

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

October 2, 2023

[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 08/01/2023, 08/02/2023, 08/11/2023 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: *05/23/2024*  
 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: *29* Waking Staff: *22*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *08/11/2023*

**Inspection Dates and Department Representative**

08/01/2023 - On-Site: [REDACTED]  
 08/02/2023 - On-Site: [REDACTED]  
 08/11/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *61* Residents Served: *26*  
 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: *24*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

08/01/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/24/2023*

Inspections / Reviews (*continued*)

## 09/11/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/29/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2023

## 09/22/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/29/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/28/2023

## 10/02/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/29/2023  
Reviewer: [REDACTED] Follow-Up Type: Not Required

42b - Abuse

1. 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

Direct care staff worker A was observed being rough with resident #1's care while changing the resident's bedding. Staff member B observed staff member A grabbing the arm of the resident and yanking the resident to the side while staff member A was changing the sheets of the resident, who was still in [redacted] bed. Staff member A was overheard yelling at the resident to "shut the \$#%@ up." Interviews indicated that resident #1 then grabbed on to staff member B's shirt and staff member A was observed prying the resident's hands off the employee's shirt. Through resident interviews it was indicated that Staff member A works too fast and is rough with care. It was also reported that staff member A puts on the air conditioning in the resident rooms while [redacted] is working and fails to turn it off necessitating the resident to turn off the air conditioning after [redacted] has finished providing care. Through staff interviews it was also reported that staff member A was overheard telling resident #2 "That's why I @#%&ed [redacted]."

Plan of Correction

Accept [redacted] - 09/11/2023)

Staff member A was suspended immediately when Staff member B reported the above allegation to the Home. The Home notified DHS of the above allegation on that same day. Staff member A remained suspended during the investigation and was terminated without returning to the home.

The administrator will review resident rights and also resident abuse with all direct care staff at the next staff meeting.

Ongoing compliance: Administrator will make rounds on the floor each day while present in the home to ensure that staff members are showing respect to the residents.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 10/02/2023)

85d - Trash Receptacles

2. 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

The 2 garbage cans located inside the first-floor public restroom stalls were uncovered and did not have lids.

Plan of Correction

Accept [redacted] - 09/11/2023)

The public restrooms on the first floor belong to the first floor offices which are part of the office space rented out to businesses and they are not part of the Renaissance Home Forks personal care home. A request has been forwarded to those corporate offices to provide covered trash receptacles.

At this time all of the small uncovered receptacles that were in the individual stalls have been removed from the public restrooms. There remains a larger trash bin that has a lid in the restroom.

Moving forward, the Administrator will check the restroom daily when present in the home to ensure that all trash bins have lids.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [redacted] - 10/02/2023)

85d - Trash Receptacles (continued)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

A large, uncovered trash can filled with trash was noted in the smoking area outside of the home allowing for access for insects and rodents.

Plan of Correction

Accept [REDACTED] 09/11/2023)

This was corrected at time of inspection. The trash can was removed from the smoking area.

The administrator will review the regulations regarding lids on outdoor trash bins with the staff at the next staff meeting.

Moving forward, the administrator will check the smoking area daily when present in the home to ensure that no one has put another trash bin into the smoking area.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented [REDACTED] - 10/02/2023)

103g - Storing Food

4. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

An uncapped half full bottle of Yuengling Gold Pilsner was found in the 2nd floor activity room refrigerator.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This was corrected at the time of inspection.

The activities director has relocated all alcoholic and non-alcoholic beverages in a locked area so that no one can help themselves to a full or partial drink during the evening or night when staff are not present in the common area on the second floor.

Moving forward, the activities director will check the refrigerator in the activities room weekly to ensure that all opened items have been labeled and dated according to regulations.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 10/02/2023)

144c1 - Smoking Area Guidelines

6. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

144c1 - Smoking Area Guidelines (continued)

**Description of Violation**

*A large, uncovered trash can filled with trash was noted in the outside smoking area next to a bucket filled with sand which is used for cigarette butts.*

**Plan of Correction**

**Accept** [redacted] - 09/11/2023)

*This was corrected at time of inspection. The trash can was removed from the smoking area.*

*The administrator will review the regulations regarding smoking areas with the staff at the next staff meeting.*

*Moving forward, the administrator will check the smoking area daily when present in the home to ensure that no one has put another trash bin into the smoking area.*

**Licensee's Proposed Overall Completion Date: 09/08/2023**

**Implemented** [redacted] - 10/02/2023)

162c - Menus Posted

**7. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*On 8-1-23, menus were posted through 8-5-23 and were not posted one week in advance.*

**Plan of Correction**

**Accept** [redacted] - 09/11/2023)

*The menus for the following 2 weeks were on the same bulletin board behind the menus that were visible. The dietary supervisor corrected the problem by pulling the menu forward so that the upcoming weeks were publically visible and conspicuous in the home.*

*The dietary supervisor is responsible for ensuring that the menus are correctly posted.*

*Moving forward, the dietary supervisor will check the bulletin board weekly to make sure there is at least one week in advance posted at all times.*

**Licensee's Proposed Overall Completion Date: 09/01/2023**

**Implemented** [redacted] - 10/02/2023)

183e - Storing Medications

**8. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*The refrigerator in the medication room, where insulin is stored, does not have a thermometer.*

**Plan of Correction**

**Accept** [redacted] - 09/11/2023)

*This was corrected at day of inspection. A themometer was placed in the refrigerator in the medication room. The administrator has verified that the thermometer is still in place.*

*The Dietary supervisor ordered a number of extra spare thermometers as a back up in case any of the thermometers, including the one in the medication room, is failing to work correctly.*

183e - Storing Medications (continued)

Moving forward, the director of nursing will check weekly to ensure that the thermometer is in place.

Licensee's Proposed Overall Completion Date: 09/05/2023

Implemented [REDACTED] - 10/02/2023)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident # 1 is prescribed Lidocaine Patch 4% to be applied topically to bilateral hips every morning at 6:00am and removed at 6:00pm. On 7/16/23, staff did not initial the MAR at 6:00pm to indicate the patch was removed as directed.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

It is unclear as to why any staff member would fail to initial the MAR after removing a patch from a resident, but a reminder has gone out to all med techs to check the MAR on a regular basis during their shift to look for any red flags.

The proper documentation process will be reviewed at the next staff meeting.

Moving forward, the director of wellness will review the MAR on a weekly basis to determine if all of the med techs are following the proper documentation techniques. The director of wellness will offer support and guidance as needed to the med techs.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 10/02/2023)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident #1's Medication Administration Record contained 2 different orders for blood glucose readings one for 2 times daily conducted at 7:00am and 4:00pm and one for 3 times daily at 8:00am, 12:00pm and 5:00pm. Blood glucose readings were not being completed 5 times daily as per the prescribers' instructions from 7/26/23-8/1/23. The 8am glucose readings were not completed on dates 7-28-23 through 7-30-23.

Plan of Correction

Accept [REDACTED] - 09/22/2023)

Any confusion over the this order has been resolved. The physician has discontinued both of the above orders and the resident is no longer on daily glucose monitoring nor on sliding scale insulin.

The administrator has spoken with the physician and also with the pharmacy about accucheck orders in order to avoid any future confusion about accucheck times.

The Director of Wellness is in charge of clarifying orders. Moving forward, the Director of Wellness will review accucheck orders and insulin orders on a monthly basis in order to avoid any further conflicting orders or overlapping time frames.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented [REDACTED] - 10/02/2023)