

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

August 27, 2026

[REDACTED]  
RENAISSANCE HOME PINEBROOK LLC  
[REDACTED]  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2026, 06/08/2026 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]  
Human Services Licensing Supervisor

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]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: RENAISSANCE HOME PINEBROOK LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: I-2

Date: 08/29/2018

Issued By: Dept L&amp;I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 26

Waking Staff: 20

## Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 06/08/2026

## Inspection Dates and Department Representative

06/04/2026 - On-Site: [REDACTED]

06/08/2026 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 68

Residents Served: 26

## 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: 26

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

## Inspections / Reviews

06/04/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/06/2026

07/28/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/10/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/04/2026

Inspections / Reviews (*continued*)

## 08/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/10/2026

## 08/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 51 - Criminal Background Check

### 1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

### Description of Violation

Agency staff person A hired [REDACTED] did not have an FBI criminal background check completed. The staff person has not lived in Pennsylvania for the last two years.

### Plan of Correction

Accept [REDACTED] - 08/06/2026)

#### Immediate Corrective Action Taken:

Upon identification of the deficiency the regional director of operations called clip board health which was the nursing agency that provided with the nurse who was on shift to report our citation. This agency personnel has not been allowed back on site for any shifts and will not be allowed to work any posted shifts.

#### Steps to Prevent Future Occurrences:

We reach out to the staffing agency and have included the background process they use with all personnel coming into the facility going forward. Also all current staff will have background audits completed by 7/14/26 to make sure they are compliant going forward.

#### Monitoring to ensure ongoing compliance:

All new hires will have proper backgrounds completed to meet state minimum standards. *In addition all agency personnel will have a PA State background run on there first worked shift that will be kept on file.*

Below is the correspondents with Clipboard about there background requirements for all staff they hire.

Dear Casey,

Thank you for speaking with me today. Below is additional information on Clipboard's onboarding policy and requirements.

Clipboard is an online marketplace that connects healthcare facilities and independent healthcare professionals, allowing healthcare professionals to book on-demand shifts and healthcare facilities to access on-demand talent. Our easy-to-use app allows healthcare facilities to post available shifts and independent healthcare professionals to find and sign up for open shifts at nearby facilities.

Clipboard requires all users on our platform to complete a National Background Check (through Checkr) and confirm their personal ID, as well as any applicable clinical licenses. This comprehensive screening verifies identity and checks national, state, and county databases for criminal history.

**51 Criminal Background Check (continued)**

Once healthcare professionals have successfully signed up for an account to access Clipboard's marketplace, they completely control which, if any, shifts they book, how many shifts they book, and which rates they accept. If a healthcare professional does book a shift using Clipboard's marketplace, Clipboard exercises no control or direction over the healthcare professional's performance of services during the actual shift. The healthcare professionals that use Clipboard's marketplace are independent contractors, not employees, of Clipboard.

Please let me know if we can assist with providing any additional information.

Kind regards,

[REDACTED]

Clipboard | Trust & Safety

303 557 7071 (direct)

Personal Business Hours: Monday Friday 9a - 5p PT

Licensee's Proposed Overall Completion Date: 07/28/2026

Implemented [REDACTED] - 08/27/2026)

**60a - Staff/Support Plan****2. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

Review of the staffing schedule for [REDACTED] revealed that from 11:01 a.m. until 6:46 p.m., only one direct care staff person was scheduled and available to provide care and services to 26 residents residing in the home.

Review of the home's routine staffing schedule demonstrated the home typically schedules three direct care staff persons per shift to meet resident care needs.

Review of Resident [REDACTED]'s support plan, dated [REDACTED] revealed the resident requires daily assistance with toileting, continence checks every two hours, medication administration, and shower assistance from direct care staff.

Review of Resident [REDACTED]'s medication administration record revealed the resident is prescribed [REDACTED] to be administered daily at 5:00 p.m.

Review of Resident [REDACTED]'s medication administration record revealed the resident is prescribed [REDACTED] to be administered daily at 5:00 p.m.

Review of Resident [REDACTED]'s medication administration record revealed the resident is prescribed [REDACTED] to be administered daily at 5:00 p.m.

Review of Resident [REDACTED]'s records revealed the resident requires assistance with medication administration and is prescribed [REDACTED] to be administered daily at 5:00 p.m. and [REDACTED] and [REDACTED] to be administered daily at 6:00 p.m.

**60a Staff/Support Plan (continued)**

*Based on the number of residents residing in the home and the identified care, supervision, toileting, continence care, and medication administration needs of the residents, one direct care staff person was insufficient to meet the assessed needs of the 26 residents during the period from 11:01 a.m. until 6:46 p.m.*

**Plan of Correction****Accept** [REDACTED] - 07/28/2026)*Immediate Corrective Action Taken:*

*Upon identification of the deficiency the schedule was reviewed to ensure we had proper staffing to meet the needs of all residents residing in the home*

*Steps to Prevent Future Occurrences:*

*On 6/25/26 an In service was held for supervisory staff who are responsible for scheduling regarding the staffing requirements of PA chapter 2600.60(a) The administrator or designee will adjust the schedules to ensure an adequate number of trained staff members are on each shift to safely meet the needs of the residents.*

*Monitoring to ensure ongoing compliance:*

*The administrator or designee will review staffing schedules and resident hour of needs of assistance once weekly x 4 weeks, then once monthly for 2 months to ensure staffing levels remain adequate.*

**Licensee's Proposed Overall Completion Date: 09/15/2026**

**Implemented** [REDACTED] - 08/27/2026)**86a - Ventilation****3. Requirements**

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**Description of Violation**

*On [REDACTED] observation of the home's activity room revealed that a small fan was being used as the primary means of ventilation and cooling for a room designed to accommodate at least 10 residents. At the time of observation, four residents were present in the room. The activity room was also being utilized as a temporary dining area for residents.*

*During resident interviews, one resident stated that the air conditioning in the room did not work. Another resident stated that the room became too hot to comfortably eat during daylight hours when the sun was shining into the room. A temperature reading obtained in the room measured 76 degrees Fahrenheit.*

**Plan of Correction****Accept** [REDACTED] 07/28/2026)*Immediate Corrective Action Taken:*

*The activity room was immediately evaluated to ensure a comfortable environment for residents. The facility*

**86a - Ventilation (continued)**

agrees more ventilations is needed and has since added a window floor unit Ac, A large osculating fan along with the smaller fan to help circulate air in the activity room. It is also noted per 2600.83a the facility did not exceed the 80-degree temp based off the temperature posted in the LIS. We are also looking to add other fans in other locations of the facility. Pictures are included

**Steps to Prevent Future Occurrences:**

A Staff education was held on 6/30/36 regarding the pa 2600.86 a violation stating portable fans are not to be used as the primary source of cooling in resident common areas and that any concerns regarding room temperature or ventilation must be reported immediately to the Executive Director or Maintenance Department.

**Monitoring to ensure ongoing compliance:**

The Executive Director or designee will conduct and document weekly environmental rounds for three months to verify that all resident common areas have adequate ventilation and cooling.

**Licensee's Proposed Overall Completion Date:** 10/07/2026

**Implemented ( ) - 08/27/2026)**

**87 - Lighting****4. Requirements**

2600.

87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**Description of Violation**

During observation of the home's television sitting area located near the entrance, the lighting was determined to be insufficient for residents' use. Multiple ceiling light fixtures contained missing light bulbs, and several installed bulbs were burned out, resulting in inadequate illumination of the area.

During staff interview, staff confirmed that residents routinely use the television area during evening hours and stated that residents are often sitting in the area in the dark at night due to the lack of functioning lighting.

**Plan of Correction**

**Accept ( ) - 07/28/2026)**

**Immediate corrective action taken:**

Upon identification of the burned-out light bulbs in the common area, replacement light fixtures were ordered to the facility, upon delivery they were installed properly, restoring adequate lighting.

**Steps to prevent future occurrences:**

Staff education was held on 6/30/26 which stated they were instructed to report any lighting deficiencies immediately to the Maintenance Department or Executive Director so repairs can be completed without delay.

**Monitoring to ensure ongoing compliance:**

The Executive Director or designee will conduct weekly environmental rounds for one month then twice months for

**87 - Lighting (continued)**

*2 months to verify that all resident common areas have adequate lighting and that all fixtures are operational.*

**Licensee's Proposed Overall Completion Date:** 10/07/2026

**Implemented** [REDACTED] - 08/27/2026)

**95 - Furniture and Equipment****5. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

On [REDACTED] observation of the activity room revealed that the air conditioning unit was not functioning properly. No moving air was detected coming from the ventilation vents, indicating the unit was in disrepair. Residents reported that the room became excessively warm and that the air conditioning did not work.

**Plan of Correction**

**Accept** [REDACTED] - 07/28/2026)

**Immediate Corrective Action Taken:**

*The activity room was immediately evaluated to ensure a comfortable environment for residents. The facility agrees more ventilations is needed and has since added a window floor unit Ac, A large osculating fan along with the smaller fan to help circulate air in the activity room. It is also noted per 2600.83a the facility did not exceed the 80-degree temp based off the temperature posted in the LIS. We are also looking to add other fans in other locations of the facility. Pictures are included*

**Steps to Prevent Future Occurrences:**

*A Staff education was held on 6/30/36 regarding the pa 2600.86 a violation stating portable fans are not to be used as the primary source of cooling in resident common areas and that any concerns regarding room temperature or ventilation must be reported immediately to the Executive Director or Maintenance Department.*

**Monitoring to ensure ongoing compliance:**

*The Executive Director or designee will conduct and document weekly environmental rounds for three months to verify that all resident common areas have adequate ventilation and cooling.*

**Licensee's Proposed Overall Completion Date:** 10/07/2026

**Implemented** [REDACTED] 08/27/2026)

**183b - Meds and Syringes Locked****6. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (*continued*)**Description of Violation**

At approximately 10:23 a.m. on [REDACTED] observations revealed that medications stored in the cabinet located in the nurse's office and medications stored in the medication cart located in the triage medication room were left unattended, unlocked, and accessible to individuals within the home.

**Plan of Correction**

Accept [REDACTED] - 07/28/2026)

*Immediate corrective action taken:*

Upon identification of the deficiency, the medication cabinet in the nursing office and the medication cart in the triage room were immediately secured and locked. The agency staff has been removed from the facility to address this lack of competence.

*Steps to prevent future occurrences:*

On 6/30/26 All medication administration staff received an education regarding the requirements of 55 Pa. Code § 2600.183(b), emphasizing that medication carts and medication storage cabinets must remain locked whenever they are unattended.

*Monitoring to ensure ongoing compliance:*

The Executive Director, Resident Care Director, or designee will conduct random medication storage audits at least weekly for three months to verify that all medication carts and storage cabinets remain locked when unattended.

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

Implemented [REDACTED] - 08/27/2026)

## 187d - Follow Prescriber's Orders

**7. Requirements**

2600.

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

**Description of Violation**

A review of medication administration records on [REDACTED] revealed that 10 residents did not receive multiple medications at the prescribed administration time of 8:00 a.m.

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medications at the prescribed time.

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medications at the prescribed time.

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medications at the prescribed time. The resident was also prescribed [REDACTED], and the home did not apply per physician's order at 8 a.m.

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

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medication at the prescribed time.

Resident [REDACTED] is prescribed [REDACTED], and theorems tab to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medication at the prescribed time.

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medications at the prescribed time.

Resident [REDACTED] is prescribed [REDACTED] - [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medications at the prescribed time. Resident is prescribed an [REDACTED] to apply to the [REDACTED] at 8 a.m.; however, on [REDACTED] the home did not follow physician's order.

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medications at the prescribed time.

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medications on the prescribed time.

Resident [REDACTED] is prescribed [REDACTED] to be administered at 8 a.m.; however, on [REDACTED] the home did not administer the medication at the prescribed time.

**Plan of Correction****Accept [REDACTED] - 07/28/2026)***Immediate corrective action take:*

Upon identification the administrator from another building who was assisting with this inspection called Clip board health who was the agency company said nurse was coming from to report these findings and sent the nurse home for failure to administer medication as directed by the prescriber and reported these findings to the inspector within minutes of [REDACTED] returning from [REDACTED] lunch. The agency staff has been removed from the facility to address this lack of competence.

*Steps to prevent future occurrences:*

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.

*Monitoring o ensure ongoing compliance:*

**187d Follow Prescriber's Orders (continued)**

*The facility going forward has been doing random audits to make sure medications are being given during the schedule medication passes. The administrator has used this as a teaching tool to explain the importance of medication being giving on time and If there is a deviation to be notified immediately.*

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

Implemented [REDACTED] - 08/27/2026)