not have understood that he could just state out loud that [REDACTED] did not want to take [REDACTED] medication. I do not believe that this should be a violation.

Since the pill appeared to have been in the resident's mouth, that is proof to me that the med tech was watching

183a - Original Containers and Injections (continued)

the resident. No one can see through flesh to know that a resident has literally swallowed a pill vs. pretending to swallow a pill. The nursing note was written to notify staff that we now had the knowledge that this resident was hiding [redacted] pills in [redacted] mouth so that we could let the resident know that [redacted] had the right to refuse [redacted] meds instead of hiding them in [redacted] mouth.

**Completion Date:** 03/04/2022

**Update:** 03/30/2022

The language used to describe the resident's behavior in the event is not respectful. Also please use Resident # \_\_\_ in responding with a Plan of Correction. That is why we have resident and staff privacy codings.

In addition, rather than try to ascribe a motive for dementia related behaviors, objective documentation is a method better suited to the situation.

Please rewrite the Plan of Correction based on the observed behaviors and how the Unit or the Home plans to address the issues in more professional language suited to addressing dementia related behaviors and how one would address those behaviors.

Please include signature training sheets and a copy of the training material used.

[redacted] 3-30-22

**Plan of Correction**

**Accept**

Resident #1 was observed trying to leave the building multiple times due to [redacted] dementia. Staff members that were present at that time lacked clear direction and education on handling dementia behavior. Nursing staff also made note that they found a pill in one of Resident #1 pockets that was partially dissolved. This is also a common dementia behavior that required extra training in observation during medication administration.

Staff In-service was conducted on March 10 to address 2 topics: 1) Resident Respect and Dignity and 2) Unobstructed Egress. All staff were present at that meeting, including direct care workers and ancillary staff. (see attached training sheets)

At said meeting the administrator addressed the important topic of Preserving the Dignity of Dementia Patients, (see attachment). At said meeting the administrator specifically discussed the challenges of medication administration for a resident with dementia, and offered suggestions on how to preserve the rights and dignity of residents who refused their medication.

At said meeting the administrator also addressed the regulations of unobstructed egress, (attached with the signed training sheets) and offered suggestions and discussion about a resident with dementia who is exit seeking in an unsecured home. At said meeting the administrator also reviewed the accepted procedure to find placement for a resident requiring a secured dementia unit, while at the same time preserving the dignity of the resident during that procedure.

**Completion Date:** 03/10/2022

**Update:** 05/03/2022

Please note in step 2 that verifications were reviewed and approved by [redacted] in Step1.

[redacted] 5-3-22

**Document Submission**

**Implemented**

Please note in step 2 that verifications were reviewed and approved by [redacted] in Step1.

183a - Original Containers and Injections (continued)

█, 5-3-22

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's RASP dated █/21 has not been updated to reflect the residents aggression, wandering outside of the building, irritability and poor judgement.

Plan of Correction

Do Not Accept

The DOW shall review the RASPS to ensure that they contain up to date information on all residents.

Completion Date: 03/04/2022

Update: 03/30/2022

Please include the process for staff to communicate up and down the chain of command to alert staff to changes, new behaviors, and any other events or important information and aspects of resident care that needs to be included in addendums or significant change reassessments.

Without a method of communication for direct care staff, med techs, licensed staff and supervisory/management staff to communicate up and down the lines of command and across shifts important information may be lost or miscommunicated or not communicated at all.

█ 3-30-22

Plan of Correction

Accept

Medical information will be communicated as follows: Med Techs will consistently fill out a 24 hour to report a brief description alerting next shift of significant incidents, medical changes, residents who are LOA, and any other out of the ordinary happenings on any resident. At shift change this information and also care assignments are to be passed on to the next shift. (see attached 24 hour report, names have been removed, also assignment sheets) All significant medical and behavioral conditions or changes will also be written in the resident's chart. Also, an incident report is required to be filled out for any resident fall or injury.

In the nursing office a poster has been placed above the desk listing the DHS reportable incidents, with a large note indicating that the administrator (or designee if administrator is not available) be called no matter what time of day or night. (See attached)

A weekly department head meeting has been established with a representative from every department to discuss residents moving in or out, significant changes in residents, upcoming activities and an update on attendance, as well as information from the resident council. Housekeeping, dietary, chaplain and nursing are also represented.

A weekly therapy meeting has been established to discuss every resident who is participating in therapy and their progress, as well as the nursing recommendations for any other residents therapy needs.

The RASPS are now going to be assigned to our full time LPN, due to a change in personnel since the time of this incident above. The LPN attends the department head meeting, the shift change meetings, the physical therapy meeting, and also has established a relationship with the house doctor and has requested to do rounds with the doctor when he sees his patients. The LPN has been provided with a list of items that should be included in the

**227d - Support Plan Medical/Dental (continued)**

RASPS. The administrator created a list, but does realize that at any time other significant things may happen or other things could be included in the list. (list is attached)

The RASPS are in book available to the direct care staff. The direct care staff has been encouraged to read through the RASPs on an ongoing basis, but especially if they had been informed of a significant change of a resident during shift report.

**Completion Date:** 04/07/2022

**Update:** 05/03/2022

Please note in step 2 that verifications were reviewed and approved by [REDACTED] in Step1.

[REDACTED] 5-3-22

**Document Submission**

**Implemented**

Please note in step 2 that verifications were reviewed and approved by [REDACTED] in Step1.

[REDACTED] 5-3-22