

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

March 9, 2023

[REDACTED], ADMINISTRATOR
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 04/05/2022, 04/06/2022, 04/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *RENAISSANCE HOME FORKS* License #: *22692* License Expiration: *05/23/2023*
 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

Type: *Other* Date: *09/24/2019* Issued By: *Forks Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/08/2022*

Inspection Dates and Department Representative

04/05/2022 On Site: [Redacted]
 04/06/2022 On Site: [Redacted]
 04/08/2022 Off Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *61* Residents Served: *22*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

04/05/2022 - Full
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *05/15/2022*

Inspections / Reviews *(continued)*

06/23/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 07/05/2022

08/03/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 08/10/2022

11/13/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/18/2022

02/14/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/21/2023

03/09/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's quality management plan states that the home conducts quality management meetings annually. The most recent meeting was conducted on 11/17/2020. The home has not been conducting quality management meetings annually.

POC Submission

Accept

Quality Management Meeting was held with all Department Heads on April 21, 2022. see attached meeting notes Ongoing: the administrator will plan and coordinate next year's quality management plan. The notebook containing this year's plan, all reportable incidents and plans of corrections from March of 2022 forward has already been created and will be used to file everything mentioned above.

Licensee's Proposed Overall Completion Date: 04/21/2022

Implemented [redacted] - 02/14/2023)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [redacted] and was over the age of [redacted] years old. The home issued a refund to the resident's estate in the amount of [redacted] with the refund beginning from the date the resident's room was cleared on [redacted]. The home did not issue a refund in accordance with the Elder Care Payment Restitution Act, which requires the home to refund the cost of elder care services effective the date of the resident's death until the date the resident's room is cleared. As the elder care charges are not specified in the resident-home contract, the home was required to refund the entire daily room rate from the resident's date of death on [redacted].

POC Submission

Accept [redacted] - 11/13/2022)

The home issued an additional check to the estate of Resident #1

See attached

The home's accounting department is now aware of the refund requirement and any further refunds will be in compliance.

There was no cancelled check, the home sent a check to the estate for the difference that was owed to them. i have attached the note to the family

The home's controller is responsible for all refunds, and will oversee the compliance as outlined in Elder Care Payment Restitution Act, I have attached a sample of a recent refund

Update 6/23/22: We did not cancel the original check, we issued a check in the amount of the difference that we owed. It is explained in the refund statement as the additional amount owed. I apologize if I did not make that clear. Going forward, our controller [redacted] will oversee compliance in the future. I have attached a copy of a recent refund that was issued following the death of resident, who passed on [redacted]

28e Death of a Resident (continued)

Update Oct 2022: The check that was sent to the estate of Resident #1 in April of 2022 was never cashed. Renaissance cancelled this check as of August and reissued a new check. The second check that was sent was received and was cashed . See attached letter sent to family, new check and proof of cashed check in attached document

Licensee's Proposed Overall Completion Date: 10/17/2022

Implemented (█) - 02/14/2023)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care Staff Person A has secondary school diploma from Trinidad and Tobago. The home has not obtained a waiver for Staff Person A's education, as required, as this is not a qualified diploma.

The home was unable to locate Staff Person B's high school diploma at time of inspection. Staff Person B was hired as housekeeping staff but is used as direct care staff when needed.

POC Submission

Accept (█) - 11/13/2022)

The waiver for Staff Person A has been sent today. Copy attached.

Staff Person B requested a copy of his high school diploma to be sent, and was told that it would take 5 6 weeks. staff person B will not work in the capacity of direct care giver until we receive that copy

The high school transcripts have just been received from Trinidad and will be forwarded for the waiver request. i do not know how long it takes from that point

The HR Director who is responsible for collecting the copies of the high school diplomas will be responsible for ongoing compliance.

The original waiver request was denied, and we were referred to contact an expert and pay for their services to verify the diploma equivalency. In the process of contacting this agency and filling out the paperwork, Staff Person B has resigned from the company.

The waiver is no longer needed. This has been a beneficial learning process for Renaissance.

Licensee's Proposed Overall Completion Date: 10/17/2022

Implemented (█) - 02/14/2023)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home currently has 22 residents. On 3/25/22, 3/26/22 and 3/27/22, the home did not have any staff present trained in First Aid/CPR.

63a - First Aid/CPR Training (continued)

POC Submission

Accept

Class was completed on April 19th, 2022. Fifteen staff members completed the course, including all of the med techs that were lacking current certificates. see attached the company has hired a full time RN who is now responsible for all training compliance, organizing classes, reviewing due dates etc. This RN is responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented () - 02/14/2023)

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

The home was unable to provide documentation that Staff Person A completed the fire safety trainings required by this regulation.

POC Submission

Accept

Staff Person A had not signed () paperwork, even though () had completed the training. Because of that, the trainings were redone today with () signature.

The HR director will be responsible for all future compliance

HR files are all kept in the corporate office, not in the administrator's office

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented () - 02/14/2023)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

The home was unable to provide documentation that Staff Person A completed trainings in the Emergency Medical Plan or Reportable Incidents and Conditions, as required by this regulation.

POC Submission

Accept

Staff Person A had not signed () paperwork, even though () had completed the training. Because of that, the trainings were redone today with () signature.

The HR director will be responsible for all future compliance

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented () - 02/14/2023)

65d - Initial Direct Care Training

7. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

The home was unable to provide documentation that Staff Person A or Staff Person B completed a demonstration of job duties, followed by supervised practice, before performing direct care independently. Staff Person B was hired as housekeeping staff but is used as direct care staff when needed.

POC Submission

Accept

The home does not have a specific document showing completion of supervised practice of job duties. This administrator will work with HR department to develop one.

Licensee's Proposed Overall Completion Date: 05/26/2022

Implemented [REDACTED] - 02/14/2023)

8. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A did not complete and pass the Department-approved direct care training course and pass the competency test.

POC Submission

Accept

*Staff person A completed [REDACTED] direct care course [REDACTED] as requested. copy attached
The HR director will be responsible for all future compliance*

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented [REDACTED] - 02/14/2023)

85d - Trash Receptacles

9. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

Resident #2 shares a bedroom with a roommate, with whom they share a bathroom. The trash receptacle in the residents' bathroom did not have a cover. Resident #2 stated that the trash can is not emptied daily.

POC Submission

Accept

*The home has purchased trash receptacles for all bathrooms in personal care rooms. see attached receipt and photo.
The director of nursing in conjunction with the housekeeping staff will be responsible for future compliance*

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented [REDACTED] - 02/14/2023)

85d Trash Receptacles (continued)

89b - Hot Water Temperature

10. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water in Resident #2's bathroom was measured at 125.8 degrees Fahrenheit at time of inspection.

The water in Resident #3's bathroom was measured at 124.3 degrees Fahrenheit at time of inspection.

POC Submission

Accept

Maintenance team adjusted the water temperature down. I have attached the log with all of the most recent readings. Water temperatures are tested weekly on each floor.

The person responsible is the Director of Maintenance for Renaissance. [redacted] will continue to log temperatures to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/24/2022

Implemented [redacted] - 02/14/2023)

91 - Telephone Numbers

11. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the two landline telephones in Resident #2's bedroom.

POC Submission

Accept

List of emergency telephone numbers now attached to the wall near resident phone. See photo Administrator will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented [redacted] - 02/14/2023)

95 - Furniture and Equipment

12. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Per resident interviews, the home's call bell system is no longer functioning and stopped working approximately 2 months ago.

95 - Furniture and Equipment (continued)

POC Submission

Accept

The main power supply and transmission box for the call bell system had been located in the nurses' office. It was discovered that the plug was a GFI socket that was tripping and the power to the system was shutting off. To rectify this recurring problem, the transmission box was moved to the administrator's office. Additional pagers were also purchased and received. The staff were advised of these changes at the staff meeting dated 5/24/22.

The administrator will oversee everything to do with the paging system, as the entire system is located in the administrator office. the administrator also programs pendants as needed.

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented () - 02/14/2023)

102k - No Common Towel

13. Requirements

- 2600.
- 102.k. Use of a common towel is prohibited.

Description of Violation

There was a used, unlabeled hand towel in the shared bathroom in Resident #2's bedroom. There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in this bathroom.

POC Submission

Accept

The resident towel rack now has a label with Resident#2 name on it. The other towel rack in the room was already labeled at time of inspection. see photos
The director of nursing will oversee ongoing compliance

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented () - 02/14/2023)

125a - Combustible Storage

14. Requirements

- 2600.
- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There are 5 wicker chairs and 2 wicker side tables located in the home's designated smoking area.

POC Submission

Accept

The wicker chairs have been moved out from under the patio are and away from the smoking area the day after the inspection. The topic was also discussed at our monthly staff meeting on 5/24/2022.
Agenda attached.
The administrator in conjunction with the maintenance team will oversee compliance

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented () - 02/14/2023)

130f - Testing Smoke Detectors

15. Requirements

130f Testing Smoke Detectors (continued)

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

Except for the month of March 2022, the home has not tested their fire alarm system monthly.

POC Submission

Accept

This requirement to test the alarms even though the monthly fire drills were suspended was not understood by this home. There is no way to go back and fix what was not completed during our past 2 years. Our fire drills have resumed through Croker so our alarm testing has also resumed.

The administrator will oversee compliance . Recent fire drills attached

Licensee's Proposed Overall Completion Date: 06/24/2022

Implemented () - 02/14/2023)

132a Monthly Fire Drill

16. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of January, February, or March 2022.

POC Submission

Accept () - 11/13/2022)

Home had already hired a professional company to come in and conduct monthly fire drills. Due to high demand we had difficulty booking a company for both the monthly drills and the fire safety inspection. They were unable to get us on the schedule until April due to lack of employees, and our first fire drill was actually held on April 7th. See attached report from Croker.

The administrator will be responsible for maintaining future compliance

Croker has kindly sent an explanation of the timing of their fire drills, see attached

Licensee's Proposed Overall Completion Date: 10/11/2022

Implemented () - 03/09/2023)

132b Safety Inspection/Fire Drill

17. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and supervised fire drill completed by a fire safety expert was conducted on 8/31/2019.

POC Submission

Accept

Croker Fire Safety Cooperation was hired to conduct the fire inspection. Due to high demand and a shortage of employees, we were able to get them scheduled April 19th, 2022. See attached initial report.

The administrator will be responsible for maintaining annual compliance for a fire safety inspection and supervised fire drill.

Licensee's Proposed Overall Completion Date: 07/05/2022

132b - Safety Inspection/Fire Drill (continued)

Implemented () - 03/09/2023

141a 1-10 Medical Evaluation Information

18. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #4's medical evaluation, dated () was missing information regarding the resident's health status, cognitive functioning, body positioning, mobility status, ability to self-administer medications, and special health or dietary needs.

POC Submission

Accept

Resident #4 is not listed on the Privacy Coding page, and I do not recall which resident was being addressed.

I do recall that we sent the form back to the physician to complete.

For the next 5 months our new Director of Wellness will review all DME's that are received to make sure that all categories have been completed, and complete the log as attached. Keeping a log will help this practice become natural and automatic.

Licensee's Proposed Overall Completion Date: 05/26/2022

Implemented () - 02/14/2023

183b - Meds and Syringes Locked

19. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

Resident #2 shares a bedroom with one roommate. Resident #2 is assessed to self-administer some medications. At time of inspection, Resident #2's () was unlocked and on the resident's side table. The resident stated they do not lock this medication in their lock box when they leave it unattended, and they do not lock their bedroom door when not in their room.

A bottle of () wound dressing was found unlocked and accessible in Resident #2's shared bathroom.

183b - Meds and Syringes Locked (continued)

POC Submission

Accept

Resident #2 has been asked to put [redacted] eyedrops away into the lock box or into [redacted] pocket in between uses. If Resident #2 continues to leave the eye drops out, the home will take over the storage of the medication, but allow the resident to self administer her own drops.
The director of nursing will be responsible for maintaining compliance.

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented ([redacted] - 02/14/2023)

183d - Prescription Current

20. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

A bottle of [redacted] wound dressing was found in Resident #2's shared bathroom. Resident #2 stated that this medicated cream belonged to a former resident of the home.

POC Submission

Accept

Medicated cream was removed day of inspection. Director of Nursing will be responsible to do weekly room checks to make sure that there are no prescription or OTC medications in the resident rooms unless the resident has an order to keep at bedside.

The Director of Nursing does room rounds every day that she is working, she does not chart this. The director of nursing will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented ([redacted] - 02/14/2023)

190a - Completion Medication Course

21. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

The following staff persons are administering medications but are not currently certified as Medication Technicians:

- Staff Person C, last certified [redacted]
- Staff Person D, last certified [redacted]
- Staff Person E, last certification unknown
- Staff Person F, last certification unknown

On the following dates and times, the home did not have a certified Medication Technician available in the home:

- 3/25/22 from 12:00am through 6:59am; and 7:01pm through 11:59pm
- 3/26/22 from 12:00am through 6:59am
- 3/27/22 from 7:01am through 11:59pm

190a Completion Medication Course (continued)

POC Submission

Accept

Staff Persons C,D,E and F have been given the materials and are working on the Med Tech training class on paper. Currently the online training class is shut down for the next several months. Renaissance was able to Certify one of our RNs to be a Med Tech trainer, which she completed . I have attached her certification.

I will send the updated certifications for all of the above med techs upon completion.

I cannot send the completed med tech certifications at this time due to a problem with the med tech training class on line system. An in house training class from our Med Tech Trainer is scheduled for June 12th, but the on line testing is not available. I will get an update on this.

The Med Tech Trainer is the same RN who is responsible for all training in the company, so she will be responsible for maintaining the med tech training schedules, checks and new classes.

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented [REDACTED] - 02/14/2023)