

Department of Human Services
Bureau of Human Service Licensing

April 12, 2021

[REDACTED], EXECUTIVE DIRECTOR
JENNER'S POND INC
2000 GREENBRIAR DRIVE
WEST GROVE, PA 19390

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 03/03/2021 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**

Facility Information

Name: *RUSTON RESIDENCE* License #: *13889* License Expiration Date: *07/04/2021*
Address: *100 SYCAMORE DRIVE, WEST GROVE, PA 19390*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

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: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/03/2021*

Inspection Dates and Department Representative

03/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *47*

Special Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *20* Residents Served: *20*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

03/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2021*

Inspections / Reviews (*continued*)

3/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/29/2021*

3/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/09/2021*

4/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

22a1 Medical Eval - time frames

1. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

- 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies

Description of Violation

Resident # 1 was admitted on [redacted] The resident's medical evaluation was completed on [redacted]

Plan of Correction

Do Not Accept

The administrator will ensure all medical evaluations are completed at least 60 days prior to admission or 15 days after admission. This will be reviewed on all admissions to Ruston Residences.

Completion Date: 03/26/2021

Plan of Correction

Accept

The administrator will ensure all medical evaluations are completed at least 60 days prior to admission or 15 days after admission. This will be reviewed on all admissions to Ruston Residences. The administrator has put in place a spreadsheet that has all residents listed as to when each quarterly is to be done, when each ADME needs to be completed and when each quarterly is to be completed. All new residents are added on the spreadsheet so the administrator knows at all times what is due and when. The administrator will be initiating all ADME's going forward.

Completion Date: 03/26/2021

Document Submission

Implemented

Copies of the Policy and Procedure for Admission Requirements emailed to [redacted] and [redacted]. on 4/9/2021. Copy of spreadsheet with all due dates also emailed.

88a Floors, walls, ceilings, windows, doors

1. Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is an enabler bar attached to the bed in Resident Bedroom 219. The enabler bar does not have a cover over it.

Plan of Correction

Accept

A cover for the enabler bar in room 219 was put in place on 3/4/2021. The cover was located in the resident's closet. All other residents that have an enabler bar have been checked and covers are in place. The Care Associates will monitor every shift to ensure that enablers have covers on at all times and included on their daily assignment sheets.

Completion Date: 03/26/2021

Document Submission

Implemented

Picture of enabler bar submitted to [redacted] and [redacted]. Copy of all assignment sheets emailed as well.

141a Medical evaluation

1. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for Resident # 1, dated [redacted], lists the most recent tuberculosis test as 4/10/2010.

Plan of Correction

Do Not Accept

The administrator will review the medical evaluation for TB skim tests to assure it is completed every two years and document on the medical evaluation and PPD log.

Completion Date: 03/26/2021

Plan of Correction

Accept

The administrator will review the medical evaluation for TB skim tests to assure it is completed every two years and document on the medical evaluation and PPD log. The resident was admitted on [redacted] and the first PPD was administered on 10/8/202 and the 2nd PPD was given on 10/19/2020. Both were negative. The administrator is in the process of auditing all PPD's and putting together a spreadsheet that will be reviewed a month in advance of when all PPD's are due. This is also noted on the spreadsheet with all the ADME's and when they are due.

Completion Date: 03/26/2021

Document Submission

Implemented

Emailed spreadsheet with all due dates to [redacted] and [redacted].

187a Medication record

1. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident # 2 is prescribed Vitamin D 1000 units and Gabapentin 250mg/5ml solution. However, Resident #2's medication administration record does not include the diagnoses or purpose for the medications.

Plan of Correction

Accept

Jenner's Pond has now gone to EMAR which will avoid missing diagnoses or purpose of medications going forward. The Administrator/Nursing staff will review on a daily basis to ensure compliance per the regulation.

Completion Date: 03/26/2021

Document Submission

Implemented

Copy of Policy and Procedure regarding Medication Administration mailed to [redacted] and [redacted].

233c Key-locking devices

1. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the residence's locking mechanism are not conspicuously posted near the exit door located next to Resident Bedroom 228 in the special care unit.

Plan of Correction

Accept

The Administrator will check daily to ensure the directions to unlock the exit is visible in a manner that permits staff and visitors to obtain immediate egress in case of an emergency. Prior to the surveyor exiting the community, the directions were posted for the operation of the device in our memory care unit on March 3, 2021.

Completion Date: 03/26/2021

Document Submission

Implemented

Pick of code on key pad submitted to [redacted] and [redacted].