

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

June 20, 2024

[REDACTED], RDO
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 04/23/2024 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 FORKS* License #: *22692* License Expiration: *05/23/2025*
 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: *27* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/23/2024*

Inspection Dates and Department Representative

04/23/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *61* Residents Served: *23*

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: *23*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

04/23/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2024*

06/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/10/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/16/2024*

Inspections / Reviews *(continued)*

06/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 4/23/24 resident records, an agent of the Department, requested resident records to be reviewed prior to 10:00am. Resident Records were not made available to the Department inspectors until 12:10pm. Records were requested an additional 3 times prior to gaining access.

Plan of Correction

Accept (█) - 06/11/2024)

Immediate Action:

The administrator met with the corporate staff, who are the designees of the building, on 4/26/2024 to inform them of the location of the current resident lists and the demographic information for the building, as well as the prepared DSH information book that is kept updated in the administrator's office.

Preventative action:

The administrator will provide the named designees a current list of residents and the building demographics monthly so that in the absence of the administrator they can provide the needed information in a timely manner. Because the administrator works at two sites 30+ minutes apart, a designee will be ready to hand over information immediately if the administrator was at the other site and needs to drive over.

Ongoing compliance monitoring:

The administrator is in charge of maintaining current lists of residents and demographics.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented (█) - 06/20/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 4-23-24 Resident #4 had an enabler bar that was observed to have approximately a 10 x 12 inch opening, and was not covered at time of inspection.

On 4-23-24 Resident #5 had an enabler bar that was observed to have approximately a 10 x 12 inch opening, and was not covered at time of inspection.

Plan of Correction

Accept (█) - 06/11/2024)

Immediate Action:

The enablers were covered on day of inspection.

Preventative action:

The administrator will meet with staff to review the requirements for bed enablers. Staff meeting is scheduled June 25.

Ongoing compliance:

The administrator will ensure compliance by checking rooms with enablers each week for the next 3 months to

81b - Resident Personal Equipment (continued)

ensure that they remain covered.

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented () - 06/20/2024)

85d - Trash Receptacles

3. 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

On 4/23/24 during the initial walk through at approximately 9:45 am the trash can located in the main kitchen was uncovered.

Repeat from 8-24-23.

Plan of Correction

Accept () - 06/11/2024)

Immediate Action:

The trash can lid was put back on day of inspection.

Preventative action: The administrator will have a staff meeting with the kitchen staff to review DHS requirements for trash can lids to remain in place when not in use. Staff meeting set for June 11.

Ongoing compliance: the administrator will walk through the kitchen at random times each day for the next month (when administrator is present in the building) to ensure that the lid remains in place when trash can is not in use.

Licensee's Proposed Overall Completion Date: 07/09/2024

Implemented () - 06/20/2024)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill on 12-21-23 appears to have many errors or inconsistencies. The record has documentation that the drill started at 2:50am and finished at 3:20am. The time of all clear was reported later in the document as 2:57am. It also states that 70 residents were evacuated but 35 residents were noted as being the total number of residents in the building.

Plan of Correction

Accept () - 06/11/2024)

Immediate action taken: On 4/24 the administrator transferred the information from the drills on to the standard DHS log report. On the log report the administrator listed only the number of Personal Care residents that were evacuated not the Independent living residents.

Preventative action: The company that performs the fire drills was informed to only count personal care residents for the fire drills.

Ongoing compliance: the administrator will transfer the information from the drills onto the log and make sure

132c - Fire Drill Records (continued)

that the count only reflects the PC residents, and will verify that the other information is correct.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented (█) - 06/20/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

The most recent available DME for Resident #6 is dated 12/8/22.

Plan of Correction

Accept (█) - 06/11/2024)

Immediate action: the administrator arranged for the physician to see resident #6 so that a new DME can be completed.

Preventative action: the administrator will review the charts to see the due dates of the DMEs to make sure that all DMEs are up to date

Ongoing: the administrator is in charge of making sure the DMEs are completed in a timely manner. The administrator will make up a chart to indicate the dates of the DMEs for ongoing compliance

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented (█) - 06/20/2024)

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.

Description of Violation

Approximately 7 cigarette butts were observed in the mulch of the smoking area. This poses a potential fire hazard.

Plan of Correction

Accept (█) - 06/11/2024)

Immediate action: the cigarette butts found on the lawn were removed next day.

Preventative : The residents that smoke have been reminded to use the cigarette receptacle for their cigarette butts. The receptacle is positioned right in the middle of the smoking area.

Ongoing compliance: The administrator will check the smoking area randomly 1-2 times a week for the next 3 months to check for any cigarettes that are thrown in the grass.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented (█) - 06/20/2024)

183a - Original Containers and Injections

7. Requirements

183a - Original Containers and Injections *(continued)*

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #1 has a prescription for Melatonin 10mg HS that is filled using a bubble pack. The foil seal covering slot number 18 was broken. The foil was resealed with the medication inside using a clear tape.

Plan of Correction

Accept (█) - 06/11/2024)

Immediate action: the pill that was in the bubble pack with the broken foil was disposed of.

Preventative: a message went out to all of the med techs to remind them that a pill that breaks through the foil must be disposed of and can never be taped back into the bubble pack. The topic will also be addressed in the staff meeting scheduled for June 25th.

Ongoing: the administrator is responsible for making sure that the bubble packs are not taped closed. The administrator will do random cart checks weekly for the next 3 months following the staff meeting to make sure that this is being followed.

Ongoing

Licensee's Proposed Overall Completion Date: 09/23/2024

Implemented (█) - 06/20/2024)

185a - Implement Storage Procedures

8. 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

On 4/7/24 the pm BGL in the glucometer for Resident #2 showed a reading of 162 and was documented on the resident's MAR as 169.

On 4/17/24 the am BGL in glucometer for Resident #2 showed a reading of 101 but was documented as 109 on the resident's MAR.

On 4/03/24 the am BGL in the glucometer for Resident #3 showed a reading of 115 but was documented as 118 on the resident's MAR.

On 4/8/24 the am BGL in glucometer for Resident #3 was 113 and documented as 119 on the resident's MAR.

On 4/17/24 the am BGL in the glucometer for Resident #3 showed a reading of 112 and was documented as 115 on the resident's MAR.

Plan of Correction

Accept (█) - 06/11/2024)

Immediate action: the Med techs were reminded to check the MAR for accurate numbers after inputting the glucometer readings.

Ongoing education: The glucometer accuracy and MAR accuracy will be addressed in the staff meeting scheduled for June 25th.

The administrator is responsible for the ongoing compliance for MAR accuracy and will do checks on the glucometers monthly for the next 3 months.

Licensee's Proposed Overall Completion Date: 09/11/2024

185a - Implement Storage Procedures (continued)

Implemented () - 06/20/2024)

187c - Refusal of Medication

9. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1's Melatonin 10mg HS was refused by resident on all dates during the month of April except for 4/18/24 when it was administered. The notation on the Medication Administration Record included that the medication was refused but did not indicate that the physician was alerted.

Plan of Correction

Accept () - 06/11/2024)

Immediate action: The physician was informed of the patient's frequent refusal of the Melatonin.

Preventative: the med techs were informed about the mandatory reporting to the physician for any refused meds.

This will be reviewed in the staff meeting scheduled for June 25th.

Ongoing: the administrator is responsible for monitoring the staff's communication with the physicians and will check the MARs weekly for any refused medications for the next 3 months.

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented () - 06/20/2024)

227d - Support Plan Medical/Dental

10. 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 #4 uses a bedside mobility device. The resident's Resident Assessment Support Plan dated 1/12/24 does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Resident #5 uses a bedside mobility device. The resident's Resident Assessment Support Plan dated 4-16-23 does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept () - 06/11/2024)

Immediate action: the bed enablers were all covered just to be sure.

227d - Support Plan Medical/Dental (continued)

Preventative: any new enablers will not be allowed into the home unless they have accompanying instructions and also notes from the physical therapy department on the determined needs, use and resident's ability to use the enablers.

Ongoing: the administrator will be responsible for keeping information on each bed enabler and will get that information into the resident RASPS.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented (█ - 06/20/2024)