



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 15 2013

Ms. Toni McClay, Chief Operating Officer
Jenner's Pond, Inc.
2000 Greenbriar Drive
West Grove, Pennsylvania 19390


RE: Ruston Residence
100 Sycamore Drive
West Grove, Pennsylvania 19390

Dear Ms. McClay:

As a result of the Department of Public Welfare's licensing inspection on May 29, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2800 (relating to assisted living residences).

Your regular license for the period July 4, 2013 to July 4, 2014 was issued on April 3, 2013. Your regular license remains in good standing.

Sincerely,



Ronald Melusky
Director

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code § 2800

Name of Residence: Ruston Residence

Address: 100 Sycamore Drive West Grove, Pa. 19390

License Number: 150080

Type of Inspection:
Full

Reason(s) for Inspection: Annual

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-site: 5/29/13

Off-site Inspection Dates and Department Representatives, if Applicable:

LIS - [Ruston Residence] - [5/29/13] - [Israel Springs]

Regulation

2800.121(a) Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Violation

The northern gate in the Special Care Unit (SCU) courtyard facing the SCU was locked with a chain and padlock.

Plan of Correction

The northern gate in the SCU courtyard is a service access gate for maintenance and grounds personnel only, and it was never intended for resident use nor unauthorized personnel. The gate shall be made a permanent structure without the ability to open on a hinge. The padlock and chain shall be removed, and the gate will look and function as a permanent fence. It will no longer be used as a service access point for the courtyard.

The Director of Facilities will be responsible to ensure the gate will be permanently affixed and padlock/chain removed within thirty (30) days.

A report shall be made to the Quality Assurance Committee at the next scheduled meeting after project completion.

Printed Name and Title of Legal Entity Representative (Required on all pages)

SCOTT MANCINI, ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages)

Scott Mancini

Date

6.20.13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

9/20/13
(Date)

Plan of correction implementation status as of

9/20/13
(Date)

☒ Fully Implemented

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

The above plan of correction was approved by

NSC
(Initials)

LIS - [Ruston Residence] - [5/29/13] - [Israel Springs]

Regulation

2800.183(e) 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.

Violation

A NovoLog Flexpen for Resident #1 opened 4/16/13 was still being used on 5/29/13 after 28 days, the recommended shelf use.

Plan of Correction:

Novalog Flexpen has been removed from use. Pharmacy consultant contacted to review manufacturer recommendations. Insulin Storage Recommendations received and Medication Technicians and Nurses have been educated on proper insulin storage guidelines. All insulin in the facility has been checked and date verified within recommended guidelines. Each person performing insulin medication administration is responsible to ensure proper expiration recommendation is being followed. In addition, the Nurse Manager will be responsible for monitoring insulins for expiration dates on a weekly basis for a period of three months, after which time Nurse Manager will determine if continued monitoring by her is needed. Nurse Manager will ensure that any insulin nearing expiration is properly discarded in accordance with the manufacturer recommended timeframe.

A report shall be made on a quarterly basis to the Quality Assurance Committee for the duration of the Plan of Correction. Any recommendations from the committee shall be carried out by the Administrator and/or designee as appropriate.

Printed Name and Title of Legal Entity Representative (Required on all pages)

SCOTT MANCINI, ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages)

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LIS - [Ruston Residence] - [5/29/13] - [Israel Springs]

Regulation

2800.227 (g) Individuals who participate in the development of the final support plan shall sign and date the support plan.

Violation

The support plans for Residents #2, #3, #4, #5, #6, #7 and #8 were not signed and the home did not document that the residents were unable or unwilling to sign. The identified residents participated in the development of their support plans.

Plan of Correction

All support plans that have been converted to the new ASP forms, including those for Residents #2, 3, 4, 5, 6, 7, 8 - shall be reviewed and amended by Nurse Manager to properly reflect resident participation or refusal. If there is any question as to whether a resident and/or responsible party participated in the development of the support plan, it will be reviewed with the person(s) and the support plan will be updated accordingly.

All support plans cited in the survey shall be corrected within fourteen (14) days. All other support plans recently converted to the ASP form will be reviewed and amended within Forty Five (45) days. Ongoing support plan completion will be checked and verified for appropriate documentation on an ongoing basis by the Nurse Manager and/or Administrator. All staff participating in the completion of resident support plans shall be educated in the requirements of 2800.227(g) pertaining to resident participation and signature/date completion within fourteen (14) days.

A report shall be made on a quarterly basis to the Quality Assurance Committee for the duration of the Plan of Correction. Any recommendations from the committee shall be carried out by the Administrator and/or designee as appropriate.

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SCOTT MANCINI, ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages)

[Signature]

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LIS - [Ruston Residence] - [5/29/13] - [Israel Springs]

Regulation

2800.233 (c) If key-locking devices, electronic card systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Violation

The code to operate the mag-locked gate was not posted near the western gate in the Special Care Unit courtyard.

Plan of Correction

The Director of Facilities or designee shall contact the vendor to install a keypad for both the interior and exterior of the western gate of the Special Care Unit Courtyard. Once installed, the code shall be appropriately posted in accordance with 2800.233(c). Staff shall be educated to its use upon project completion. It shall be reported in the next Resident Council meeting after completion.

The Director of Facilities will be responsible for this project with an anticipated completion within sixty (60) days due to contracted services involvement.

A report shall be made to the Quality Assurance Committee at the next scheduled meeting after project completion.

Printed Name and Title of Legal Entity Representative (Required on all pages)

SCOTT MANCINI, ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages)

[Signature]

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