



March 4, 2020

Ms. Rebecca White
Administrator
Jenner's Pond
2000 Greenbriar Drive
West Grove, Pennsylvania 19390

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

Dear Ms. White:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 8, 2019 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: RUSTON RESIDENCE

License Number: 13889

Address: 100 SYCAMORE DRIVE, WEST GROVE, PA 19390

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Rebecca White

Phone: 6108696700

Email: RWHITE@JENNERSPOND.ORG

Legal Entity

Name: JENNER'S POND INC

Address: 2000 GREENBRIAR DRIVE, WEST GROVE, PA, 19390

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/06/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 87

Waking Staff: 65

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/08/2019 - On-Site: Michele Swisher, Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70

Residents Served: 55

Special Care Unit

In Home: Yes

Area: Lavendar Lane

Capacity: 12

Residents Served: 12

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 32

Have Physical Disability: 0

Rebecca J. White, Administrator 8/9/19

07/08/2019

1 of 7

65a Fire Safety-1st day**Requirements****2800.**

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 7/4/19, did not receive orientation on the following topics: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire-safe area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services.

Staff person B, whose first day of work was 7/4/19, did not receive orientation on the following topics: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire-safe area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

Legal Entity Representative

Rebecca J. White
Signature

Rebecca J. White Administrator
Printed Name and Title

8/9/19 Date

65a Fire Safety-1st day (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	03-04-2020	Plan of correction implementation status as of	03-04-2020
	(Date)		(Date)
The above plan of correction was approved by	<u>SP</u>	<input type="checkbox"/> Fully Implemented	
	(Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Rebecca J. White, Administrator 8/9/19

07/08/2019

Regulation 65.a.

Staff persons A and B are employed by a staffing agency. If staff persons A and/or B are scheduled to work in the home again, training in general fire safety and emergency preparedness as stated in regulation 65a will be completed by the Administrator(s), Director of Nursing or Charge Nurse prior to working in the home. Going forward, all direct care staff, ancillary staff, substitute and volunteers will receive this training prior to or on the first work day.

A random sampling of records will be conducted for compliance at the quarterly Quality Management Meetings by the Administrators and/or designee.

Rebecca J. White 8/9/19
Administrator

65h 16 hrs annual training

Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

Direct care staff person C received only 11.5 hours of annual training relating to his/her job duties during training year January 2018 to December 2018.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

Legal Entity Representative

Rebecca J. White
Signature

Rebecca White Administrator 8/9/19
Printed Name and Title Date

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(Date)

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(Initials)

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☐ Partially Implemented - Inadequate Progress
☐ Not Implemented

Regulation 2800.65.h.

To date, staff person C is currently in compliance for the training year of 2019 (See attachment A). Going forward, all direct care staff will receive the required hours of annual training per this regulation. This will be monitored monthly by the Administrator(s) and/or designee for continued compliance.

Rebecca J. White 8/9/19
Administrator

65i Training topics

Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Direct care staff person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, safe management techniques during the training year January 2018 to December 2018.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached.

Legal Entity Representative

Rebecca J. White
Signature

Rebecca J. White Administrator 8/9/19
Printed Name and Title Date

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Regulation 2800.65.i.

Staff person C will receive training on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation, support plan, and safe management techniques by September 1, 2019. (Documentation of training will be sent to DHS upon completion.) Going forward, all staff training requirements will be completed as per this regulation. This will be monitored by the Administrator(s) and/or designee on a monthly basis for continued compliance.

Rebecca J. White 8/9/19
Administrator

65j Annual training content

Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).

Description of Violation

Staff person C did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708) during training year January 2018 to December 2021.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached.

Legal Entity Representative

Rebecca J. White
Signature

Rebecca J. White Administrator
Printed Name and Title

8/9/19
Date

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Regulation 2800.65.j.

Staff person C will receive the required annual training in emergency preparedness, recognition and response to crises, resident rights, and the Older Adult Protective Services Act by September 1, 2019. (Documentation of training will be sent to DHS upon completion.) Going forward, all staff training requirements will be completed as per this regulation. This will be monitored by the Administrator(s) and/or designee on a monthly basis for continued compliance.

Rebecca J. White 8/9/19
Administrator

82c Locked poisons

Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On 7/8/19, in room 227 of the Special Care Unit a tube of Colgate sensitive toothpaste, with a manufacture's label indicating "if more than used for brushing is swallowed contact poison control immediately", was unlocked, unattended, and accessible to residents of the SCU.

On 7/8/19, in room 222 of the Special Care Unit a tube of Crest Cavity Protection toothpaste, with a manufacture's label indicating "if more than used for brushing is swallowed contact poison control immediately", was unlocked, unattended, and accessible to residents of the SCU.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

Legal Entity Representative

Rebecca J. White
Signature

Rebecca J. White Administrator 8/9/19
Printed Name and Title Date

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Regulation 2800.82.c.

The toothpaste in resident rooms 222 and 227 were immediately locked up in the bathroom cabinets upon discovery on July 8, 2019. All other apartments were inspected for compliance with no identified incidents. Staff training on this regulation and poisonous materials will begin on August 14, 2019 and be completed by September 1, 2019. (Documentation of training will be sent to DHS upon completion.) Random apartment checks will be conducted monthly by the Administrator(s) and/or designee for continued compliance.

Rebecca J. White 8/9/19
Administrator