

Department of Human Services
Bureau of Human Service Licensing

April 25, 2022

[REDACTED]
JENNER'S POND INC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/12/2021, 05/12/2021, 05/12/2021, 05/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *RUSTON RESIDENCE* License #: *13889* License Expiration: *07/04/2022*
Address: *100 SYCAMORE DRIVE, WEST GROVE, PA 19390*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6108696700* Email: [REDACTED] *rg*

Legal Entity

Name: *JENNER'S POND INC*
Address: *2000 GREENBRIAR DRIVE, WEST GROVE, PA, 19390*
Phone: *6108696700* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/06/1998* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/07/2021*

Inspection Dates and Department Representative

05/12/2021 - On-Site: [REDACTED]
05/12/2021 - On-Site: [REDACTED]
05/12/2021 - Off-Site: [REDACTED]
05/12/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *59*

Special Care Unit

In Home: *Yes* Area: *Special Care Unit* Capacity: *12* Residents Served: *11*

Hospice

Current Residents: *-/22*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *36* Have Physical Disability: *0*

Inspections / Reviews

05/12/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/26/2021*

11/29/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/04/2021*

05/12/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2021*

04/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 5/5/2021, approximately between the hours of 12am and 6am, agency staff person A sexually assaulted resident #1 by placing [REDACTED] hand in the resident's underwear and fondling the resident's vaginal area. Agency staff person A stated that [REDACTED] pulled down the resident's blanket and put [REDACTED] hand in the resident's underwear feeling between the resident's legs to check the resident for wetness.

Resident #1's Assessment and Support Plan, dated [REDACTED], indicates that the resident is continent of urine and stool, and is able to toilet self and manage [REDACTED] own hygiene, and ambulate independently using a walker.

Document Submission

Implemented

Attached is the training agency personnel receive upon their initial shift, the training from 5/27/21, the annual training plan and new hire training plan and the interview form the Administrator uses to interview 5 random residents per week.

224a2 30 days prior to admission

1. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident # 2 was admitted on [REDACTED] The resident's initial assessment was not completed until [REDACTED]

Plan of Correction

Accept

Each resident's record will be audited for completion and quarterly reviews of the assessment. A tracking system has been created to track dates when the initial assessment is completed and when due for quarterly review. The Administrator or [REDACTED] designee will review the tracking log weekly to ensure assessments are timely and meet the requirements on 2800.224.a.2.

Completion Date: 12/10/2021

Document Submission

Implemented

Attached is the tracking log for assessment due dates.

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 2 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign and date the support plan.

Plan of Correction

Accept

The interdisciplinary team has been educated on the requirement for residents to sign and date their support plan when developed. The Administrator or [REDACTED] or [REDACTED] designee will review each support plan upon completion and

227g Support plan - signatures (continued)

ensure residents sign and date the plan.

Completion Date: 11/26/2021

Document Submission

Implemented

Attached is the training documentation for the interdisciplinary team and staff.