

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

March 5, 2026

[REDACTED]  
RENAISSANCE HOME FORKS LLC  
[REDACTED]

RE: RENAISSANCE HOME FORKS  
2222 SULLIVAN TRAIL  
EASTON, PA, 18040  
LICENSE/COC#: 22692

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2026 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: *05/23/2026*  
 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: [Redacted]  
 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: *37* Waking Staff: *28*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *02/03/2026*

**Inspection Dates and Department Representative**

01/22/2026 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *61* Residents Served: *28*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *1*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *9* Have Physical Disability: *1*

**Inspections / Reviews**

01/22/2026 Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2026*

02/12/2026 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *03/04/2026*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *02/24/2026*

Inspections / Reviews (*continued*)

## 03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/06/2026

## 03/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65a FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Agency Staff Person B whose first day of work was [REDACTED], but had not completed 1st day trainings in fire safety and emergency preparedness areas.

Plan of Correction

Accept [REDACTED] - 02/12/2026)

The individual involved in the deficiency was an agency LPN and NOT a direct employee of Renaissance Senior Homes. Upon identification of the missing required training, the agency LPN was immediately removed from all medication-related duties and has been placed on a do not return status. Facility leadership reviewed the training requirements and verified the missing on boarding and fire safety training components. All current Renaissance Senior Homes staff were reviewed to ensure they were compliant with required DHS 2600 training requirements.

Renaissance Senior Homes will no longer utilize agency staff in any med-tech or medication administration role, under any circumstances.

If agency staff is ever utilized for licensed nursing coverage (LPN or RN), the facility will require documented verification of completion of all DHS 2600-required on boarding and fire safety training prior to the first shift worked. A mandatory agency on boarding verification process will be implemented to ensure all required training documentation is reviewed and approved before any agency staff begin work.

The specific actions the facility will take to ensure compliance

- If we decide to use agency personnel again, we will implement a pre-shift on boarding and training verification checklist for all agency personnel.
- Ensure agency providers are given facility-specific on boarding and fire safety information prior to working.
- Ensure administration staff verifies compliance before scheduling or allowing agency staff to work.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented [REDACTED] - 03/05/2026)

183a Original Containers and Injections

2. Requirements

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

On [REDACTED] staff person A conducted medication cart audit. During the audit it was found that resident [REDACTED] was missing two [REDACTED] TAB given at 6am 5 times per week. Based on the medication count completed [REDACTED] it was determined the resident had missing medication. Resident's medication administration record does not document that [REDACTED] TAB was administered.

183a Original Containers and Injections (continued)

On [redacted] staff person A conducted medication cart audit. During the audit it was found that resident [redacted] was missing one [redacted] 10PM from blister pack. Resident's medication administration record does not document that [redacted] TAB was administered.

On [redacted] staff person A conducted medication cart audit. During the audit it was found that resident [redacted] was missing one [redacted] 5PM from blister pack. Resident's medication administration record does not document that [redacted] 5PM was administered.

**Plan of Correction**

Accept [redacted] - 02/12/2026)

The individual involved in the deficiency was an agency LPN and not a direct employee of Renaissance Senior Homes.

On 1/3/26, during a medication cart audit, it was identified that Resident [redacted], Resident [redacted], and Resident [redacted] had missing medications from their original containers without corresponding documentation on the Medication Administration Record (MAR).

Upon identification of the discrepancies:

- Staff person A immediately reviewed the medication counts, MARs, and physician orders for each affected resident.
- The prescribing provider and family/POA was notified as appropriate, and resident assessments were completed to ensure no adverse effects occurred.
- Medication supplies for each resident were reconciled, corrected, and secured in their original labeled containers.

The facility will continue to:

- Prohibit removal of medications from original containers unless administration is occurring within the required timeframe.
- Require immediate documentation on the MAR at the time of administration, with no pre pouring or undocumented handling of medications.
- Ensure that any medication removed from a blister pack or container without administration is immediately reported to supervisory staff.

The Administrator or designee will:

- Conduct weekly medication cart audits including:
  - o Medication counts
  - o MAR accuracy
  - o Verification that medications remain in original labeled containers
- Review all discrepancies immediately and document corrective actions.
- Maintain audit logs and training records for regulatory review.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented [redacted] - 03/05/2026)

185b - Medication Procedures

3. Requirements

2600.

185.b. At a minimum, the procedures must include:

## 185b - Medication Procedures (continued)

**Description of Violation**

On [REDACTED] Resident [REDACTED] medication administration record does not document that [REDACTED] tablet was administered at bedtime. On [REDACTED] staff person A conducted a medication cart narcotic count with agency staff person B. During the audit it was found that resident [REDACTED] was missing one [REDACTED] from the 5:00 pm bubble pack. It was thought that agency staff person B administered the medication from the wrong bubble pack and did not record the information on the medication administration record.

**Plan of Correction**

Accept [REDACTED] - 02/12/2026)

The individual involved in the deficiency was an agency LPN and not a direct employee of Renaissance Senior Homes.

On 1/3/26, it was identified that Resident [REDACTED] Medication Administration Record (MAR) did not document administration of [REDACTED] at bedtime. During a med cart audit conducted by staff person A, it was determined that one [REDACTED] tablet was missing from the 5:00 pm bubble pack.

Based on review of the MAR, narcotic count, and medication packaging, it was determined that the agency LPN apparently administered and documented Clonazepam 0.5 mg instead of the prescribed [REDACTED] dose on the MAR.

Upon identification of the discrepancy:

- Staff person A immediately reviewed the physician's order, MAR, and narcotic count. There was no narcotic inaccuracy after it was recognized that the agency LPN had administered the wrong dose; not that there was a missing medication.
- The prescribing provider and POA were notified, and Resident [REDACTED] was assessed to ensure no adverse effects occurred.
- The medication supply was reconciled and secured in accordance with facility policy.
- The incident was documented per facility and regulatory requirements.

Renaissance Senior Homes will reinforce medication procedures to ensure:

- Medications are administered only in the exact dose and strength prescribed.
- Medications are removed from the correct resident-specific and time-specific bubble pack.
- All medication administrations are documented immediately on the MAR at the time of administration.

Agency staff will not be permitted to administer medications unless all required onboarding, medication procedure education, and competency verification are completed prior to the shift.

The specific actions the facility will take to ensure compliance

- Provide mandatory re-education to all med-techs and licensed staff on:
  - o Verification of medication name, strength, dose, time, and resident
  - o Controlled substance accountability
  - o Accurate and timely MAR documentation
- Update and reissue the facility's Medication Administration and Narcotic

Control Procedures, emphasizing:

- o Prohibition of administering medications from incorrect bubble packs
- o Immediate documentation requirements

185b - Medication Procedures (continued)

How the facility will monitor compliance

The Administrator or designee will:

- Conduct weekly MAR audits including all narcotics.
- Review discrepancies immediately and initiate corrective actions as necessary.
- Maintain audit and training records for regulatory review.

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [REDACTED] - 03/05/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 8AM. On [REDACTED] the resident's medication administration record does not document the medication was administered.

On [REDACTED] Resident [REDACTED]'s medication administration record does not document following prescribed medications were administered:

[REDACTED]

Resident [REDACTED] is prescribed [REDACTED] TAB at 8AM. On [REDACTED] the resident's medication administration record does not document the medication was administered.

On [REDACTED] resident [REDACTED]'s medication administration record does not document the following prescribed medications were administered:

[REDACTED]

On [REDACTED] Resident # [REDACTED] medication administration record does not document the following prescribed medications were administered:

[REDACTED]

187d - Follow Prescriber's Orders (continued)

- [REDACTED]

On [REDACTED] Resident # [REDACTED] medication administration record does not document the following prescribed medications were administered:

- [REDACTED]

On [REDACTED] resident # [REDACTED]'s medication administration record does not document the following prescribed medications were administered:

- [REDACTED]

On [REDACTED] Resident # [REDACTED]'s medication administration record does not document the following prescribed medications were administered:

- [REDACTED]

On [REDACTED] Resident # [REDACTED] is prescribed [REDACTED] TAB at 5PM The resident's medication administration record does not document that [REDACTED] 5PM was administered.

Resident [REDACTED] is prescribed [REDACTED] 1 tab orally twice daily for [REDACTED]. On [REDACTED], resident [REDACTED]'s medication administration record was not documented that the [REDACTED] was administered at 8:00 p.m.

Resident [REDACTED] medication record states Accucheck, test blood sugar twice a day. On [REDACTED] at 8 p.m. resident [REDACTED] blood sugar reading was not on their glucometer and not documented on their medication administration record.

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

Accept [REDACTED] - 02/12/2026)

The individual involved in the deficiency was an agency LPN and not a direct employee of Renaissance Senior Homes.

On review of a med cart audit following the agency LPN med-tech's shift, Medication Administration Records (MARs) dated 1/2/26 and 1/3/26, it was identified that multiple residents (#1–#9) had prescribed medications and required blood glucose monitoring that were not documented as administered or completed per prescriber orders on the agency persons shift.

Upon identification of these deficiencies:

- Staff person A immediately conducted a full MAR reconciliation for all affected residents.
- Residents were assessed to determine if any adverse outcomes occurred due to missed or undocumented medication administration or blood glucose monitoring.
- Administrator, and prescribing providers were notified as appropriate along with family/POA.
- Medication supplies, physician orders, and MARs were reviewed and corrected.
- Agency LPN involved was immediately placed on a do not return list and the findings were reported to [REDACTED] employer.

To prevent recurrence:

- Our agency use has been suspended pending implementation of orientation and fire safety training.
- This Agency provider has been placed on a do not return list and [REDACTED] actions reported to [REDACTED] employer.
- Reiteration that No medication pass may be completed without real-time MAR documentation.
- Reiteration that Missed doses, refusals, or held medications must be documented with appropriate explanation and reported to supervisory staff.
- Reiteration on Required treatments, including blood glucose monitoring, must be completed and documented per physician orders.

\*Agency staff will not be permitted to administer medications unless all onboarding, competency verification, and facility-specific medication procedures are completed prior to the shift.\*

The specific actions the facility will take to ensure compliance:

- Conduct mandatory medication administration overview for all med-techs and licensed staff, covering:
  - o Following prescriber orders
  - o MAR accuracy and completeness
  - o Documentation of PRN, routine, and scheduled medications
  - o Required documentation of treatments (e.g., Accuchecks)
- Reissue and review the facility's Medication Administration Policy, emphasizing:
  - o Zero tolerance for undocumented medication administration
  - o Proper documentation of missed doses and clinical follow-up
- Reinforce disciplinary action for repeated failure to follow medication procedures.

The Administrator or designee will:

- Conduct MAR reviews weekly or in the instance of a inconsistencies to ensure:
  - o All prescribed medications are administered and documented
  - o Required treatments, including blood glucose monitoring, are completed and recorded
- Document all audit findings and corrective actions taken.

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [REDACTED] 03/05/2026)