

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

December 17, 2025

[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 11/13/2025 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 NORTHAMPTON* License #: *22701* License Expiration: *10/31/2026*
 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

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *11/19/2025*

Inspection Dates and Department Representative

11/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *22*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *1*

Inspections / Reviews

11/13/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2025*

12/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/16/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/17/2025*

Inspections / Reviews *(continued)*

12/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated container of leftovers in the activity lounge refrigerator.

Plan of Correction

Accept ([redacted] - 12/10/2025)

Immediate corrective action taken:

On 11/13/2025, the unlabeled and undated leftover container was immediately removed and discarded. The refrigerator in the activity lounge was inspected in its entirety to ensure no other improperly labeled items were present.

Steps to prevent future occurrences

On 11/25/25 a staff training was conducted for all staff to re-educate them on the homes food storage and safety policy in accordance with 2600.103(e)

Monitoring to ensure ongoing compliance

The administrator or designee will conduct monthly audits for three months, then quarterly thereafter, to ensure compliance with 2600.103(e)

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] 12/17/2025)

141a - Medical Evaluation

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation form was updated by the Department, and all providers were notified that the new form was required to be used for any evaluations completed after [redacted]. Resident [redacted] medical evaluation was completed on [redacted] and the updated form was not used in the evaluation.

Plan of Correction

Accept ([redacted] - 12/10/2025)

Steps to prevent future occurrences:

All DME and health assessment forms used by the facility were reviewed on 11/25/25 to confirm they match the current Pennsylvania department of human services required formats

Monitoring to ensure ongoing compliance:

-The administrator or designee will conduct monthly audits on 5 residents for the next three months to ensure only current DME forms are being used

- After three months, forms will be reviewed quarterly as part of routine internal compliance monitoring

141a Medical Evaluation (continued)

Proposed Overall Completion Date: 12/05/2025

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/17/2025)

161d - Dietary Needs

3. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On █ resident █ was prescribed a soft and bite size diet. However, on █ at 12:00p.m., the resident was served a minced diet. Staff person A indicated that they altered the diet without consulting the physician.

Plan of Correction

Accept █ - 12/10/2025)

Immediate corrective action taken:

The residents diet order was reviewed and brought back into compliance with the physician's most recent written order

Steps to prevent future occurrences:

All staff involved in meal service, care planning, and documentation were re educated on 11/25/25 regarding the following:

- Only the physician may authorize dietary changes
- proper procedure for requesting and documenting new diet orders
- the need for written conformation before implementing any change

Monitoring to ensure ongoing compliance:

The administrator or designee will review 5 randomly selected diet orders weekly for three months to ensure they have corresponding physician documentation after three months audits will continue quarterly

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented █ - 12/17/2025)

185a - Implement Storage Procedures

4. 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

Resident # █ was not calibrated to the correct time and was off by 1 hour.

185a Implement Storage Procedures (continued)

Plan of Correction

Accept ([redacted] - 12/10/2025)

Immediate corrective action taken:

On 11/13/2025 the glucometer time was immediately adjusted to the correct time

Steps to prevent future occurrences:

The administrator did a staff education for all staff responsible for blood glucose monitoring were re educated on 11/25/2025

Monitoring to ensure ongoing compliance:

The administrator or designee will conduct weekly audits of all glucometers for three months to ensure date and time accuracy. After three months, audits will transition to monthly.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] 12/17/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [redacted] order for [redacted] states to inject per sliding scale at 730 a.m., 11:30a.m., and 5:30p.m. On [redacted] Resident [redacted] reading was taken at 8:42a.m., outside the allowable time of 1 hour before or 1 hour after the ordered time.

Plan of Correction

Accept [redacted] - 12/10/2025)

Immediate corrective action taken:

On 11/13/2025, the incident was reviewed with the staff member responsible for the late documentation

Steps to prevent future occurrences:

All medication certified staff were re educated on 11/25/25 regarding allowed medication administration time windows importance of proper MAR documentations at the actual time of administration procedures for accurate documenting insulin administration

Monitoring to ensure ongoing compliance:

The administrator or designee will complete weekly audits on 5 randomly selected residents on the MAR documentation for time sensitive medications for the next three months, after three months, audits will move to monthly

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 12/17/2025)

224a - Preadmission Screen Form

6. Requirements

224a - Preadmission Screen Form (continued)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], determination indicates that the needs of the resident cannot be met by the services provided by the home.

Plan of Correction

Accept [redacted] - 12/10/2025)

Immediate corrective action taken:

On 11/13/2025 the resident's current needs were reassessed by the administrator to ensure that the home can safely meet all required needs

Steps to prevent future occurrences:

All staff involved in admissions were re-educated on 11/25/25 regarding :

- the requirements of 2600.224(a)
- the importance of accurate, complete pre-admission screening
- the requirement that no resident may be admitted unless the home can fully meet their assessed needs

Monitoring to ensure ongoing compliance:

The administrator or designee will conduct monthly audits of all admissions for the next 6 months to ensure pre-screening forms are completed correctly and reflect needs that the home can meet

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 12/17/2025)

252 - Record Content

7. Requirements

2600.

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

Description of Violation

Resident [redacted]'s record does not include hair color, eye color, or identifying marks.

Plan of Correction

Accept [redacted] - 12/10/2025)

Immediate corrective action taken:

On 11/13/2025 all resident records were immediately updated to include hair color, eye color, and any identifying marks

Steps to prevent future occurrences:

Staff responsible for admissions and record maintenance were re-educated on 11/25/2025 regarding the requirements of 2600.252 including

- the importance of thorough and complete resident records for identification and safety
- Emar edits were made to include the above fields

Monitoring to ensure ongoing compliance:

monthly audits will be conducted for six months to verify compliance of 2600.252

252 - Record Content (continued)

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [REDACTED] - 12/17/2025)