

Department of Human Services
Bureau of Human Service Licensing

December 1, 2022

[REDACTED]

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 09/14/2022 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

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: *2000 GREENBRIAR DRIVE, WEST GROVE, PA, 19390*
Phone: [REDACTED] 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: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *09/14/2022*

Inspection Dates and Department Representative

09/14/2022 - 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: *11*

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

09/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

Inspections / Reviews (*continued*)

10/11/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/16/2022

10/17/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/30/2022

12/01/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident # 1 allegedly touched Resident # 2's breast. The residence did not report this incident to the Department until 8/25/22.

On [REDACTED], Resident # 1 allegedly pushed Resident # 3 to the floor. The residence did not report this to the Department until 8/29/22.

POC Submission

Accept (CM - 10/17/2022)

Mandatory abuse education took place on 9/28/22 by the nursing supervisor to all employees in every department and was conducted regarding all different types of abuse. Employees were educated to report abuse immediately after their occurrence or after abuse was discovered to their supervisors. Administrator to report incident to the local Area Agency on Aging and to the local police department. Staff training will be ongoing via Relias training platform with an additional abuse module added and trainings due quarterly. This will be monitored by Administrator coordinator. Resident #1 was seen by Psychiatry on 1 [REDACTED] and will continue to be seen monthly.

Licensee's Plan Completion Date: 12/31/2022

Implemented (CM - 12/01/2022)

202 Prohibitions

2. Requirements

2800.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident # 1 is prescribed Lorazepam 1mg as needed for agitation . According to August 2020 electronic medication record on [REDACTED] Lorazepam gel was administered to Resident # 1 to control behaviors.

Resident # 2 is prescribed Lorazepam 1mg as needed for agitation. According to the progress notes for Resident # 2 on [REDACTED] Lorazepam gel was applied to the back of this Resident's neck to control behaviors.

POC Submission

Accept (CM - 10/17/2022)

Resident #1

Nursing employees were educated on 9/21/22 by the nursing supervisor to utilize nonpharmacologic intervention and redirect resident as needed and appropriate. Employees were also educated to appropriately document medication administration for its ordered indication. Resident was seen by psychiatry on [REDACTED] and noted the appropriateness to continue the lorazepam as prescribed.

Resident #2

Employees were educated by the nursing supervisor to utilize nonpharmacologic intervention on 9/21/22 and

202 Prohibitions (continued)

redirect resident as needed and appropriate. Employees were also educated to appropriately document medication administration for its ordered indication. Resident is scheduled to be seen by psychiatry on [REDACTED]. Continuous staff training will take place by the initial Relias module completed by 12/31/22 and ongoing on a yearly basis monitored by Administrator coordinator.

Licensee's Plan Completion Date: 12/31/2022

Implemented (CM - 12/01/2022)

227c Final support plan - revision**3. Requirements**

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

On [REDACTED] Resident #1 pushed resident #3. However, resident #1's support plan, dated [REDACTED] does not include [the resident's increase in agitation. The ASP indicates the resident has no need for support in this area. The resident's support plan was not revised following the change in the resident's needs.

POC Submission

Accept (CM - 10/17/2022)

Employees were educated by nursing supervisor on 9/28/22 to report any resident change in condition to their supervisors timely. Resident support plans reviewed to ensure current needs and will be revised and updated within 24 hours following any change in condition or resident's needs by the nursing supervisor. This information will be reviewed during the Quality Assurance Performance meetings by the Administrator on an ongoing basis.

Licensee's Plan Completion Date: 12/31/2022

Implemented (CM - 12/01/2022)