

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

September 11, 2023

[REDACTED], DIRECTOR, HUMAN RESOURCES
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 06/05/2023, 06/20/2023 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: Jessica Stewart **Phone:** 6108696700 **Email:** jstewart@simpsonsenior.org

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:** Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 76 **Waking Staff:** 57

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/05/2023

Inspection Dates and Department Representative

06/05/2023 On Site [REDACTED]
06/20/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 70	Residents Served: 45		
Special Care Unit			
In Home: Yes	Area: Memory Care	Capacity: 12	Residents Served: 12
Hospice			
Current Residents: NM			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 45		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 31	Have Physical Disability: 0		

Inspections / Reviews

06/05/2023 - Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/08/2023

Inspections / Reviews (*continued*)

07/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/23/2023

08/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/31/2023

09/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at 8:30pm, resident #1 was emotionally distraught about staff person A assisting [REDACTED] in a rough and rude manner. This incident was reported to staff person B. This incident was reported to staff person C, on [REDACTED] at 8:30pm. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

- On 5/8/2023, the social worker quired sample of residents who have also been assigned to staff person A, inquiring if they experienced or were subject to abusive behavior. No additional instances of alleged abusive behavior were noted. (Exhibit A1 – Audit tool)
- On 5/16/2023, Staff person A was discharged.
- By 7/23/2023, the Administrator or designee will re-educate currently employed staff members, including staff persons B and C, on the requirements set within regulation 2800.15. (a). (Exhibit A3 – In-service)
- Beginning 7/20/2023, Administrator or designee will query three residents weekly x 4 weeks, then bi-weekly x 4 weeks, and then monthly x 1, asking if they have experienced or been subject to abuse while residing within the facility to validate sustained compliance. For further instances identified, the Administrator or designee will report the allegation per the requirements set within 2800.15.a. (Exhibit A4 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 07/24/2023

Implemented [REDACTED] - 09/11/2023)

56b Designee present

2. Requirements

2800.

56.b. If the administrator is unavailable to meet the hourly requirements in subsection (a) due to a temporary absence, the administrator shall assign an administrator designee in writing to supervise the residence during the administrator's temporary absence. The administrator designee shall meet the following requirements:

2. Pass the Department-approved competency-based administrator training test under § 2800.64(a)(3) (relating to administrator training and orientation.)

Description of Violation

On 6-5-23, the Department was present for an investigation. The residence's administrator was not available on the date of the inspection. The residence's designee, staff person D, was present in the residence. Staff person D does not yet meet the qualifications of an administrator.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

- On 6/8/2023, Staff person D was discharged from organization.
- * On 7/6/2023, New Administrator started, and in-service provided on the requirements set within regulation 2800.56.b. (Exhibit A - Inservice)
- Beginning 7/14/2023, the Sr. Director of Operations or designee will audit the residence's administrator

56b Designee present (continued)

availability weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance pertaining to hourly requirements and qualified designee coverage. (Exhibit 2 – Audit tool)

- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

Licensee's Proposed Overall Completion Date: 07/24/2023

[REDACTED] - 09/11/2023)