

Department of Human Services  
Bureau of Human Service Licensing

November 12, 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 08/25/2022 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *RENAISSANCE HOME PINEBROOK* License #: *22755* License Expiration: *05/20/2023*  
Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961*  
County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *1 2* Date: *08/29/2018* Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Working Staff: *31*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/08/2022*

Inspection Dates and

[REDACTED] *Corey Pica*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *40*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *38*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *2*

Inspections / Reviews

08/25/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2022*

**10/13/2022 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 11/06/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/18/2022

**10/18/2022 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 11/06/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/24/2022

**11/12/2022 - Document Submission**

Submitted By: [REDACTED]

Date Submitted: 11/06/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 141b1 - Annual Medical Evaluation

## 1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## Description of Violation

The most current DME for resident 1 was dated [REDACTED]/2021. The resident was not discharged from the home until [REDACTED]/2022.

## POC Submission

Accept ([REDACTED] - 10/13/2022)

The Director of Wellness will ensure that a current DME is completed and in all residents charts.

This resident was discharged on [REDACTED]/22, the DOW is not able to correct this error to the residents chart at this time.

Licensee's Plan Completion Date: 10/03/2022

Implemented ([REDACTED] - 11/12/2022)

## 187d - Follow Prescriber's Orders

## 2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

Resident 1's Physician ordered a referral for evaluation for physical therapy on [REDACTED]/2022. The resident was discharged from the home on [REDACTED]/2022 but there was no verification of the resident being evaluated for physical therapy.

## POC Submission

Accept ([REDACTED] - 10/18/2022)

Orders were received for PT and were given to the PT department. We were informed in the nursing office that the residents insurance required a co-pay for each PT visit and the family declined to move forward with PT services,

The Physical Therapist, [REDACTED] poke with the family and stressed the need for PT services [REDACTED]. Family continued to decline PT services due to cost and resident's funds depleting rapidly. The administrator will ensure that proper documentation is received from PT office and it will be placed in the residents chart under PT tab. Going forward the Administrator will ensure that information is placed in the POC.

Licensee's Plan Completion Date: 10/18/2022

Implemented ([REDACTED] - 11/12/2022)

## 227d - Support Plan Medical/Dental

## 3. 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

The RASP dated [REDACTED]/2022 for Resident 1 states that they are able to ambulate and transfer independently with minimal mobility needs. The RASP does not reflect that they are at risk for falls which was documented by the

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

physician on [REDACTED]/2022.

**POC Submission**

**Accept** [REDACTED] - 10/13/2022)

*The Director of Wellness will ensure the RASP is updated with any new MD recommendations or status changes.*

*This resident was discharged on [REDACTED]/22, the DOW is not able to correct this error to the residents chart at this time.*

**Licensee's Plan Completion Date:** 10/03/2022

**Implemented** ([REDACTED] - 11/12/2022)