

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

December 15, 2023

[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 10/16/2023, 11/06/2023, 11/17/2023 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: 07/04/2024  
 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]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/06/1998 Issued By: Commonwealth of PA, L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 11/06/2023

**Inspection Dates and Department Representative**

10/16/2023 - On-Site: [REDACTED]  
 11/06/2023 - On-Site: [REDACTED]  
 11/17/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 70 Residents Served: 49

**Special Care Unit**  
 In Home: Yes Area: Capacity: 12 Residents Served: 12  
 Ruston Remembrance /  
 Lavender Lane

**Hospice**  
 Current Residents: 8

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 32 Have Physical Disability: 0

**Inspections / Reviews**

10/16/2023 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 12/02/2023

Inspections / Reviews (*continued*)

## 12/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2023

## 12/15/2023 Document Submission

Submitted: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 183f Discontinued medications

## 1. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

## Description of Violation

██████████ prescribed for resident #1 was in the residence's medication cart. This prescription has been discontinued.

## Plan of Correction

Accept ██████████ - 12/12/2023)

- On 11/6/2023, the Regional Director of Clinical Services (RDCS) removed Resident #1's discontinued ██████████ from the medication cart.
- On 11/29/2023 the Regional Clinical Director audited the homes medication carts for additional discontinued medications. Medications noted to be discontinued were removed and destroyed accordingly.
- On 11/27/2023 the Executive Director (ED) educated the homes licensed nurses and medication technicians on the requirements set within regulation 2800.183.f.
- Beginning 12/4/2023, a licensed nurse or designee will audit five current resident's medications weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance.
- Completion date: 2/2/2024.

Proposed Overall Completion Date: 12/01/2023

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ██████████ - 12/15/2023)

## 185a Storage procedures

## 2. 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.

## Description of Violation

Resident #1 is prescribed ██████████ - administer one puff - every 4 hours as needed for mild intermittent asthma. On 11/06/23, the residence had an ██████████ for use with a nebulizer, instead of the prescribed inhaler.

Repeat Violation: 12/28/22.

## Plan of Correction

Accept ██████████ - 12/12/2023)

- On 11/6/2023 a Licensed Nurse removed the Albuterol Sulfate Solution to be used with a nebulizer from the medication cart and ordered from the pharmacy Resident #1's prescribed ██████████.
- On 11/6/2023 Resident #1's inhaler was delivered to the community.
- On 11/29/2023 a Licensed Nurse audited the homes medication carts to ensure ordered inhalers were on-hand.
- On 11/27/2023 the ED educated the homes Licensed Nurses and Medication Technician's on the requirements set within regulation 2600.185.a.

185a Storage procedures (continued)

- Beginning, \_12/4/2023 a Licensed Nurse or designee will audit the availability and accuracy of prescribed inhalers for current residents weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate sustained compliance.
- Completion Date: \_2/4/2024.

Proposed Overall Completion Date: 12/01/2023

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ( ) - 12/15/2023)

187a Medication record

3. Requirements

2800.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2's medication administration times are over an hour after the prescribed administration time.

Repeat Violation: 11/02/22.

Plan of Correction

Accept ( ) - 12/12/2023)

- On \_11/6/2023\_, the ED, also a Licensed Nurse, notified Resident #2's medical provider of this finding. No new orders were issued.
- On 11/27/2023 , the ED educated the community's licensed Nurses and Medication Technician's on the requirements set within regulation 2800.187.a.
- Beginning \_12/4/2023, the ED or designee will audit the current month's Medication Administration Record (MAR) for five current residents weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate sustained compliance.
- Completion Date: 2/4/2024.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ( ) - 12/15/2023)

## 190c Record of training

## 5. Requirements

2800.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

## Description of Violation

*Nine staff completed medication administration training in September 2023. On 09/27/23 all nine staff member's "Summary and Qualification Form" indicate 6 Medication Passes were completed. The "Observation Checklist" does not support this claim and lists only one observation being completed. Staff interviews were conducted with some of these students where it was indicated that 6 observations were not completed as stated on the "Summary and Qualifications Form". Additionally, at least 5 of the forms were not completed correctly and are blank in required areas.*

## Plan of Correction

Accept ( [REDACTED] - 12/12/2023)

- On 10/27/2023, the ED relieved the nine recently trained Medication Technicians of their medication passing duties.

On 11/8/2023, the ED, also a Licensed Nurse and Medication Technician Train-the-Trainer, re-enrolled the nine staff members into the Department of Human Services (DHS) Medication Technician program.

- Upon the nine staff members successful completion of the DHS Medication Technician program the ED or designee will audit the staff member's "Summary and Qualification Form" to ensure that at minimum of six medication passes are documented, to validate compliance.

- On 11/8/2023, the ED audited the community's current Medication Technician documentation to validate compliance. No additional instances of non-compliance were noted.

- Completion Date: 11/8/2023.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ( [REDACTED] - 12/15/2023)

## 227c Final support plan - revision

## 6. 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

*Resident #3's support plan has not been reviewed on a quarterly basis, the last review was completed on 0 [REDACTED] which is the date of the annual ASP completion.*

## Plan of Correction

Accept ( [REDACTED] - 12/12/2023)

- On 11/30/2023, the ED reviewed and updated Resident #3's support plan.

- On 11/27/2023, the ED educated the Licensed Practical Nurse on the requirements set within regulation 227c.

- On 11/30/2023, the ED (and LPN) audited current resident Support Plans to ensure timely review and revisions were documented. For instances of non-compliance identified, the ED or designee will review and update the Support Plan accordingly.

- Beginning 12/4/2023, the ED or designee will review 5 current resident Support Plans weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate sustained compliance

- Completion Date: 2/4/2024.

227c Final support plan - revision (continued)

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented (█ - 12/15/2023)