

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

July 17, 2025

[REDACTED], ADMINISTRATOR
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 05/22/2025 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: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/22/2025*

Inspection Dates and Department Representative

05/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *61* Residents Served: *18*

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: *18*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

05/22/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2025*

06/13/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2025*

Inspections / Reviews *(continued)*

06/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/02/2025

07/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 2:00 P.M., there were no emergency telephone numbers to include the nearest hospital and fire department on or by the landline telephone in room 312.

Plan of Correction

Accept () - 06/13/2025

This was corrected by the end of the day. To be thorough, all phone locations and resident rooms on all floors has been inspected to ensure that emergency phone number are in place. If any, all missing or damaged emergency phone number plates have been replaced.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented () - 07/03/2025

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 2:25 P.M., the second floor first aid kit did not include an eye covering.

Plan of Correction

Accept () - 06/24/2025

All first aid kits in the facility have been audited to ensure that eye coverings are present. Any that did not have eye coverings, had mask and face shields added to the inventory of the kit. Moving forward, all kits will be inspected quarterly by ED or an appointed staff person. Kits had been checked on 5/28 and 5/29 as part of the second quarter inspection. PDF included.

Kits inspected on:

1st floor/lobby 05/29/2025

2nd floor 5/29/2025

3rd floor 5/28/2025

Van 5/29/2025

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented () - 07/03/2025

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

At 9:17a.m., there was no thermometer in activities room refrigerator.

Plan of Correction

Accept () - 06/13/2025

The issue was immediately corrected with an in stock thermometer. Staff will monitor the refrigerator and freezer daily to ensure that it has all thermometers and the temperatures are within normal limits. Abnormal findings will be promptly reported to the ED.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented () - 07/03/2025

103i - Outdated Food

4. Requirements

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

Description of Violation

At 1:45 P.M., the dry storage area of the kitchen contained one 10lb dented can of Diced Pears and two 10lb dented cans of Spaghetti Sauce.

Plan of Correction

Accept () - 06/24/2025

This was immediately addressed. The dented cans were immediately taken out of circulation and the food distributor was notified for replacements. On 5/24/25, a meeting was held with the dining staff. They had been instructed to be more vigilant in inspecting their weekly food delivery or notify the dietary director of any cans that become damaged while in our possession. Dietary staff will decline any damaged products including cans. Lesson plan included.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented () - 07/03/2025

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2 's medical evaluation dated () did not include the resident's weight.

Repeat Violation: 4/23/2024

Plan of Correction

Accept () - 06/24/2025

Resident 2's chart has been audited since our 5/22/25 visit. Moving forward, the ED or appointed staff will audit all DME's to be DHS compliant. Our review for the upcoming renewal will happen 11 months after the last renewal or in the event of a change in condition. Resident 2's PCP has been notified that an updated DME is needed. The residents physician will be in house on 7/2/25. Staff will ensure a DME is completed on or before that date by the physician.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented () - 07/17/2025

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 has an order for APAP (Tylenol) 325MG to be given 3 times daily at 8:00 a.m., 2:00 p.m., and 10:00 p.m. On 05/14/2025 and 05/17/2025, the medication was not given as prescribed at 10:00 p.m.

Plan of Correction

Accept ([redacted]) - 06/24/2025)

The direction of the inspectors was to complete a state reportable form indicating that this medication violation happened and was found during our annual inspection. A state reportable form was completed on 5/23/2025 at 9:30am. It was noted that Med Tech 1 had missed a 10pm Tylenol administration for resident 1 on 5/14/2025 and 5/17/2025. Upon our notification, the resident, family, and PCP had been notified. Med Tech 1 was interviewed and given med tech remediation training including coverage of the five rights of administration. Med tech 1 received disciplinary action on [redacted] including training and a post training quiz. Organizational changes include an overall monthly review of MAR's and a weekly Quality Assurance review of Med Tech 1's performance for minimally the next month.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ([redacted]) - 07/03/2025)

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

An assessment was not completed for resident 3 who was admitted to the home on [redacted]

Plan of Correction

Directed ([redacted]) - 06/24/2025)

Since this annual inspection, a new annual RASP was completed on 5/28/2025. The document has been signed by all applicable parties. A long term plan of action included formulating a list of dates for renewal for all residents with a plan enacted to aim for all DME and RASP updates no less than 30 days before expiration.

Proposed Overall Completion Date: 06/16/2025

Directed: The administrator or designee will check all resident RASP's to verify an assessment has been completed. If any assessments are not completed, they will be done within 3 days.

Directed Completion Date: 07/01/2025

Implemented ([redacted]) - 07/17/2025)

225c - Additional Assessment

8. Requirements

2600.

225c - Additional Assessment (continued)

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident 2's current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED]

Plan of Correction

Directed ([REDACTED] - 06/24/2025)

A new administrator had started on [REDACTED] From that point forward, an audit of all DME and RASP forms has been completed. This required an immediate action to rectify overdue documents. This violation was deemed unavoidable and a plan to ensure compliance was initiated. Moving forward, the residents shall have additional assessments as directed; annually or if the condition of the resident significantly changes prior to the annual assessment. A record of all renewal dates will be put in place by the Medtech Supervisors and all staff will be informed of the implemented process.

Proposed Overall Completion Date: 06/16/2025

Directed: The administrator or designee will check all resident RASP's to verify an assessment has been completed. If any assessments are not completed, they will be done within 3 days.

Directed Completion Date: 07/01/2025

Implemented ([REDACTED] - 07/17/2025)