

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

April 17, 2023

[REDACTED], ADMINISTRATOR
JENNER'S POND INC
[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 12/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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:

Phone:

Email:

Legal Entity

Name: JENNER'S POND INC

Address:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/06/1998

Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 72

Waking Staff: 54

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Monitoring

Exit Conference Date: 12/28/2022

Inspection Dates and Department Representative

12/28/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70

Residents Served: 43

Special Care Unit

In Home: Yes

Area: SDCU

Capacity: 12

Residents Served: 8

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 17

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 29

Have Physical Disability: 0

Inspections / Reviews

12/28/2022 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 01/22/2023

01/26/2023 - POC Submission

Submitted By:

Date Submitted: 04/11/2023

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 01/31/2023

Inspections / Reviews (*continued*)

02/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/17/2023

04/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2023

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

Resident 1 did not sign their residence contract.

Plan of Correction

Accept () - 02/06/2023)

Education has been completed with current admissions coordinator. The previous admissions coordinator during resident 1 admission is no longer with the organization. All resident files are being audited to ensure the meet requirements. Audit is scheduled to be completed by 2/2/2003

Education was completed 12/29/2022. To ensure Resident files are complete, this has been added to our QAPI in the form of random pulls of 5 resident files per month.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented () - 04/17/2023)

41e Signed statement

2. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept () - 02/06/2023)

Education has been completed with current admissions coordinator. The previous admissions coordinator during resident 1 admission is no longer with the organization. All resident files are being audited to ensure the meet requirements. Audit is scheduled to be completed by 2/2/2003.

Education was completed 12/29/2022. To ensure Resident files are complete, this has been added to our QAPI in the form of random pulls of 5 resident files per month.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented () - 04/17/2023)

51 Criminal background checks

3. Requirements

2800.

51. Criminal background checks

51 Criminal background checks (*continued*)

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- b. The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site.

Description of Violation

Staff person A's date of hire was [REDACTED]. Staff Person A does not have a criminal background check completed.

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Education has been provided to the HR director on ensuring all requirements are met prior to staff before they start work. All employees' files are currently being audited. Audit is scheduled to be completed by 2/22/2022. Moving forward as a part of our QAPI, quarter there will be random pull of 10 employee folders to review. This will be signed off on administrator at the end of QAPI review.

Education was provided to the HR manager on 1/3/2023, which is when [REDACTED] returned from vacation.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] - 04/17/2023)

65a Fire Safety-1st day

4. 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 B, whose first day of work was [REDACTED], did not receive orientation on the following topics until 2/3/22: 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

Accept [REDACTED] - 02/06/2023)

Education has been provided to the HR director on ensuring all requirements are met prior to staff before they start

65a Fire Safety-1st day (continued)

work. All employees' files are currently being audited. Audit is scheduled to be completed by 2/22/2022. Moving forward as a part of our QAPI, quarter there will be random pull of 10 employee folders to review. This will be signed off on administrator at the end of QAPI review.

Education was provided to the HR manager on 1/3/2023, which is when [REDACTED] returned from vacation.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] - 04/17/2023)

65e Rights/Abuse 40 Hours**5. Requirements**

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, reporting of reportable incidents and conditions, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), safe management techniques, core competency training that includes the following: nutritional support according to resident preference, core competency training that includes the following: communication, problem solving and relationship skills, core competency training that includes the following: person-centered care.

Staff person B completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete the training until [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Education has been provided to the HR director on ensuring all requirements are met prior to staff before they start work. All employees' files are currently being audited. Audit is scheduled to be completed by 2/22/2022. Moving forward as a part of our QAPI, quarter there will be random pull of 10 employee folders to review. This will be signed off on administrator at the end of QAPI review.

Education was provided to the HR manager on 1/3/2023, which is when [REDACTED] returned from vacation.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] 04/17/2023)

65f Ancillary staff orientation

6. Requirements

2800.

65.f. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED] did not receive a general orientation to their specific job functions.

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Education has been provided to the HR director on ensuring all requirements are met prior to staff before they start work. All employees' files are currently being audited. Audit is scheduled to be completed by 2/22/2022. Moving forward as a part of our QAPI, quarter there will be random pull of 10 employee folders to review. This will be signed off on administrator at the end of QAPI review.

Education was provided to the HR manager on 1/3/2023, which is when she returned from vacation.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] - 04/17/2023)

101j7 Lighting/operable lamp

7. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Resident's were provided with lamps prior to the surveyor exiting the community. Resident apartments will be checked daily on the 3-11 shift to ensure all residents have a bedside lamp. This started immediately on 12/28/2022. In lieu of sign off sheet, we are having the staff check during rounds and document in the residents record and submission to maintenance work order system when residents room is not compliance. 1/3/2023

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented [REDACTED] - 04/17/2023)

185a Storage procedures

8. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a Storage procedures (continued)

Description of Violation

On 12/28/22, staff person C left the medication cart unattended, unsecured in the hallway outside of room 116.

On 12/28/22, there was a white oval shaped pill loose in the medication cart located in Laurel House.

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Education by nursing supervisor was provided to the staff on how to properly maintain and store medication carts and medications. This will be reviewed during our monthly clinical staff meetings and added to our QAPI as continuing education and spot rounds completed by Administrator at random, ongoing.

Education was completed 12.28.22 with the agency staff member in question. All staff education is month during our monthly staff clinical meetings. Spot rounds to check carts, week of 1/3/23, due to administrator being on vacation week of 12/26/2023.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] - 04/17/2023)

191 Resident right to refuse

9. Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Education has been completed with current admissions coordinator. The previous admissions coordinator during resident 1 admission is no longer with the organization. All resident files are being audited to ensure the meet requirements. Audit is scheduled to be completed by 2/2/2003.

Education was completed 12/29/2022. To ensure Resident files are complete, this has been added to our QAPI in the form of random pulls of 5 resident files per month.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] - 04/17/2023)