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

August 25, 2026

[redacted], ADMINISTRATOR
RENAISSANCE HOME FORKS LLC
2222 SULLIVAN TRAIL
EASTON, PA, 18040

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2026 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**: *05/23/2027*

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: *2222 SULLIVAN TRAIL, EASTON, PA, 18040*

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**: *31* **Waking Staff**: *23*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/16/2026*

Inspection Dates and Department Representative

07/16/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* **Residents Served**: *25*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *25*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *2*

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

Inspections / Reviews

07/16/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *08/13/2026*

Inspections / Reviews *(continued)*

08/19/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *08/26/2026*

08/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/31/2026*

08/25/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2026*

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

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 9:30 a.m. a binder with residents' blood sugar information and Narcotic administration was unlocked, unattended, and accessible on the medication cart on 3rd floor. Also, a binder with the resident care needs of residents was unlocked, unattended, and accessible on a counter near the kitchen.

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

Immediately the binders were removed from the top of the medication cart and placed in one of the lockedvmed cart drawers. The binder with the resident care needs was placed in the medication room were staff can access when needed. Staff were educated on the importance of not leaving resident info out so that is accessible to everyone. Moving forward the ED will ensure that resident info is not accessible for everyone to see. Staff will also be educated at the all staff meeting and sign off on 8/19/23. An audit was done 7/23 and 7/30 and there were no documents or binders on the cart or in common areas. The ED will conduct a monthly audit of medication carts and common areas for at least three consecutive months then quarterly thereafter to verify that resident records are maintained securely and that access is limited to only people that are authorized to see it.

Proposed Overall Completion Date: 08/19/2026

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)

28a - Refunds

2. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

Resident # 1 was discharged from the home on [redacted]. The home did not document the date the resident's belongings were removed from the resident's room. The resident was due a refund of $2035.60 for a payment received by the home on [redacted] for the month of [redacted]. The home only issued a refund of $744.75 on [redacted]

Plan of Correction ***Directed ([redacted] - 08/24/2026)***

During the inspection resident #1 discharge info could not be located, therefore we could not show when the resident belongings were actually removed to show the extra amount was not refunded. The ED will be responsible for correcting the identified deficiency, ensuring that all required discharge documentation is maintained and accessible, and monitoring compliance with resident refund requirement. On 7/16/26 the ED reviewed Resident #1's discharge records that could be located, including the resident's discharge date, payment history and refund issued. The ED also reviewed the refund calculation to determine the amount that was required to be refunded based on the applicable 30-day notice, date resident belongings were removed and the period and the date of discharge. For each

28a - Refunds (continued)

discharge the ED will verify and document:
1. The date notice of termination/discharge was provided, when applicable.
2. The resident's actual discharge/transfer date.
3. The date the resident's belongings were completely removed from the home.
4. The amount of rent and personal care charges previously paid.
5. The amount of refund due for the remainder of the applicable 30-day period.
6. The date and amount of the refund issued.
The ED will complete and sign a discharge/refund review for each resident to verify that the required refund calculations and supporting documentation are complete. The ED will monitor compliance by reviewing 100% of resident discharges before the discharge file is considered complete. This review began on 7/17/26 and will occur for every discharge. The ED will verify that the discharge date, belongings removal date, refund calculation, refund amount, and refund date are documented and that required refunds are issued within the applicable regulatory timeframes. If a discrepancy or missing documentation is identified, the ED will notify the business office of the issue and will take corrective action immediately and document the action taken. The ED will maintain the completed discharge/refund review documentation in the resident's discharge record for future verification. The ED will be responsible for ongoing monitoring and will review 100% of resident discharge records to ensure continued compliance.

Proposed Overall Completion Date: 08/19/2026

Directed: In addition to the above plan of correction. resident 1 will be issued their full discharge amount without verification of resident 1's signed contract, financial breakdown, verification of discharge and room being cleaned out. Resident 1 will be issued the a refund of $1290.85 determined from the amount owed of $2035.60 minus the amount already given of $744.75.

Directed Completion Date: *08/31/2026*

Implemented ([redacted] - 08/25/2026)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person A did not receive training in Medication self-administration or Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2025 training year.

Plan of Correction ***Directed ([redacted] - 08/24/2026)***

Starting immediately all direct care staff that are employed here at Renaissance Forks will receive all their annual required training for that annual training year. The ED will maintain an annual training schedule for all direct care staff that identifies each required annual training topic. The ED will review trainings monthly to verify that required training has been completed and properly documented for each direct care staff person employed at the

65f - Training Topics (continued)

community. Any missing or incomplete training identified during the monthly review will be corrected promptly. Prior to the end of each annual training year, the ED will conduct a complete review of all direct care staff training records to verify that all required annual training topics have been completed and documented for all direct care staff.

Proposed Overall Completion Date: 08/19/2026

Directed: in addition to the above plan of correction, Staff person A will be trained in medication self-administration, and meeting resident needs as described by department forms.

Directed Completion Date: *08/31/2026*

Implemented ([redacted] - 08/25/2026)

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:
5. Falls and accident prevention.

Description of Violation

Staff persons A and B did not receive training on Falls and Accident Prevention during the 2025 training year.

Plan of Correction ***Directed ([redacted] - 08/24/2026)***

Starting immediately all direct care staff that are employed here at Renaissance Forks will receive all their annual required training for that annual training year. The ED will maintain an annual training schedule for all direct care staff that identifies each required annual training topic. The ED will review trainings monthly to verify that required training has been completed and properly documented for each direct care staff person employed at the community. Any missing or incomplete training identified during the monthly review will be corrected promptly. Prior to the end of each annual training year, the ED will conduct a complete review of all direct care staff training records to verify that all required annual training topics have been completed and documented for all direct care staff.

Proposed Overall Completion Date: 08/19/2026

Directed: in addition to the above plan of correction, Staff person A and B will be trained in falls and accident prevention.

Directed Completion Date: *08/31/2026*

Implemented ([redacted] - 08/25/2026)

66b - Training Plan Content

5. Requirements

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
2. The required training courses for each staff person.

66b - Training Plan Content *(continued)*

Description of Violation

The home's 2026 staff training plan did not include locations or projected training course instructor information on each of the 7 trainings scheduled from 6/2026 through 12/2026..

Plan of Correction ***Accept (- 08/21/2026)***

Immediately a new training plan was done to show the projected training and course instructor information for the rest of this calendar year. As of 7/16/26 the ED will review the annual staff training plan before it is finalized and implemented to verify that each required training course includes all required information, including the training course, projected instructor, and training location. Any changes to the training schedule during the year will also be reviewed by the ED to ensure the training plan is updated with the required information. The ED will use a training plan review process to verify that all required information is included. Before approving the annual training plan, the ED will review each scheduled training course and confirm that the course name, projected instructor, and location are documented. The ED will also review the training plan monthly to verify that scheduled trainings continue to contain the required information and that any changes to the training schedule have been properly updated. The ED will be responsible for ongoing monitoring and will conduct a monthly review of the staff training plan beginning 8/19/26 This review will ensure that required training courses have the required instructor and location information documented and that the training plan remains current.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented (- 08/25/2026)

102i - Soap Dispenser

6. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 11:26 a.m. there were two unlabeled, used bars of soap on the counter and a third unlabeled, used bar of soap behind the sink's faucet, in the shared bathroom of residents #2 and #3.

Plan of Correction ***Accept (- 08/19/2026)***

The bars of soap were immediately removed. The residents and their families in the room were educated to use the wall soap dispenser or get individual sop containers and write the residents name on it. *An audit was done 7/23 and 7/30 with no issues found. Staff were verbally educated but will also be educated in the all staff meeting and sign off on 8/19/23. The ED will be responsible for the ongoing compliance. Staff were verbally educated but will also be educated at the all staff meeting and sign off on 8/19/23.*

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented (- 08/25/2026)

103e - Left Overs

7. Requirements

2600.

103e - Left Overs *(continued)*

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

At 10:00 a.m. an unlabeled, undated block of sliced cheese was in the refrigerator and an unlabeled, undated bag identified as frozen, breaded, cutlets were in the freezer.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Immediately the block of cheese/breaded cutlets were removed from the freezer. 7/31/2026, A kitchen staff meeting was held to review and talk about the importance of making sure all foods are labeled with the proper information on it at all times. A weekly audit was done 7/23 and 7/30 with no issues found. The Ed will continue to monitor to ensure that ongoing compliance continues.

Proposed Overall Completion Date: 08/14/2026

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/25/2026)

103g - Storing Food

8. Requirements

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

Description of Violation

At 10:00 a.m. a bag of frozen, breaded, cutlets were in the freezer, opened and unsealed.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Immediately the breaded cutlets were removed from the freezer. 7/31/2026, A kitchen staff meeting was held to review and talk about the importance of making sure all foods are labeled with the proper information on it at all times. A weekly audit was done 7/23 and 7/30 with no issues found. The Ed will continue to monitor to ensure that ongoing compliance continues.

Proposed Overall Completion Date: 08/14/2026

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/25/2026)

103i - Outdated Food

9. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 10:00 a.m. there was a ham wrapped in plastic wrap with a date of 6/26/26 noted on it in the refrigerator. Ham is to be used within 7 days of opening.

Repeated Violation: 05/22/2025

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Immediately the ham was removed from the refrigerator and disposed of. After investigating it was found that the

103i - Outdated Food (continued)

date on the ham was the date that it was placed in the freezer and not the date it was removed from the freeze and placed in the refrigerator to be served. 7/31/2026, A kitchen staff meeting was held and the staff were educated on the importance of putting the proper date on food when its put in/removed from the freezer/refrigerator or been used. It was also reviewed on how long a food product can be used after opening. A audit weekly audit was done on 7/23 and 7/30 with no issue found. The ED will continue to monitor to ensure that ongoing compliance continues.

Proposed Overall Completion Date: 08/14/2026

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/25/2026)

141a 1-10 Medical Evaluation Information

10. 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 for Resident # 4, dated [redacted] did not indicate whether the resident's needs could be met safely at the Personal Care Home.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

8/13/2026, A new DME was sent to the primary physicians office to have the needs check box corrected. A audit was done on all Resident DME on 7/23. No other issues found at the time of the audit. All DME will be reviewed when a new resident comes in, change of status or annual. The ED will continue to check DME for ongoing compliance.

Proposed Overall Completion Date: 08/14/2026

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/25/2026)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c Menus Posted *(continued)*

Description of Violation

At 9:20 a.m. the home's menu was posted until 7/18/26 and not the required 1 week in advance.

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

Immediately after the finding the one week in advances was put up. Moving forward the dietary manager/ED will ensure at least the current and one week in advance menu are up for the residents to see. Education was verbally given to the dietary manager on 7/16/26 and then at our cook meeting on 7/30/26 where it was discussed with the other violations. An audit was done on 7/23,7/30,8/12.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)

181c - Self-administration Assessment

12. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident # 4 self administers Systane eye drops and Preservision Areds capsules, however the resident has not been assessed by a physician, physician's assistant, or certified registered nurse practitioner regarding ability to self administer these medications without assistance.

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

The eyedrops/Preservation Areds capsules were removed from the residents room on 7/16/26 and the ED explained to the resident why. A order was requested and then received on 8/13/26 for the resident to self administer [redacted] eye drops. The Preservation Areds capsules are administered by the staff and shouldn't of been in the room. The family had brought them in and gave them to the resident and not to our staff. Family was and educated on 7/16/26 about giving all medications to the staff and not to the resident. A audit was done on 7/23 and 8/12 no issues were found. The ED will ensure ongoing self medication compliance. Med tech staff were verbally educated but will also be educated at the all staff meeting and sign off on understanding resident that self administer medication regulation on 8/19/23.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)

184a - Resident's Meds Labeled

13. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident # 5 is prescribed Latanoprost 0.005 % Eye Drops, instilling one drop in both eyes at bedtime. The pharmacy label on the medication is incorrect, as the instructions are to instill one drop into the right eye in the evening.

184a - Resident's Meds Labeled (continued)

Resident # 5 has two prescriptions of Warfarin 5 mg. The resident receives a half a tablet 4 times a week at 8:00 p.m. and one tablet daily at bedtime. The pharmacy label on the medication is incorrect, as the instructions are to take 1 to 1 ½ tablets by mouth daily or as directed by [redacted] Cardiology.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Since the annual inspection a new order was sent requesting clarification on the Warfarin order. A new order was sent and the label now matches what the order reads. A cart audit was done on 7/20 no issues found. Ed/med tech will continue to monitor new medication orders to ensure on going compliance. Staff were verbally educated but will also be educated in the all staff meeting and sign off on 8/19/23.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)

185a - Implement Storage Procedures

14. 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 # 5 has an order to have their blood glucose tested daily in the morning. On 7/03/26 at approximately 8:12 a.m., the resident's glucometer indicated a reading of 103; 102 was incorrectly recorded on the Medication Administration Record.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Staff was verbally educated on the importance of reading and documenting the correct glucose numbers. A weekly audit was done on 7/23 and 7/30 with no incorrect numbers found. ED/ Med tech staff will continue monthly audits to ensure glucometer readings match what is on the MAR. Staff will also be educated at the all staff meeting and sign off on 8/19/23.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)

187d - Follow Prescriber's Orders

15. Requirements

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

Description of Violation

Resident # 5 is prescribed Latanoprost 0.005 % Eye Drops, instilling one drop in both eyes at bedtime: however, the Medication Technicians were instilling one drop in the right eye in the evening.

187d Follow Prescriber's Orders (continued)

Repeated Violation: 01/22/2026, 11/25/2025, 05/22/2025

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

MD was called on 7/16/26 for clarification of the eyedrop order due to label stating one drop and the order reading two. The MD confirmed the correct order on 7/16/26. The order should be for one drop in both eyes at bed time. A new label was sent from the pharmacy and it was placed on the eyedrop box. Staff were verbally educated but will also be educated at the all staff meeting and sign off on making sure all medication labels match the MAR and are following those directions on 8/19/206. Ed/med tech will continue to monitor new or current medication orders to ensure on going compliance

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)

190b - Insulin Injections

16. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Resident # 5 is prescribed Ozempic 0.25 0.5 mg. The medication was administered on 7/01/26 and 7/15/26 by Staff person A, and on 7/08/26 by Staff person C. Both unlicensed staff persons have successfully completed a department approved medication administration course and diabetes patient education program within the last two years. The home does not have a waiver to allow unlicensed direct care staff to administer subcutaneous injections of GLP 1 agonist medications.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Since the annual inspection a order request to have a Home Health Agency administer the Ozempic. Home Health Agency received the order and have now started to administer the Ozempic to the resident #5 weekly per order. The med tech staff were educated that any medication that a license staff has to to give cannot be given by a med tech. The medication must be administered by a license staff or an outside home health agency licenses staff. All other residents that have these type of medication are being administered by a home health nurse. Moving forward the staff are aware to notify the ED of any medication from a current or new resident that needs a license staff/home health agency to administer. Ed will continue to monitor new medication orders to ensure on going compliance.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)

253a - Record 3 Years

17. Requirements

2600.

253a - Record 3 Years *(continued)*

253.a. The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

Description of Violation

Resident # 1 was discharged from the home on [redacted] The home did not retain the resident home contract in the discharge record for a minimum of three years following the resident's discharge.

Plan of Correction ***Accept ([redacted] - 08/21/2026)***

After the annual inspection resident #1 contract could not be located. Moving forward the ED will ensure that all resident records, including the resident home contract, are retained for a minimum of three (3) years following the resident's discharge from the home, or until any applicable audit or litigation has been resolved, whichever is later. The discharged resident record will be maintained in a designated, secure discharged-resident records storage area. Each discharged resident file will be clearly identified with the resident's discharge date and the required record-retention date to ensure the file can be readily located when needed for review. The ED will review the discharged resident record prior to filing to ensure that the complete record, including the resident home contract, is present. A discharge record retention checklist will be completed and maintained as documentation that the file has been reviewed and properly retained The ED will conduct a monthly audit of discharged resident records for a minimum of three (3) months and quarterly after that. Any missing documentation identified during an audit will be immediately investigated and corrected when possible. Audit findings and corrective actions will be documented and maintained by the ED.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 08/25/2026)