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

March 25, 2024

[redacted], EXECUTIVE DIRECTOR
RENAISSANCE HOME NORTHAMPTON LLC
1001 WASHINGTON AVENUE
NORTHAMPTON, PA, 18067

RE: RENAISSANCE HOME
NORTHAMPTON
1001 WASHINGTON AVENUE
NORTHAMPTON, PA, 18067
LICENSE/COC#: 22701

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/27/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *RENAISSANCE HOME NORTHAMPTON* **License #**: *22701* **License Expiration**: *10/31/2024*

Address: *1001 WASHINGTON AVENUE, NORTHAMPTON, PA 18067*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Email**: [redacted]

Legal Entity

Name: *RENAISSANCE HOME NORTHAMPTON LLC*

Address: *1001 WASHINGTON AVENUE, NORTHAMPTON, PA, 18067*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/01/1995* **Issued By**: *PA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *36* **Waking Staff**: *27*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *12/27/2023*

Inspection Dates and Department Representative

12/27/2023 - On-[redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *32*

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**: *31*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *4* **Have Physical Disability**: *3*

Inspections / Reviews

12/27/2023 Full

Lead [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/19/2024*

02/22/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/23/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/26/2024*

Inspections / Reviews *(continued)*

03/05/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/23/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/08/2024*

03/22/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/23/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/25/2024*

03/25/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/23/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1 has an order to have their blood sugar level (BSL) tested 2x daily (am/pm) once a week on Friday. Resident #2 has an order to have their BSL tested 2x daily (am/pm). Review of resident #1's glucometer indicates a BSL of [redacted] on Saturday [redacted] at [redacted]. The BSL is not documented on their MAR. Review of resident #2's glucometer has no BSL reading for [redacted]. However, a BSL of [redacted] is documented on their MAR. Resident #1's meter was used to test resident #2 on [redacted].

Plan of Correction ***Accept ([redacted] - 02/22/2024)***

Both glucometers were replaced immediately. Resident # 2 was notified of the error, and resident # 2's PCP was also notified. PCP ordered blood work for resident #2 to rule out transmission of any diseases. Resident #2 had the first round of bloodwork on January 3, 2024 and the second round will be scheduled approximately 3 months from that testing date based on the lab day for that week.
The person responsible for the error was an agency LPN. The agency was informed but the only action they were able to do was to ban that LPN from working in the facility.
Moving forward the Director of Wellness will be responsible for making sure the glucometers are correct. The DOW checks the glucometers monthly but will now check them weekly. The DOW will also do cart audits weekly to make sure that glucometers are clearly marked with resident's name.
Staff training is not necessary because it was not our staff member who made the error. That being said, verbal reminders were given to all Med Techs to check the pharmacy labels on diabetic supplies to prevent errors.
The completion date will be on the date the resident gets her second round of testing, so it is an approximate date below.

Licensee's Proposed Overall Completion Date: *04/03/2024*

Implemented ([redacted] - 03/22/2024)

103i - Outdated Food

2. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A plastic package of opened hamburger patties was found in the stand-alone freezer with no marked date of initial use.

Plan of Correction ***Accept ([redacted] - 02/22/2024)***

The hamburger patties had been removed from the original storage box that morning because the cooks were prepping for food service for the next meal and had pulled them out and counted out what they needed in preparation. The hamburger patties were not dated at time of inspection because they were actually being removed from the walk-in freezer to be cooked and had been removed from the properly labeled box; the cooking process was interrupted by the inspection. All other items in the freezer and refrigerator were properly marked and labeled and staff is aware of the procedure and expectations.
Moving forward the staff have been asked to keep all items in their labeled containers until they are removed from the freezer or refrigerator.

103i - Outdated Food (continued)

The Dietary Supervisor is responsible for continued compliance. The Dietary Supervisor will do weekly audits on freezer storage to make sure that all food is properly labeled. The Dietary Supervisor will audit weekly to ensure that food that is being prepped remains in the labeled boxes until they are ready to cook the food. The 3 cooks have been told about the citation and were instructed on the importance of minute by minute processes that are in place to ensure food safety.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented [redacted] - 03/22/2024)

144c1 - Smoking Area Guidelines

3. 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

Several discarded cigarette butts were noted on the lower-level walkway leading to the ground level entrance of the home.

Plan of Correction ***Accept ([redacted] - 02/22/2024)***

The residents that smoke have been addressed and reminded that smoking is only permitted in the designated smoking area. The families of the residents were notified of the issue and asked to continue to encourage the same and back up the smoking rules.
Moving forward the staff have been assigned to check the walkway several times a day to make sure that the residents are smoking in the proper area.
If the violation of the smoking problem continues and becomes unstoppable, then our only recourse would be to issue a 30-day notice to the resident that is violating the smoking policy.
The administrator is responsible to monitor the problem by asking the staff members if they have caught the resident smoking in the non-smoking area. The administrator will continue to speak with the resident each time to try to enforce the smoking policy as noted above

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented ([redacted] - 03/22/2024)

184a - Resident's Meds Labeled

4. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The [redacted] pen prescribed for resident #2 is not dated to indicate when it was opened or when it will expire.

184a Resident's Meds Labeled *(continued)*

Plan of Correction ***Accept [redacted] - 02/22/2024)***

At day of inspection a label was put on the insulin pen. Moving forward the Director of Wellness will be responsible for making sure the insulin pens are dated when opened. The DOW will check the insulin pens weekly to audit compliance. The DOW will also do cart audits weekly to make sure that pens are clearly marked with resident's name and date opened. Verbal reminders were given to all Med Techs to put a sticker on an insulin pen as soon as it is opened.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented [redacted] - 03/22/2024)

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

During the initial walk through, a medication cart on the second floor hallway was found unlocked with resident medications easily accessible.

The glucometer for resident #4 is not calibrated to the correct date and time.

Plan of Correction ***Accept ([redacted] - 02/22/2024)***

Immediate correction: the cart was locked as soon as the inspection was completed. The Med Tech staff were all given verbal reminders to keep the carts locked at all times.
The DOW is responsible to ensure continued compliance and will check the carts throughout the day when she is in the building. The administrator will do the same.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented ([redacted] - 03/25/2024)

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 has an order to have their blood sugar level (BSL) tested 2x daily (am/pm). A BSL of [redacted] was noted in their glucometer, however, it was not documented on their MAR at [redacted].
The glucometer for resident #2 indicates a BSL of [redacted]; a BSL of [redacted] is documented on their MAR.
The following BSL were documented on resident #5's MAR but were not in their glucometer: [redacted] on [redacted]; [redacted].
On [redacted] resident #5's glucometer indicates a BSL of [redacted]; [redacted] is documented on their MAR. On [redacted] @ [redacted] resident #5's glucometer indicates a BSL of [redacted] is documented on their MAR.

187a - Medication Record (continued)

Plan of Correction ***Accept [redacted] - 03/05/2024)***

The company Med Tech Train the Trainer has been asked to come to the facility and have an in-service on proper documentation. The above documentation errors are not acceptable and we take this seriously.
The In-service date was moved due to snow storm new date TBD
Update: Inservice was held on 2/29/2024 for the nursing department to address proper documentation of glucometers and other medications. The training was held by the Director of Nursing. Emphasis was made on the medical importance of precise glucometer readings in order to maintain the health and safety of residents who are diabetic. the correct way to use a glucometer was also reviewed.
The Director of Nursing is responsible for continued monitoring of glucometers and will check that the glucometers are in correct working order on a weekly basis. The Director of Nursing will also do random checks on the MARs to make sure that they are matching up with the glucometers.

Licensee's Proposed Overall Completion Date: *03/04/2024*

Implemented [redacted] - 03/22/2024)

227g -Support Plan Signatures

7. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Support Plan for resident # 3, dated [redacted] does not include the resident's signature or the reason why the resident did not sign the document.

Plan of Correction ***Accept [redacted] - 02/22/2024)***

Resident #3 above cannot sign [redacted] name due to physical disabilities. It was totally an oversight that the reason why the resident did not sign the document was not noted. Resident #3 is able to make a mark.
The RASP was corrected to include the mark and the reason.
The DOW is responsible to complete the RASPs and to ensure that every required area is filled in as directed.
The administrator will audit RASPs randomly to ensure that there is not a similar oversight.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented [redacted] - 03/25/2024)