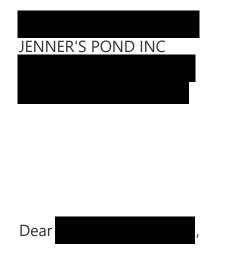
# Department of Human Services Bureau of Human Service Licensing

April 25, 2022



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

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: SOUTHEAS	Т		
Administrator				
Name	Phone: 6108696700	) Email:	rg	
Legal Entity				
Name: JENNER'S POND INC Address: 2000 GREENBRIAR D Phone: 6108696700	RIVE, WEST GROVE, PA, 19390 Email:			
Certificate(s) of Occupancy				
Туре: С-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 Da	ite: 10/07/2021	
Inspection Dates and Depar	tment Representative			
05/12/2021 - On-Site:				
05/12/2021 - On-Site:				
05/12/2021 - Off-Site:				
05/12/2021 - Off-Site:				
Resident Demographic Data	as of Inspection Dates			
General Information				
License Capacity: 70		Residents Serve	d: 59	
Special Care Unit				
In Home: Yes	Area: Special Care Unit	Capacity: 12	Residents Served: 11	
Hospice Current Residents: -/22				
Number of Residents Whe	0.			
Receive Supplemental Se		Are 60 Years of A	Age or Older: 59	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 36		Have Physical Disability: 0		

nspections / Reviews		
05/12/2021 - Partial Lead Inspector:	Follow-Up Type: POC Submission	Follow-Up Date: 11/26/2021
11/29/2021 - POC Submission Reviewer:	Follow-Up Type: POC Submission	Follow-Up Date: 12/04/2021
05/12/2021 - POC Submission Reviewer:	Follow-Up Type: Document Submission	Follow-Up Date: 12/31/2021
04/25/2022 - Document Submission Reviewer:	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 hand in the resident's underwear and fondling the resident's vaginal area. Agency staff person A stated that pulled down the resident's blanket and put 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 and and a more provident the resident is continent of urine and stool, and is able to toilet self and manage own hygiene, and ambulate independently using a walker.

### **Document Submission**

#### Implemented

Accept

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	The resident's initial assessment was not completed until	
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## Plan of Correction

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 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**

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	support plan on	. However, the resident did not sign
and date the support plan.		

## **Plan of Correction**

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

# Accept

3 of 4

ensure residents sign and date the plan. Completion Date: 11/26/2021

## **Document Submission**

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

Implemented