

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

April 23, 2025

[REDACTED], REGIONAL CLINICAL SERVICE DIRECTOR
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 03/03/2025, 03/03/2025 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: 04/08/2025

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: CWOPA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 55

Waking Staff: 41

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Provisional

Exit Conference Date: 03/04/2025

Inspection Dates and Department Representative

03/03/2025 - On-Site: [REDACTED]

03/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70

Residents Served: 36

Special Care Unit

In Home: Yes

Area: SCU

Capacity: 12

Residents Served: 12

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 36

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 19

Have Physical Disability: 0

Inspections / Reviews

03/03/2025 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/31/2025

04/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/14/2025

Inspections / Reviews *(continued)*

04/23/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a Direct care staff quals

1. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 04/02/2025)

- The community removed the direct care staff person from the schedule until () is able to furnish it.
- On 3/31/25, the HR director audited currently employed direct care staff to ensure compliance with regulation 54a.
- Beginning 3/31/25, the HR director or designee will audit all new hires to ensure compliance with regulation 54a weekly x 4 weeks, then bi-weekly, then monthly to validate sustained compliance (Exhibit A1- Audit Tool)
- Results of the audit will be discussed during quarterly QI meetings. The QI committee will determine if continuing the audits is necessary.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented () - 04/17/2025)

65i Training topics

2. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training during the training year 2024.

Direct care staff person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, medication self-administration training during the training year 2024

Direct care staff person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, medication self-administration training during the training year 2024

Plan of Correction

Accept () - 04/02/2025)

- The Annual Employee Training form was updated to ensure compliance with reg 65i by the HR director (Exhibit B1 - Updated Form).
- Beginning 3/31/25, the HR Director or designee will audit 3 random employee files to ensure compliance with regulation 65i weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to validate sustained compliance (Exhibit B2- Audit Tool)
- Results of the audit will be discussed during quarterly QI meetings. The QI committee will determine if continuing the audits is necessary.

Licensee's Proposed Overall Completion Date: 04/18/2025

65i Training topics (*continued*)

Implemented () - 04/17/2025)

65j Annual training content

3. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
5. Falls and accident prevention.

Description of Violation

Staff person B did not receive training in Falls and accident prevention, emergency preparedness procedures and recognition and response to crises and emergency situations, fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert. during training year 2024.

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert. during training year 2024.

Plan of Correction

Accept () - 04/02/2025)

- On 3/31/25, the ALA and Maintenance director communicated with the Avondale fire department to gather proof of fire safety expert.
- Beginning 3/31/25, the Facilities director or designee will schedule currently employed direct care staff training to ensure compliance with regulation 65j on or before 4/18/2025.
- Beginning 3/31/25, the ALA or designee will audit 3 direct care staff files to ensure compliance with regulation 65j weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to validate sustained compliance (Exhibit C1- Auditing Tool)
- Results of the audit will be discussed during quarterly QI meetings. The QI committee will determine if continuing the audits is necessary.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented () - 04/23/2025)

66b Content of training plan

4. Requirements

2800.

66.b. The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

Description of Violation

The residence's staff training plan for training year 2025 does not include Name, position, and duties of each direct care staff person, training courses for each staff person, the dates, times and locations of the scheduled training for each staff person.

66b Content of training plan (continued)

Plan of Correction

Accept () - 04/02/2025

- The Annual Employee form was updated by the HR director to ensure compliance with regulation 66b (Exhibit D1- Updated Form)
- Beginning 3/31/25, the ALA or designee will audit monthly x 3 months the form remains compliant.
- Results of the audit will be discussed during quarterly QI meetings. The QI committee will determine if continuing the audits is necessary.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented () - 04/17/2025

85a Sanitary conditions

5. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/3/2025, the carpet in sunflower hall had stains on the floor carpet near the exit.

Plan of Correction

Accept () - 04/02/2025

- On 3/29/25, the carpet in sunflower hall was thoroughly cleaned and shampoo for stains.
- On or before 4/18/25 the stained carpet in sunberry hall will be replaced.
- Beginning 3/31/25, the ALA or designee will audit / inspect all 3 AL halls weekly x4 weeks, then bi-weekly x 4 weeks, the monthly to validate sustained compliance (Exhibit E1- Audit Tool)
- Results of the audit will be discussed during quarterly QI meetings. The QI committee will determine if continuing the audits is necessary.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented () - 04/23/2025

121a Unobstructed egress

6. 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

On 3/3/2025, at 9:51 am, A Garden Bin blocked egress from the residence's dining room.

Plan of Correction

Accept () - 04/02/2025

- On 3/3/25, the garden bin was moved by the ALA to the side to clear the egress.
- Beginning 3/31/25, the Life Enrichment Director or designee will audit / inspect all AL doors to ensure egress is not blocked and in compliance with regulation 121a 3x a week x 4 weeks, ten bi-weekly x 4 weeks, then monthly to validate sustained compliance (Exhibit F1 - Audit Tool)
- Results of the audit will be discussed during quarterly QI meetings. The QI committee will determine if continuing the audits is necessary.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented () - 04/17/2025

132g Fire drills – days/times

7. Requirements

2800.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The residence routinely holds fire drills in the early am between 4:30 and 4:40am as evidenced by the following drills held on 11/15/24 at 4:40am, 9/19/24 at 4:35am, and 6/19/25 at 4:30am.

Plan of Correction**Accept ([REDACTED] - 04/02/2025)**

- On 3/31/25, the ALA and Maintenance Director reviewed the fire drill location and time.
- On or before 4/18/25, the Maintenance Department will hold and unannounced fire drill not within the hours of 4:30am-4:40am.
- Beginning 3/31/25, the Maintenance Director or designee will audit fire drills monthly x 3 months to ensure compliance. (Exhibit G1)
- Results of the audit will be discussed during quarterly QI meetings. The QI committee will determine if continuing the audits is necessary.

Licensee's Proposed Overall Completion Date: 04/18/2025**Implemented ([REDACTED] - 04/17/2025)**