

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

May 29, 2024

[REDACTED]
RENAISSANCE HOME PINEBROOK LLC
[REDACTED]

RE: RENAISSANCE HOME PINEBROOK
2 WOODBRIDGE ROAD
ORWIGSBURG, PA, 17961
LICENSE/COC#: 22755

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024 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 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/28/2018* Issued By: *West Brunswick Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *03/21/2024*

Inspection Dates and Department Representative

03/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *8* Have Physical Disability: *2*

Inspections / Reviews

03/21/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/15/2024*

05/29/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/29/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

05/29/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2024

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

On [REDACTED] the Licensed Inspection Summary dated [REDACTED] was placed on a table outside the administrator's office in the home that contained resident privacy coding.

Plan of Correction

Accepted [REDACTED] - 05/29/2024)

At the time that the inspector noted that the privacy coding page was in the folder, I [REDACTED], Administrator removed the page that contained the privacy coding information and placed the folder back on the table outside of my office. The administrator will ensure that the privacy coding page is removed prior to placing the documents in the folder and maintain compliance moving forward.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [REDACTED] - 05/29/2024)

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

Resident [REDACTED] support plan dated [REDACTED] did not include an update after the resident returned to the home on [REDACTED] requiring increased support from [REDACTED] and an [REDACTED]. The support plan also failed to include the new prescription for physical therapy due to injuries.

Plan of Correction

Accepted [REDACTED] - 05/29/2024)

See attached.

Annual RASP was completed on 3/21/24 to reflect the needed increased support and plan for PT/OT by [REDACTED], LPN Administrator. The Director of Wellness [REDACTED] was educated on the need to update the residents RASP upon re-admission form hospital or SNF admission. The Administrator will monitor all re-admissions upon return to the facility to ensure that the RASP is updated properly and will continue to monitor for on going compliance.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [REDACTED] - 05/29/2024)