



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 28 2016

Ms. Jessica Rochester, NHA, Administrator  
Jenner's Pond, Inc.  
2000 Greenbriar Drive  
West Grove, Pennsylvania 19390

RE: Ruston Residence  
100 Sycamore Drive  
West Grove, Pennsylvania 19390  
License #: 138890

Dear Ms. Rochester:

As a result of the Department of Human Services' annual licensing inspections on April 6, 2016 and April 7, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

Jay Bausch  
Deputy Secretary

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> Ruston Residence	<b>License Number:</b> 138890
<b>Address:</b> 100 Sycamore Drive West Grove, Pennsylvania 19390	<b>County:</b> Chester
<b>Administrator:</b> Jessica Rochester	
<b>Legal Entity Name:</b> Jenner's Pond	
<b>Legal Entity Address:</b> 2000 Greenbriar Drive West Grove, Pennsylvania 19390	
<b>Certificate(s) of Occupancy:</b> C2, LP (L&I) 4/6/98	
<b>Type of Inspection:</b> Full	
<b>Reason(s) for Inspection(s):</b> Renewal	
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> April 6 and 7, 2016 Doug Hoover	
<b>Off-Site Inspection Dates and Inspectors, if Applicable: NA</b>	
<b>Resident Demographic Data as of Inspection Dates</b>	
<b>Licensed Capacity:</b> 70  <b>Number of Residents Served:</b> 55  <b>Secured Dementia Care Unit in Home:</b> Yes  <b>Area:</b> Lavender Lane  <b>Secured Unit Capacity, if Applicable:</b> 12  <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 11  <b>Number of Current Hospice Residents:</b> 6  <b>Number of Hospice Residents in past year:</b> 8	<b>Number of Residents who:</b>  <b>Receive Supplemental Security Income:</b> 0  <b>Are 60 Years of Age or Older:</b> 55  <b>Have Mental Illness:</b> 0  <b>Have an Intellectual Disability:</b> 0  <b>Have a Mobility Need:</b> 18  <b>Have a Physical Disability:</b> 0  <div style="text-align: right; margin-top: 20px;"> <i>Rec'd 6/9/16 BE</i> </div>

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

<b>Regulation</b> 133a1 - Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
<b>Violation</b> There were no exit signs over the main and back entrances to the special care unit.
<b>Plan of Correction</b>  please see attached Page 2A of 5. -BE

<b>Printed Name and Title of Legal Entity Representative (Required on all pages)</b> Jessica Rochester	
<b>Signature of Legal Entity Representative (Required on all pages)</b> J. Rochester, MHA	<b>Date</b> 6/9/16
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6-24-16</u> (Date)	Plan of correction implementation status as of <u>6-24-16</u> : (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

Ruston Residence Plan of Correction related to licensing inspection  
conducted on April 6 and 7, 2016.

Regulation- 133a1

**Plan of correction:**

1. Exit signs were placed over the main and back entrances to the special care unit on 6/8/16.

Regulation- 184a

**Plan of correction:**

1. All medications not properly labeled were immediately removed from medication carts and properly disposed of on 4/7/2016.
2. A designated area in bottom drawer was established for staff to place expired, unused medication daily. This was done on 4/8/2016.
3. Weekly, nurse manager removes expired or discontinued medication from designated area in medication cart. These medications are destroyed or sent back to the pharmacy for refunds. This began on 4/24/2016 and will be ongoing.
4. Medication Cart Audit Form was created and audits will be begin beginning the month of June 2016 and will continue monthly, indefinitely. See audit form attached.
5. Staff was in-serviced on the fact that medications must remain in the original, labeled containers. This in-servicing was done during the week of June 6, 2016. As audits are completed, findings will be addressed directly with staff by nurse manager when appropriate.

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

**Regulation**

184a - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**Violation**

The following medications were scattered throughout the medication cart, packaged in individual doses, without pharmacy labels:

**Levofloxacin, 500 mg. – 3 units**  
**Carvedil ol, 3.125 mg. – 1 unit**  
**Predisone, 1 mg. – 1 unit**  
**Omeprazole, 20 mg. – 1 unit**  
**Sodium Chloride, 1 GM – 1 unit**  
**Mododrine, 5 mg. – 1 unit**  
**Senna with Docusate – 1 unit**

**Plan of Correction**

Please see attached Page 24 of 5. -be

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

Jessica Rochester

Signature of Legal Entity Representative (Required on all pages)

J. Rochester NHA

Date

6/9/16

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6-24-16  
(Date)

The above plan of correction was approved by JS  
(Initials)

Plan of correction implementation status as of 6-24-16 :  
(Date)

Fully Implemented

☒ Partially Implemented – Adequate Progress

Partially Implemented – Inadequate Progress

Not Implemented

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

**Regulation**

187a - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**Violation**

The following medications were given but not initialed on the medication administration record (MAR) for Resident #1:

*Guafenesin, 20 mg.* on 3/11/16 at 9:00 am

*Duoneb, 0.5 mg/3mg.* on 3/11/16 and 3/15/16 at 11:00 am

The following medications were given but not initialed on the MAR for Resident #2:

*Furosemide, 40 mg.* on 3/5/16 at 9:00 am

*Lisinopril, 2.5 mg.* on 3/6/16, 3/13/16 and 3/27/16 at 9:00 am

*Nystatin powder* for Resident #3 was given but not initialed on the MAR on 3/18/16 and 3/26/16 at 9:00 am.

**Plan of Correction**

Please see attached. Page 4A of 5 - 2E

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

Jessica Rochester

Signature of Legal Entity Representative (Required on all pages)

*[Signature]* NHA

Date

6/9/16

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6-29-16  
 (Date)

The above plan of correction was approved by JE  
 (Initials)

Plan of correction implementation status as of 6-29-16:  
 (Date)

Fully Implemented

☒ Partially Implemented – Adequate Progress

Partially Implemented – Inadequate Progress

Not Implemented

Regulation- 187a

**Plan of correction:**

JE

1. Nurse Manager communicated with all staff involved in medication administration the importance of not having unexplained or undocumented "holes" on the MAR. This was done the week of June 7, 2016.
2. New process to be implemented week of June 13<sup>th</sup> 2016 requiring staff member who is administering medication to conduct a 24 hour look back at each med pass and report any areas not initialed on the MAR immediately to nurse management.
3. Nurse management will audit MARS two times a week using attached audit form. This will begin week of June 13<sup>th</sup>.
4. Audit results will be reviewed with Administrator and be reported to Quality Assurance Team quarterly as deemed appropriate.

Regulation 234a

**Plan of correction:**

1. Resident has an accurate, current support plan.
2. A support plan tracking form has been created and implemented as of 6/9/2016. This tool will be used by the Administrative Coordinator and Nurse Manager to track all residents including those in the special care unit to ensure that all required support plans are developed, implemented and documented in compliance with regulations.
3. Support plan tracking form will be reviewed daily by Administrator. Please see form attached.

### Assisted Living Residences – 55 Pa.Code § 2800

Please see attached Page 4A of 5. - 2e

Not implemented