

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

February 20, 2025

[REDACTED]
JENNER'S POND INC
[REDACTED]

RE: RUSTON RESIDENCE
100 SYCAMORE DRIVE
WEST GROVE, PA, 19390
LICENSE/COC#: 13889

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/08/2025 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:** Commonwealth of PA, L&I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 52 **Waking Staff:** 39

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Provisional, Monitoring **Exit Conference Date:** 01/08/2025

Inspection Dates and Department Representative

01/08/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 70 **Residents Served:** 34
Special Care Unit
In Home: Yes **Area:** Memory Care Unit **Capacity:** 12 **Residents Served:** 13
Hospice
Current Residents: 2
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 18 **Have Physical Disability:** 0

Inspections / Reviews

01/08/2025 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/03/2025

Inspections / Reviews (*continued*)

02/07/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/15/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/17/2025

02/20/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/15/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

13b Capacity

1. Requirements

2800.

13.b. The maximum capacity specified on the license may not be exceeded.

Description of Violation

On [REDACTED], there were 13 residents residing at the Memory Care Unit. However, the residence's licensed capacity for the Memory Care Unit is limited to 12.

Plan of Correction

Accept [REDACTED] - 02/07/2025)

On [REDACTED] the Administrator contacted the POA [REDACTED] and issued 30 day notice to move. (Exhibit A1- Note of Notice)

Beginning 9/8/2025 the Administrator or designee will audit SDU census weekly x 4wks, bi-weekly x 4 weeks and then monthly x1 to validate sustained compliance (Exhibit A2 - Audit Tool)

The 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: 02/09/2025

Implemented [REDACTED] 02/20/2025)

28e Refund - death

2. Requirements

2800.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The residence shall keep documentation of the refund in the resident's record.

Description of Violation

Resident [REDACTED] passed away on [REDACTED]. Resident [REDACTED] personal belongings were removed from [REDACTED] room on [REDACTED]. However, the residence did not refund the remainder of previously paid charges to the resident's estate until [REDACTED].

Repeat Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/07/2025)

The community is unable to correct this deficient practice for Resident [REDACTED]

On [REDACTED], the Admissions Director audited resident refunds within the past year to self-identify additional deficient practices. For instances identified, the Administrator will review for potential trends and conduct root cause analysis contributing to the delayed refund.

Beginning [REDACTED], the Administrator or designee will audit the refund statuses belonging to recently discharged residents weekly x 4 weeks, the bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance (Exhibit B1 - Audit Tool)

28e Refund death (continued)

Results of the audit will be discussed during quarterly 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: 02/09/2025

Implemented (redacted) - 02/20/2025)

28f Refund - within 30 days

3. Requirements

2800.

28.f. Within 30 days of either the termination of service by the residence or the resident's leaving the residence, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the residence by the resident or a refund owed the resident by the residence. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident (redacted) was discharged from the residence on (redacted). Resident (redacted) personal belongings were removed from (redacted) room on (redacted). A refund was not issued until (redacted).

Plan of Correction

Accept (redacted) - 02/07/2025)

The community is unable to correct this deficient practice for Resident (redacted)

On (redacted), the Admissions Director audited resident refunds within the past year to self identify additional deficient practices. For instances identified, the Administrator will review for potential trends and conduct root cause analysis contributing to the delayed refund.

Beginning (redacted), the Administrator or designee will audit the refund statuses belonging to recently discharged residents weekly x 4 weeks, the bi weekly x 4 weeks, then monthly x 1 to validate sustained compliance (Exhibit C1 Audit Tool)

Results of the audit will be discussed during quarterly 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: 02/09/2025

Implemented (redacted) - 02/20/2025)

183e Storing Medications

4. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On (redacted), (redacted) prescribed for resident (redacted) was in the narcotics locked box. However, the foil on

183e Storing Medications (continued)

the back of the blister pack of pill #21 was torn and taped.

Plan of Correction

Accept (██████ 02/07/2025)

██████ Pill ██████ was immediately removed from Resident ██████ blister pack and discarded into Drug Buster by Nurse Manager and Nurse

██████ Nursing staff audited all medications for appropriate storage; no further issues noted (Exhibit D2)

██████ Nurse Manager initiated education to clinical staff who administer medication regarding Regulation 2800.183e. (Exhibit D1)

Beginning ██████, Nurse manager or designee will audit Medication Carts weekly x 8 weeks to validate sustained compliance. (Exhibit D3)

Results of the audits will be reviewed during quarterly QI meeting. The QI Committee will determine if continued auditing is necessary.

Licensee's Proposed Overall Completion Date: 02/09/2025

Implemented ██████ - 02/20/2025)

187a Medication record

5. 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 ██████ is prescribed ██████ and ██████. However, the resident's ██████ medication administration record does not include the diagnosis or purpose for the medication.

Plan of Correction

Accept (██████ - 02/07/2025)

██████ education to clinical staff responsible for ordering and verifying medication orders in eMAR initiated by nurse manager regarding regulation 2800.187a. Education will be completed by 2/7/2025 (Exhibit E1)

187a Medication record (continued)

Audit of all current medication orders completed on 1/27/2025 to identify medication in need of diagnosis/ purpose for the medication by nurse supervisors and will be reviewed with ordering provider for appropriate diagnosis / purpose of medication and orders will be updated to reflect same by 1/31/2025 (Exhibit E2)

New Orders will be audited by Nursing supervisors daily for accurate order entry including diagnosis / purpose of medication (Exhibit E3)

Nurse Manager will review the audits weekly x 8 weeks to validate sustained compliance.

Results of the audits will be reviewed during quarterly QI meetings. The QI committee will determine if continued auditing is necessary.

Licensee's Proposed Overall Completion Date: 02/09/2025

Implemented [redacted] - 02/20/2025)

224a2 30 days prior to admission

6. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident [redacted] was admitted on [redacted]. The resident's initial assessment does not include the dates when it was completed.

Plan of Correction

Directed ([redacted] - 02/07/2025)

[redacted] Education initiated to licensed nursing staff regarding regulation 2800/224a2 (Exhibit F1)

Audit of all current Support Plans initiated by Nurse Manager on 1/9/2025 to identify any support plans without initial assessment dates (Exhibit F3) Resident #5's support plan was corrected with the date by 2/15/25. (slw 2/7/25)

Beginning on 1/27/2025, Nurse Manage or designee will audit 3 Support Plans weekly x 8 weeks to validate sustained compliance (Exhibit F4).

Results of the audits will be reviewed during quarterly QI meetings. The QI committee will determine if continued auditing is necessary.

Proposed Overall Completion Date: 02/09/2025

Directed Completion Date: 02/09/2025

Implemented [redacted] 02/20/2025)

236a Staff training

7. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer’s disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person A, date of hire [REDACTED], works in the special care unit but only completed 2 hours of initial training related to dementia care within the first 30 days of the date of hire.

Direct care staff person B, date of hire [REDACTED], works in the special care unit but only completed 2 hours of initial training related to dementia care within the first 30 days of the date of hire.

Direct care staff person C, date of hire [REDACTED], works in the special care unit but only completed 4 hours of initial training related to dementia care within the first 30 days of the date of hire.

Repeat Violation - Renewal [REDACTED] - Partial Monitoring [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/07/2025)

- On [REDACTED], the Administrator spoke with HR to review process of ensuring all direct care staff have 8 hours of dementia training within 30 days of hire. Staff A,B and C will complete 6 hours of dementia training by [REDACTED]. [REDACTED] 2/7/25)
- Starting 1/9/2025, HR or designee will audit all direct care staff dementia training certifications weekly x 4 weeks, then bi-weekly x 4 weeks the monthly x1 to ensure compliance with regulation 236a. Exhibit H1)
- Results of the audit will be discussed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Proposed Overall Completion Date: 02/09/2025

Directed Completion Date: 02/09/2025

Implemented [REDACTED] - 02/20/2025)

251b Record entries legible

8. Requirements

2800.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [REDACTED] [REDACTED] assessment and support plan dates have been overwritten.

Plan of Correction

Accept [REDACTED] 02/07/2025)

[REDACTED] Education to licensed nursing staff regarding regulation 2800.251b initiated by Nurse Manger. Education will be completed by 2/7/2025 (Exhibit G1 and G2)

[REDACTED] Nurse Manager initiated an audit of all current Support Plans to identify any illegible entries (Exhibit G3)

251b Record entries - legible (continued)

Beginning 1/27/2025, the Nurse Manager or designee will audit 3 Support Plans weekly x 8 weeks to validate sustained compliance. (Exhibit G4)

Results of the audits will be reviewed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary.

Licensee's Proposed Overall Completion Date: 02/09/2025

Implemented [REDACTED] 02/20/2025)