

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

December 29, 2022

[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 11/01/2022 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

**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]

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *07/29/2002* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *11/01/2022*

**Inspection Dates and Department Representative**

11/01/2022 On 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: *1*  
 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: *2* Have Physical Disability: *0*

**Inspections / Reviews**

11/01/2022 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *11/26/2022*

Inspections / Reviews *(continued)*

12/08/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/20/2022  
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 12/14/2022

12/19/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/20/2022  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/27/2022

12/29/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/20/2022  
Reviewer: [REDACTED] Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] staff person A witnessed resident #1 groping resident #2 inappropriately between the legs in a common area of the home. The incident was not reported to the Area Agency on Aging as required.

Also, on [REDACTED] staff person B witnessed resident #1 grabbing resident #2's breast in the tv room. This incident was also not reported to the Area Agency on aging as required.

Plan of Correction

Accept [REDACTED] - 12/19/2022)

The administrator reported the above suspected abuse to the Area office of Aging as soon as the abuse was identified. Moving forward, the administrator will also conduct training with the entire staff on resident neglect and abuse, as well as the mandatory reporting requirements, so that timely reports can be made to all the proper channels. The trainings will take place at the next mandatory staff meeting on Dec. 20th. The training will include identifying abuse and neglect, knowing how to report any suspected abuse, knowing the person to report it to, and how to write witness statements. The staff will also be reminded to call the administrator and/or the director of nursing at any time that suspected abuse or neglect has been reported. The administrator is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] - 12/29/2022)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] staff person A witnessed resident #1 groping resident #2 inappropriately between the legs in a common area of the home. The incident was not reported to the Department's regional office as required.

Also, on [REDACTED] staff person B witnessed resident #1 grabbing resident #2's breast in the tv room. This incident was also not reported to the Department's regional office as required.

Plan of Correction

Accept ([REDACTED] - 12/19/2022)

The administrator reported the above suspected abuse to the personal care home regional office as soon as the abuse was identified. Moving forward, the administrator will also conduct training with the entire staff on resident neglect and abuse, as well as the mandatory reporting requirements, so that timely reports can be made to all the proper channels. The trainings will take place at the next mandatory staff meeting on Dec. 20th. The training will include identifying abuse and neglect, knowing how to report any suspected abuse, knowing the person to report it to, and how to write witness statements. The staff will also be reminded to call the administrator and/or the director of nursing at any time that suspected abuse or neglect has been reported. The administrator is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/20/2022

16c - Written Incident Report (*continued*)

Implemented (████) - 12/29/2022)

## 42b - Abuse

## 3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On ██████ resident #1 was witnessed by staff person A groping resident #2 between the legs in a common area of the home. Resident #2 has a diagnosis of dementia.

On ██████ resident #1 was again witnessed touching resident #2 inappropriately when resident #1 grabbed resident #2's breast in front of staff person B.

## Plan of Correction

Accept (████) - 12/19/2022)

The administrator is responsible for fixing this problem. The administrator gave a 30 day notice to resident #1 that was dated for Dec. 7th but as of this date the resident has not moved out of the home. The administrator also gave specific instructions to the staff to keep Resident #1 and Resident #2 apart from each other and not leave them unattended in the TV room as best as they humanly can. The administrator is also seeking alternate placement for Resident #2 due to the POA's unwillingness to find alternate placement.

The administrator and the director of nursing will monitor ongoing compliance by rounding in the home and checking the TV room at various times during the week to make sure Resident #1 and Resident #2 are not in the TV room together. The administrator and the director of nursing will also monitor ongoing compliance by giving reminders to staff to check up on the TV room multiple times a day.

Licensee's Proposed Overall Completion Date: 12/15/2022

Implemented (████) - 12/29/2022)

## 141a 1-10 Medical Evaluation Information

## 4. 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

The Documentation of Medical Evaluation (DME) form dated ██████ for resident #2 is missing the height, weight, and the resident's ability to self administer medications.

## 141a 1 10 Medical Evaluation Information (continued)

**Plan of Correction****Accept (MM - 12/19/2022)**

*The director of nursing is responsible to fix the DME by speaking to the physician and requesting the missing information in order to fill it in and sign it as per DHS protocol for completing a DME that had missing elements. The director of nursing has completed the missing pieces of the DME on November 11th. The director of nursing is also responsible for monitor ongoing compliance by completing monthly reviews on any new DMEs that have been received.*

**Licensee's Proposed Overall Completion Date: 12/15/2022**

**Implemented [REDACTED] - 12/29/2022)**