

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

April 18, 2024

[REDACTED]
RENAISSANCE HOME NORTHAMPTON LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2024 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 NORTHAMPTON* License #: *22701* License Expiration: *10/31/2024*
 Address: *1001 WASHINGTON AVENUE, NORTHAMPTON, PA 18067*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *RENAISSANCE HOME NORTHAMPTON LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/05/2024*

Inspection Dates and Department Representative

03/05/2024 - On-Site: [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: *32*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

03/05/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2024*

04/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/18/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/15/2024*

Inspections / Reviews (*continued*)

04/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

04/18/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2024

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

On [REDACTED], Resident [REDACTED] touched the [REDACTED] of Resident [REDACTED] when [REDACTED] approached [REDACTED] to engage in conversation. This is not the first time Resident [REDACTED] has engaged in this behavior. On [REDACTED] Resident [REDACTED] was relocated from another home within the same legal entity due to the same behavior.

Plan of Correction

Accepted [REDACTED] - 04/18/2024)

There is a plan in place to avoid further incidents with Resident [REDACTED]. Resident [REDACTED] has been moved to a place in the dining room which strategically avoids passing through the dining room past multiple residents. Staff have also been diligent to direct Resident [REDACTED] to [REDACTED] room whenever [REDACTED] falls asleep in a chair in the hallway, which is safer and healthier for Resident [REDACTED] as well. Resident [REDACTED] also had a television that was not working, and that television was repaired which is something that Resident [REDACTED] enjoys doing throughout the day.

The administrator and the DOW are both responsible for making sure that room checks are completed 3 times a day on Resident [REDACTED].

Update 4/12/24: Administrator and DOW met with all of the staff members on [REDACTED] to reiterate the plan as described above and receive staff input. The staff members were all aware of the directive to take Resident [REDACTED] back to [REDACTED] room instead of allowing [REDACTED] to fall asleep in the middle of the hallway, and they were already complying with that directive since it was put into place on [REDACTED]. The staff members are also doing checks on Resident [REDACTED] at least 3 times a day. The change in the resident's place in the dining room was already completed on [REDACTED], day of inspection.

The administrator is responsible for making sure that the plan as outlined above is followed by the staff. The administrator will do random checks in the dining room and in the hallways 2-3 times a week while in the building for the months of April, May and June to ensure that the staff continue to follow the plan.

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented [REDACTED] - 04/18/2024)

227d - Support Plan Medical/Dental

2. 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

Following a behavioral incident involving resident [REDACTED] the home failed to update the Support Plan for this resident. The Support Plan needs to be updated addressing the behavior and how the Home plans to address this in keeping the other residents of the home safe.

Plan of Correction

Accepted [REDACTED] - 04/18/2024)

The support plan has been updated on [REDACTED]. The support plan addresses the behavior by laying out the plan as described in #1 above.

227d - Support Plan Medical/Dental (continued)

The administrator is responsible to make sure that support plans are updated when incidents occur that are significant.

Update 4/12/24: The administrator and DOW met with the staff to review and reiterate the plan as described above, which is described in the addendum to the support plan

Please see attached support plan update and attendance sheet for staff meeting.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [redacted] - 04/18/2024)

252 - Record Content

3. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 10. A record of incident reports for the individual resident.

Description of Violation

There was a Reportable Incident between Resident [redacted] and Resident [redacted] on [redacted]. The Home failed to place a copy of the Incident Report in each resident's record as required by regulation.

Plan of Correction

Accept [redacted] - 04/18/2024)

The Incident Report was adjusted for privacy and the appropriate copy put into both resident's charts.

The administrator is responsible for filing incident reports into the resident's chart after filing the incident,

The administrator will monitor compliance by reviewing all reportable incidents for 2023 and 2024 that are kept in the state book and making sure that they were filed in the resident file. This was completed by 3/28.

See attached copies of the adjusted incident reports that were placed in the files of both residents.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [redacted] - 04/18/2024)