

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

January 3, 2024

[REDACTED], ADMINISTRATOR
RENAISSANCE HOME PINEBROOK LLC
[REDACTED]

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 10/18/2023, 10/20/2023 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 PINEBROOK **License #:** 22755 **License Expiration:** 05/20/2024

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: 0 **Total Daily Staff:** 49 **Waking Staff:** 37

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint **Exit Conference Date:** 10/20/2023

Inspection Dates and Department Representative

10/18/2023 - On-Site: [REDACTED]

10/20/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68 **Residents Served:** 46

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 46

Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 3 **Have Physical Disability:** 2

Inspections / Reviews

10/18/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/23/2023

12/12/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/02/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/19/2023

Inspections / Reviews *(continued)*

12/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/05/2024

01/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. 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 is diagnosed with [REDACTED] and wanders throughout the facility and frequently attempts to wander out of the facility. Resident #1 requires supervision when outside of the facility.

On [REDACTED], Resident #1 wandered out of the facility approximately 0.25mi away without staff knowing the resident had wandered off the premises. The resident was brought back to the facility by members of the community who found the resident wandering. Resident #1 did not receive the supervision required to ensure the resident's safety.

Plan of Correction

Accept [REDACTED] - 12/27/2023)

See attached.

Resident's RASP was updated to reflect [REDACTED] wandering and staff response. Currently resident is being evaluated for admission to SNF.

Director of Wellness, [REDACTED] LPN is responsible for ensuring the RASP is updated accordingly. The Administrator, [REDACTED] LPN will monitor for ongoing compliance.

Effectively immediately Resident #1 will be put on documented 30 minute checks for safety, and the residents RASP will be updated accordingly. [REDACTED]

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [REDACTED] - 01/03/2024)

141a - Medical Evaluation

2. 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 #3's medical evaluation (DME) dated [REDACTED] was not signed by a qualified medical professional.

Plan of Correction

Accept [REDACTED] - 12/27/2023)

See attached.

The resident's DME was signed on [REDACTED] by PCP. The Director of Wellness, [REDACTED] LPN is responsible for ensuring that the initial DME is completed. The Administrator, [REDACTED] LPN will ensure ongoing compliance.

Effectively immediately the Administrator will review all new DME's to ensure ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

141a - Medical Evaluation (continued)

Implemented () - 01/03/2024)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident #1's medical evaluation (DME) dated [redacted] was not signed by a qualified medical professional.

Repeat violation: 6/14/23

Plan of Correction

Accept () - 12/27/2023)

See attached.

The annual DME was faxed several times to the resident's PCP. The Director of Wellness, [redacted] LPN is responsible for completing the DME yearly. The Administrator, [redacted] LPN is responsible for ensuring completion.

The DOW and Administrator will monitor for ongoing compliance.

Effectively immediately the Administrator will review all new DME's to ensure ongoing compliance. [redacted]

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented () - 01/03/2024)

144c1 - Smoking Area Guidelines

4. 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.

Description of Violation

Upon entering the facility, approximately 15 cigarette butts were observed in a flower pot outside the front door of the facility. There was also a flammable crumbled up piece of paper in the flower pot. The home's smoking areas are in the home's courtyard, and outside the back of the home.

Repeat violation: 6/14/23

Plan of Correction

Accept () - 12/27/2023)

The Administrator, [redacted] spoke with the Maintenance Director that afternoon (10/20/23) regarding the flower pot. The Maintenance Director removed the flower pot from the front entrance. A notice was posted at the front entrance to remind all visitors that it is not an approved smoking area.

The Administrator and Maintenance Director will monitor for ongoing compliance.

144c1 - Smoking Area Guidelines (continued)

Effectively immediately the Administrator or Maintenance Director will monitor this area and the smoking areas daily, documentation of these audits will be kept for the Departments review.

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented () - 01/03/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's [redacted] was not available in the medication cart at time of inspection.

Plan of Correction

Accept () - 12/27/2023)

The medication was ordered from the pharmacy at the time of the inspection on 10/20/23. Upon delivery of the medication on 10/21/23 the medication was then placed in the medication cart.

Director of Wellness, [redacted] LPN and Administrator, [redacted] LPN reviewed with LPN's and med-tech's. The DOW and Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [redacted] - 01/03/2024)

221c - Post Activity Calendar

6. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept () - 12/27/2023)

We have hired 2 new Activity Aides. The Activity calendar is currently be revamped and will be hung in the facility and distributed to the residents. I will provide a copy when available.

[redacted] and [redacted] (activity aides) are responsible for creating and executing The daily scheduled activities. They will submit the monthly activity calendar 1 week prior to the new month.

The Administrator, [redacted] LPN will supervise and monitor for ongoing compliance.

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [redacted] - 01/03/2024)

225a - Assessment 15 Days

7. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].

Plan of Correction

Accepted [redacted] - 12/27/2023)

Resident #2 was admitted on [redacted]. The Director of Wellness, Cayla Sullivan LPN is responsible for completing the initial RASP. On [redacted] The Administrator, [redacted], LPN discussed with the DOW the importance of completing the initial RASP within the 15 days. The Administrator will monitor for ongoing compliance.

Effective immediately the Administrator and DOW will create a tracking sheet to monitor the RASPs being completed timely. [redacted]

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [redacted] - 01/03/2024)

227d - Support Plan Medical/Dental

8. 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

Resident #2 ambulates in a wheelchair and requires assistance from staff to get in and out of their bedroom due to the wheelchair's dimensions. The resident's use of the wheelchair and assistance needed from staff is not documented in the resident's assessment and support plan (RASP) dated [redacted].

Resident #3 requires assistance of 1 staff to transfer into their wheelchair, and must be pushed by a staff member to safely evacuate. The resident is considered Immobile due to their evacuation needs. The resident's most recent assessment and support plan (RASP) dated [redacted] currently states that the resident is mobile and requires only verbal cues to evacuate.

Resident #3 is diagnosed with [redacted]. A few months ago, Resident #3 used a chair in a public area of the home to defecate and urinate. The resident is also physically aggressive toward staff. These behaviors and the home's plans to meet the needs of the resident based on these behaviors is not documented in Resident #3's RASP dated [redacted].

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept (█ - 12/27/2023)

See attached.

The Director of Wellness, █ LPN is responsible for updating all RASPS as the resident's needs changed. The resident's RAP was updated to reflect the necessary changes noted on inspection. The Administrator, █ LPN will monitor for ongoing compliance.

Effective immediately the Administrator and DOW will create a log for staff to document Residents new/changing care needs so the RASPS can be updated accordingly to meet the residents care needs. █

*Proposed Overall Completion Date: 12/19/2023**Licensee's Proposed Overall Completion Date: 12/19/2023**Implemented █ - 01/03/2024)*