

**Department of Human Services  
Bureau of Human Service Licensing**

September 29, 2020

REBECCA WHITE, ADMIN  
JENNER'S POND INC  
2000 GREENBRIAR DRIVE  
WEST GROVE, PA 19390

RE: RUSTON RESIDENCE  
100 SYCAMORE DRIVE  
WEST GROVE, PA, 19390  
LICENSE/COC#: 13889

Dear Ms. White,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2020, 08/25/2020, 09/04/2020, 09/08/2020, 09/09/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *RUSTON RESIDENCE* License #: *13889* License Expiration Date: *07/04/2021*  
Address: *100 SYCAMORE DRIVE, WEST GROVE, PA 19390*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: *Rebecca White* Phone: *6108696700* Email: *RWHITE@JENNERSPOND.ORG; shparker@pa.gov*

**Legal Entity**

Name: *JENNER'S POND INC*  
Address: *2000 GREENBRIAR DRIVE, WEST GROVE, PA, 19390*  
Phone: *6108696700* Email: *AVOSHELLE@JENNERSPOND.ORG*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:   
Reason: *Complaint, Incident* Exit Conference Date: *09/09/2020*

**Inspection Dates and Department Representative**

*08/04/2020 - Off-Site: Sabrina Freeman*  
*08/25/2020 - Off-Site: Sabrina Freeman*  
*09/04/2020 - Off-Site: Sabrina Freeman*  
*09/08/2020 - Off-Site: Sabrina Freeman*  
*09/09/2020 - Off-Site: Sabrina Freeman*

**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*

## Inspections / Reviews

## 08/04/2020 - Partial

Lead Inspector: *Sabrina Freeman*Follow-Up Type: *POC Submission*Follow-Up Date: *09/23/2020*

## 9/18/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *09/23/2020*

## 9/29/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

**121a Unobstructed egress****1. Requirements**

2800.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

**Description of Violation**

*From 7/24/20 through 7/29/20, the quarantine / isolation room areas and the Laurel Way exit that leads to the main hallway had a blocked egress. The emergency exit was covered with a black plastic tarp and a wooden bar across the door.*

**Plan of Correction****Accept**

*Plan of Correction for Violation 2800.121a. – Stairways, hallways and passageways and egress routes from living units and from the building must be unlocked and unobstructed.*

*The quarantine/isolation room areas and the Laurel Way exit that leads to the main hallway is no longer blocked.*

*The black plastic tarp and wooden bar across the door were removed immediately when the resident in isolation was released from isolation. The hallway leading to the isolation room from the main hallway is now free from anything blocking the egress.*

*Going forward, in the event we need to use our designated COVID / isolation room, we have already installed a track on the ceiling leading to the isolation unit which will allow us to hang a free standing medical curtain for privacy. In addition, the COVID / isolation unit will be monitored by a staff member 24/7 until such time we would no longer need the COVID / Isolation room.*

**Completion Date:** 09/18/2020

**Document Submission****Implemented**

*Attached per your request are pictures of the COVID area, our follow up training presentation as well as the sign in sheet for those that attended. For those that did not attend, we will hold one off meetings with each of them.*