pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **RENAISSANCE HOME PINEBROOK LLC**
LEGAL ENTITY

To operate **RENAISSANCE HOME PINEBROOK**
NAME OF FACILITY OR AGENCY

Located at **2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **68**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 4, 2026** until **June 4, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227550**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: August 12, 2026

[redacted]
Renaissance Home Pinebrook LLC
[redacted]

RE: Renaissance Home Pinebrook
2 Woodbridge Road
Orwigsburg, Pennsylvania 17961
License #: 227550

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on March 17, 2026 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

July 15, 2026

[redacted]
RENAISSANCE HOME PINEBROOK LLC
2 WOODBRIDGE ROAD
ORWIGSBURG, PA, 17961

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/17/2026 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 PINEBROOK* **License #**: *22755* **License Expiration**: *06/04/2026*

Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961*

County: *SCHUYLKILL* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *RENAISSANCE HOME PINEBROOK LLC*

Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA, 17961*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *08/29/2018* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *35* **Waking Staff**: *26*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *03/17/2026*

Inspection Dates and Department Representative

03/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* **Residents Served**: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *29*

Diagnosed with Mental Illness: *5* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *6* **Have Physical Disability**: *0*

Inspections / Reviews

03/17/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/04/2026*

Inspections / Reviews *(continued)*

05/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/03/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/29/2026*

07/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/15/2026*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

07/15/2026 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *07/15/2026*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/17/26 the home's License Inspection Summary reports dated 6/24/25, 7/24/25, and 9/30/25 were not posted in a conspicuous and public place in the home. Also, the home did not have a copy of the 2600 regulations posted.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

The 2600 regulation binder and the folder are now kept on the table in the front vestibule. The most recent annual inspection/POC binder is also in the same location. The Administrator or designee to monitor daily to ensure it's available and accessible.

Proposed Overall Completion Date: 04/03/2026

As the new administrator I have made slight location changes for the required information that needs posted per 2600.3 (c). This is still located in the vestibule but more visually seen without looking. I will continue to look at this daily when I come through the front door to make sure nothing has gone missing. I have also attached a picture for visual reference for this POC.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented [redacted] - 07/15/2026)

64c - Annual Training

2. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the [redacted], did not complete any hours of Department approved training in training year 1/1/25 to 12/31/25.
Repeat Violation: 6/24/25.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

[redacted] is no longer the Personal Care Home Administrator of Record. [redacted], PCHA is currently serving as the interim administrator until a permanent administrator is hired.

As the new administrator I took over the facility [redacted]/26. I am current with all my required con-ed for both my PCA Administrator and my NREMT Paramedic. I take as much of the free coned the state sends out to maintain my training and exceeded the minimum requirements. I have a training binder that is kept in my office and is

64c - Annual Training (continued)

available to me seen at any time. Picture of binder is included.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented [redacted] 07/15/2026)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A did not receive training in medication self-administration training during training year 2025.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

Administrator or designee will conduct monthly audits to ensure all staff are following the annual training schedule.

As the new administrator I took over the facility [redacted] /26. I have started an audit of all training of the staff of the facility. I will have this audit competed 7/14/26. This will ensure all staff meets the minimum state requirement of 2600.65(f). I will also review the annual training for the facility and make sure we cover all required topics.

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented ([redacted] - 07/15/2026)

65g - Annual Training Content

4. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, resident rights, The Older Adult Protective Services Act during training year 1/1/25 to 12/31/25.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

Administrator or designee will conduct monthly audits to ensure all staff are following the annual training schedule.

As the new administrator I took over the facility [redacted] /26. I have started an audit of all training of the staff of the facility. I will have this audit competed 7/14/26. This will ensure all staff meets the minimum state requirement of 2600.65(g). I will also review the annual training for the facility and make sure we cover all required topics.

Licensee's Proposed Overall Completion Date: *07/14/2026*

65g - Annual Training Content *(continued)*

Implemented [redacted] 07/15/2026)

96c - First Aid Accessible

5. Requirements

2600.
96.c. The first aid kit must be in a location that is easily accessible to staff persons.

Description of Violation

The home's first aid kit located in the medication room is not accessible to all staff because only medication technicians have keys to unlock the door.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

There is a complete first aid kit stored in the kitchen area and all employees have access to the kit.

Contents and location of the first aid kit will be reviewed with staff and inspected by the Administrator during monthly staff education trainings.

Along with having a first aid kit that is being kept and able to be used as needed and restocked when supplies are low. We have included a separated first aid kit with all required components for the state inspection. This kit is available in an emergency but will not be used unless no other option. This Kit will stay sealed and in the event is is used a new one will be purchased each time. The Executive Director or designee will conduct and document monthly checks to make sure the state kit has not be opened.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented [redacted] - 07/15/2026)

103g - Storing Food

7. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 1:00 p.m. the following items were opened and unsealed: A bag of celery, a container of frozen breakaway steak in mushroom gravy, and a block of sliced swiss cheese.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

The items noted at the time of inspection to be opened or unsealed were placed in the garbage. Reviewed with the Dietary Director, [redacted] who is responsible for all dietary issues. Educate dietary staff on the importance of all food items to be sealed properly prior to placing in a refrigerator. The Administrator or designee will monitor refrigerators weekly for 1 month and then 2x per month for the next 3 months to ensure ongoing compliance.

Training was provided on 4/8/26. The records of training and audits are attached.

Licensee's Proposed Overall Completion Date: *07/07/2026*

103g - Storing Food *(continued)*

Implemented [redacted] - 07/15/2026)

141a 1-10 Medical Evaluation Information

8. 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation form for resident # 2 did not include the date of the in-person evaluation was completed. Repeat Violation: 6/24/25.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

The DME for resident #2 was reviewed and the date of in person evaluation was entered and initialed by the Administrator on 3/18/26.

Monthly audits will be conducted by the Administrator to ensure DME compliance .

As the new administrator I took over the facility 6/23/26. I have taken it upon myself to audit all DME's and RASPs of all residents of the facility. This audit will be completed on or by 7/14/26. I will then have a master list of dates so that these forms will always stay up to date and then any new residents will be added accordanly.

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented [redacted] - 07/15/2026)

144c1 - Smoking Area Guidelines

9. 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

At 9:25 a.m. there were cigarette butts on the ground surrounding the patio where the designated smoking area is

144c1 - Smoking Area Guidelines (continued)

located.
Repeat Violation: 6/24/25, 9/30/25.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

On 3/18/26 the resident smoking area was cleaned by the Administrator and Maintenance Director, [redacted] 4 cigarette butts were noted in the rocks surrounding the receptacle.

The Maintenance Director is responsible for cleaning the resident smoking area weekly. We do have 2 residents that throw the cigarette butts on the ground despite multiple conversations about protocol.

This will be addressed at the next resident council meeting on June 17, 2026.

The Maintenance Director and/or Housekeeping Director will check the smoking area daily for cigarette butts. The Administrator will monitor the smoking area weekly for ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented [redacted] - 07/15/2026)

183e - Storing Medications

10. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 had a Humalog Kiwkpen 100u/ml pen in the medication cart that documented a date of opening on 2/12/26. According to the manufacturer's instructions the medication should be used 28 days from the date of opening.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

Re-education on Regulation 2600.183e will be completed by all Med Techs by June 20, 2026.

Med Cart Audits will be completed monthly to ensure any expired medications are disposed of properly and reordered from the pharmacy to ensure compliance.

Administrator will review monthly audit to ensure ongoing compliance.

As the new administrator I took over the facility [redacted]/26. I have audited the med cart to make sure we are compliant. Going forward I or my designee will audit the cart at random intervals to not exceed 2 months to make sure we stay compliant going forward.

Past audit dates are as follows: 4/21/26, 5/12/26, 6/11/26, and last by me on 7/6/2026

183e - Storing Medications *(continued)*

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented ([redacted] - 07/15/2026)

185a - Implement Storage Procedures

11. 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 #1's medication administration record indicated the resident had a blood glucose reading of 131 on 3/10/26 at 12:00P.M., and a reading of 112 on 3/13/26 at 8:00A.M.. However, the resident's glucometer does not document a reading on 3/10/26 at 12:00P.M., or a reading on 3/13/26 at 8:00A.M..
Repeat Violation: 6/24/25.

Plan of Correction ***Accept [redacted] - 06/11/2026)***

Training on Reg. 2600.185 (a) will be completed by June 5, 2026.

LPN will conduct weekly glucometer audits for 3 months then resume twice monthly audits. Discrepancies will be documented and corrections added to the EMAR system along with nurses note documentation to support.

The Administrator will monitor monthly for on going compliance.

On 6/30/26 All medication administration staff received an education regarding the requirements of 55 Pa. Code § 2600.185(a), 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.

Attached is the dates the cart has been audited up to date.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 07/15/2026)

187d - Follow Prescriber's Orders

12. Requirements

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

Description of Violation

Resident #1 has an order for accuchecks and Humalog Kwikpen 100u/ml sliding scale at 8 A.M., 12 P.M., and 5 P.M. On 3/13/26 at 12:00P.M. Resident #1's Medication Administration Record (MAR) was not documented for 12 P.M. for the glucometer reading and the amount of Humalog administered. Resident #1's glucometer did not include a reading at 12:00P.M. on 3/13/26 and resident #1 did not receive their Humalog.
Repeat Violation: 6/24/25, 9/30/25.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Staff training on Reg. 2600.187.d will be provided to all medical staff who use the EMAR system.

187d - Follow Prescriber's Orders (continued)

On 6/30/26 All medication administration staff received an education regarding the requirements of 55 Pa. Code § 2600.187 (d), emphasizing 187.d. The home shall follow the directions of the prescriber

Attached is the training record.

Licensee's Proposed Overall Completion Date: *06/20/2026*

Implemented ([redacted] - 07/15/2026)