

Department of Human Services
Bureau of Human Service Licensing

October 24, 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 08/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *07/04/2023*
Address: *100 SYCAMORE DRIVE, WEST GROVE, PA 19390*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *JENNER'S POND INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

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: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/18/2022*

Inspection Dates and Department Representative

08/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *51*

Special Care Unit

In Home: *Yes* Area: *Lavender Lane* Capacity: *12* Residents Served: *12*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *26*

Inspections / Reviews

04/06/2018 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2022*

09/08/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/13/2022*

09/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/21/2022*

10/24/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract for resident #1 was not signed by the resident.

Plan of Correction

Accept

The Clinical Coordinator did have the residents [REDACTED] sign the contract and upon the date of this inspection the resident signed [REDACTED] contract. The Clinical Coordinator was re-educated on 08/19/2022. An addition has been added to the spreadsheet to include resident's signature, date of signature and resident unable to sign and date. The Clinical Coordinator will indicate if the resident is unable to sign. Upon receipt of the contract from the Clinical Coordinator the administrator and or [REDACTED] designee will check the contract for signatures and populate the spreadsheet. The form will be reviewed by the interdisciplinary team. The administrator will report compliance at the Quality Assurance Performance Meeting. This will be reviewed upon admission of every new resident.

Completion Date: 09/20/2022

Document Submission

Implemented

The Clinical Coordinator did have the residents [REDACTED] sign the contract and upon the date of this inspection the resident signed [REDACTED] contract. The Clinical Coordinator was re-educated on 08/19/2022. An addition has been added to the spreadsheet to include resident's signature, date of signature and resident unable to sign and date. The Clinical Coordinator will indicate if the resident is unable to sign. Upon receipt of the contract from the Clinical Coordinator the administrator and or [REDACTED] will check the contract for signatures and populate the spreadsheet. The form will be reviewed by the interdisciplinary team. The administrator will report compliance at the Quality Assurance Performance Meeting. This will be reviewed upon admission of every new resident.

60a Staffing/support plan needs

1. Requirements

2800.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

Description of Violation

On August 1, 2022, and August 3, 2022, during the hours of 11pm through 7:30am, there was no staff specifically assigned to assist residents in the Secure Dementia Care Unit. Only one staff person, an LPN, was assigned for the entire home of 51 residents.

Resident #1's RASP, dated [REDACTED]/22, indicates that the resident needs the assistance of 2 staff persons to ambulate and requires total assistance to evacuate in an emergency.

The home maintains a list of resident needs. The list indicates that resident #2 requires the assistance of 2 staff for transfers and toileting, and indicates that the staff on the 11pm to 7am shift should awaken the resident in the morning.

Plan of Correction

Accept

The administrator re-educated the scheduler on 8/29/2022.

60a Staffing/support plan needs (continued)

Starting 8/30/2022 the administrator and or [REDACTED] designee will review the populated schedules, daily for one week, every other week for 1 month and monthly on an ongoing basis. The Scheduler will send out alerts for coverage in the event of call offs. The scheduler will notify the LPN on call if no coverage is found and this LPN will provide the coverage needed. The scheduler will review the schedule daily on an ongoing basis.

Completion Date: 12/31/2023

Document Submission**Implemented**

The administrator re-educated the scheduler on 8/29/2022.

Starting 8/30/2022 the administrator and or [REDACTED] designee will review the populated schedules, daily for one week, every other week for 1 month and monthly on an ongoing basis. The Scheduler will send out alerts for coverage in the event of call offs. The scheduler will notify the LPN on call if no coverage is found and this LPN will provide the coverage needed. The scheduler will review the schedule daily on an ongoing basis.

63a First Aid/CPR 1:35**1. Requirements**

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 08/01/22 and 08/03/22, from 11pm to 7:30 am, 51 residents were present in the residence. During this time only one staff person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction**Accept**

At the time of the inspection the scheduler printed and provided the template schedules to the Inspector. These schedules did not include agency staff or Jenner's Pond Staff which were added to the 11-7 assignment at the time the open shifts were filled. The scheduler was re-educated on 8/29/2022 to provide only the fully populated schedules, which [REDACTED] posts daily and keeps on file, to the Inspector at the time of an Inspection. On 8/1/2022 two of the four staff in the facility were trained in first aid, CPR and obstructed airway techniques. On 8/03/2022 one staff member was trained in first aid, CPR and obstructed airway techniques and 2 staff members were trained in CPR and AED usage. One other staff member whose certifications had recently expired was present in the building. This particular staff member had signed up for the 06/24/2022 training but was unable to participate [REDACTED]. The administrator and or [REDACTED] designee will schedule more frequent first aid, CPR and obstructed airway training and check the CPR certification spreadsheet monthly to monitor compliance. The instructor has been called and [REDACTED] will be doing training on September 27, 2022. The administrator and [REDACTED] designee will continue printing and filing the schedules and an asterisk will be placed next to the two individuals on each shift which have been trained in CPR, first aid and obstructed airway training.

Completion Date: 10/01/2022

Document Submission**Implemented**

At the time of the inspection the scheduler printed and provided the template schedules to the Inspector. These schedules did not include agency staff or Jenner's Pond Staff which were added to the 11-7 assignment at the time the open shifts were filled. The scheduler was re-educated on 8/29/2022 to provide only the fully populated schedules, which [REDACTED] posts daily and keeps on file, to the Inspector at the time of an Inspection. On 8/1/2022 two of the four staff in the facility were trained in first aid, CPR and obstructed airway techniques. On 8/03/2022 one staff member was trained in first aid, CPR and obstructed airway techniques and 2 staff members were trained in CPR

63a First Aid/CPR 1:35 (continued)

and AED usage. One other staff member whose certifications had recently expired was present in the building. This particular staff member had signed up for the 06/24/2022 training but was unable to participate [REDACTED]. The administrator and or [REDACTED] designee will schedule more frequent first aid, CPR and obstructed airway training and check the CPR certification spreadsheet monthly to monitor compliance. The instructor has been called and [REDACTED] will be doing training on September 27, 2022. The administrator and [REDACTED] designee will continue printing and filing the schedules and an asterisk will be placed next to the two individuals on each shift which have been trained in CPR, first aid and obstructed airway training.

95 Furniture & Equipment**1. Requirements**

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Per staff and resident interviews, the home's call bell system was inoperable for three weeks extending from the beginning of August and as recent as of August 17, 2022. The home was aware of the issue and was working to rectify the situation. The home gave all the residents a tap bell. Residents interviewed stated that for the first day of use, staff would respond to the resident upon hearing the bell, but by the second day of tapping the bell, staff did not respond.

Plan of Correction**Accept**

The two LPN Supervisors and one LPN Manager will re-train the staff on the tap call bell system.

The staff will be re-trained on the tap call bell system on 9/14/2022 and 9/21/2022 by the LPN Supervisors.

1. The staff will be notified by the administrator and or [REDACTED] designee via email or text when the SARA system is not functioning.
2. A Poster will be placed by the Administrative Coordinator at the time clock notifying staff that the emergency tap bell service is to be used.
3. Residents will be educated by the PCM/LPN on use of the tap call bells and rationale for there use. The tap call bells will be placed in a location of the resident's choice for ease of access. The resident's will be re-educated at the beginning of every shift and the PCM/LPN will insure the tap call bell is still in the location of the resident's choice.
4. When the SARA system is not functioning and the tap call bell system is initiated the PCM/LPN on every shift will do rounds hourly/daily until the SARA system is functioning properly.
5. Documentation which requires initials of the PCM/LPN for hourly rounding will be signed off by the LPN and provided to the administrator.

This policy/procedure will be in place on the dates when the tap call bell system is in use, every shift, hourly until the SARA system is functioning.

Completion Date:**Document Submission****Implemented**

95 Furniture & Equipment (continued)

The two LPN Supervisors and one LPN Manager will re-train the staff on the tap call bell system.

The staff will be re-trained on the tap call bell system on 9/14/2022 and 9/21/2022 by the LPN Supervisors.

- 1. The staff will be notified by the administrator and or [REDACTED] designee via email or text when the SARA system is not functioning.*
- 2. A Poster will be placed by the Administrative Coordinator at the time clock notifying staff that the emergency tap bell service is to be used.*
- 3. Residents will be educated by the PCM/LPN on use of the tap call bells and rationale for there use. The tap call bells will be placed in a location of the resident's choice for ease of access. The resident's will be re-educated at the beginning of every shift and the PCM/LPN will insure the tap call bell is still in the location of the resident's choice.*
- 4. When the SARA system is not functioning and the tap call bell system is initiated the PCM/LPN on every shift will do rounds hourly/daily until the SARA system is functioning properly.*
- 5. Documentation which requires initials of the PCM/LPN for hourly rounding will be signed off by the LPN and provided to the administrator.*

This policy/procedure will be in place on the dates when the tap call bell system is in use, every shift, hourly until the SARA system is functioning.

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 #1 was admitted on [REDACTED]/22. The resident's initial assessment was not completed until [REDACTED]/2022.

Resident #3 was admitted on [REDACTED]/22. The resident's initial assessment was not completed until [REDACTED]/2022.

Plan of Correction

Accept

The tracking system was implemented on 8/19/2022. The Administrator will monitor the system with a tracking spreadsheet. This spreadsheet was implemented 8/19/2022 and will be monitored on a monthly and an ongoing basis. The Administrator will be training the staff. The starting date of the administration tracking compliance on the tracking log is 8/19/2022. This will be done quarterly and on an ongoing basis at the QA meetings.

Completion Date: 12/31/2023

Document Submission

Implemented

The tracking system was implemented on 8/19/2022. The Administrator will monitor the system with a tracking spreadsheet. This spreadsheet was implemented 8/19/2022 and will be monitored on a monthly and an ongoing basis. The Administrator will be training the staff. The starting date of the administration tracking compliance on the tracking log is 8/19/2022. This will be done quarterly and on an ongoing basis at the QA meetings.