

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

September 2, 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 06/24/2026 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 of L&I

Staffing Hours

Resident Support Staff:

Total Daily Staff: 31

Waking Staff: 23

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 06/24/2026

Inspection Dates and Department Representative

06/24/2026 - On-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: 2

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 5

Have Physical Disability: 0

Inspections / Reviews

06/24/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/26/2026

07/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/31/2026

Inspections / Reviews (*continued*)

09/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

09/02/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:15 a.m., a strong urine odor was noticeable in resident [REDACTED] room and in the surrounding hallways.

Plan of Correction**Accept [REDACTED] - 07/24/2026)**

Immediate corrective action:

Immediately upon identifying the concern, the resident's room and the surrounding hallway were thoroughly cleaned and sanitized. Housekeeping completed a deep cleaning of all affected surfaces, including the bathroom, flooring, furniture, including the bathroom.

Steps to prevent future occurrences:

The facility has re educated all staff on (7/29/2026) on maintaining sanitary resident living environments, including the prompt removal of soiled linens, timely incontinence care, routine trash removal, and daily room cleanliness.

Monitoring to ensure ongoing compliance:

The administrator or designee will conduct daily environmental rounds of all resident rooms for odors for two weeks to verify that sanitary conditions are maintained. Audits will be conducted weekly for 4 weeks and monthly thereafter.

Resident in room [REDACTED] is noted to have an increase urine smell and at the time of the survey housekeeping completed a deep cleaning.

We have increased the residents room for cleaning to help deal with the smell and included air fresheners. The resident does have a history bladder cancer and has always had an increased smell of urine even when [REDACTED] is not incontinent. We will keep monitoring the resident and room for any changes

Licensee's Proposed Overall Completion Date: 07/29/2026

Implemented [REDACTED] 09/02/2026)**95 - Furniture and Equipment****2. Requirements**

2600.

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

Description of Violation

A portion of the home's dry sprinkler system located in the ceiling above the resident dining room has been inoperable since [REDACTED]

95 Furniture and Equipment (continued)

Plan of Correction

Accept [REDACTED] - 09/02/2026)

The day of this survey all current information has been provided to DHS. We are seeking a second estimate with the hopes the price could be less and completed sooner then the estimated late September given by Haines Fire Suppression. They have estimated that the project will take a minimum of 3 weeks to complete.

We will continue to work to get the system fully operational as fast as possible and if there is any new information we will update the state as it is available. The rest of the facility is protected by fire suppression.

I have included annual Fire Inspection, Estimate for repairs of Fire Suppression, and Latest Fire Drill for July.

Oliver Fire Suppression is coming in to do a survey on the damage and give us a second update. I have attached there invoice of what they will be completing on September 8th 2026 starting at 8am.

At no time was the fire suppression system throughout the residence inoperable. The system serving the areas occupied and utilized by our residents has remained fully operational.

The only portion of the system requiring corrective action is associated with the dining room. At this time, the dining room is not being utilized by our residents, and residents are not occupying that area since the issue was identified. All areas where our residents are currently residing and participating in daily activities remain covered by an operational fire suppression system. Therefore, there has been no period during which our residents were residing in an area without coverage from an operable fire suppression system.

We are continuing to address the dining room issue and will complete the necessary corrective action as promptly as possible.

be used. The Fire alarm and smoke detectors are active and work all through the building include the dinning room.

Proposed Overall Completion Date: 09/08/2026

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/02/2026)

225c - Additional Assessment

3. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] current assessment plan dated [REDACTED] was not updated to include the resident's need for physical assistance with urinary incontinence related care.

Plan of Correction

Accept [REDACTED] - 07/24/2026)

Immediate corrective action:

Immediately upon identification of the deficiency, the resident's assessment and support plan were reviewed and updated to accurately reflect assistance with urinary incontinence related care.

Steps to prevent future occurrences: The administrator, and nursing staff were reeducated on (7/29/2026) on the requirement to promptly update resident assessments and support plans whenever there is a change in the

225c Additional Assessment (continued)

resident's physical, cognitive, or functional status.

Monitoring to ensure ongoing compliance:

The administrator or designee will conduct weekly audits of resident assessment and support plans for four weeks to verify that any changes in resident condition have been accurately documented and that corresponding care plans have been updated properly. Following the initial monitoring period, audits will be conducted monthly for three months

See attached.

Licensee's Proposed Overall Completion Date: 07/29/2026

Implemented [REDACTED] - 09/02/2026)