

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

March 21, 2023

[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 11/16/2022, 11/18/2022, 12/09/0002, 12/16/2022 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 PINEBROOK **Licen e #:** 22755 **Licen e 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

Staffing Hours

Resident Support Staff: 6 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Complaint, Incident* **Exit Conference Date:** 12/27/2022

Inspection Dates and Department Representative

11/16/2022 - On-Site: [REDACTED]
11/18/2022 - Off-Site: [REDACTED]
12/09/0002 - Off-Site: [REDACTED]
12/16/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 68 **Re ident Served:** 43

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : 1

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 43
Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

11/16/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** 01/21/2023

Inspections / Reviews *(continued)*

02/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/01/2023

03/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/24/2023

03/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The resident records and other confidential information of the residents was unlocked and accessible at 11:15am outside the Administrators office on 11/16/22.

Plan of Correction

Accept [redacted] - 02/22/2023)

The charts were on a bookcase temporarily as a result of the toilet flooding from the employee bathroom into the nursing office. We had to remove all items from the nursing office until the floor of the nursing office was dried and repaired.

In the event that this would occur again the charts will be placed in an unoccupied room and the door will be locked. The Director of Wellness and Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] 03/17/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's RASP dated [redacted]/23 notes the resident needed moderate supervision in the home and outside. [redacted]; staff will supervise the resident in the home and when outside the home. [redacted]. The resident requires redirection as needed. The home did not assist Resident #1 with ADL's when the resident wandered out of the building on [redacted]/22 as identified in the RASP.

Plan of Correction

Accept [redacted] - 02/22/2023)

All entrances/exits to the building continue to be locked and alarmed. Staff will continue to respond to door alarms when residents open the door. Staff will continue to monitor residents when wandering throughout the facility and provide redirection when needed.

Director of Wellness/Administrator will be more specific on the RASP for each individual resident's need regarding wandering and applicable interventions.

The administrator will review all RASPS for ongoing compliance,

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] - 03/21/2023)

25b - Contract Signatures

3. Requirements

25b - Contract Signatures (continued)

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract dated [redacted]/22 was not signed by the resident.

Plan of Correction

Accept [redacted] - 02/22/2023)

Reviewed with the Director of Marketing and Admissions. The resident does need to sign the contract in the presence of the POA prior to admission regardless of any dementia diagnosis. The Director of Wellness will ensure that the contract is signed. The Administrator will monitor for ongoing compliance.

[redacted]

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] 03/21/2023)

121a - Unobstructed Egress

4. 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

The exit door in the private dining room which has a table and chairs outside it was blocked by 4 sand bags, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept [redacted] - 02/22/2023)

The facility had experienced flooding in the courtyard that is outside the private dining room. The sand bags were placed to prevent the water coming into the private dining room. When flooding was resolved the sand bags should have been removed and stored in an appropriate place for any future occurrence.

Reviewed with Director of Maintenance and the Administrator will monitor for ongoing compliance.

See attached documents

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] - 03/17/2023)

141a - Medical Evaluation

5. 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.

Description of Violation

Resident #1's DME dated [redacted] 22 is not signed by the medical professional.

Plan of Correction

Accept [redacted] - 02/22/2023)

The DME was completed by the Physician within the required time for admission. The Physician signed the current medication list that was attached to the DME.

The Administrator will review DME on new admissions for ongoing compliance.

141a - Medical Evaluation (continued)

[REDACTED]

See attached documents

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [REDACTED] 03/17/2023)