

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

March 30, 2026

[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 02/18/2026, 02/19/2026 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: 05/13/2026
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: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident Exit Conference Date: 02/19/2026

Inspection Dates and Department Representative

02/18/2026 - On-Site: [REDACTED]
02/19/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	70	Residents Served:	38
Special Care Unit			
In Residence:	Yes	Area:	2nd Floor
Capacity:	30	Residents Served:	17
Hospice			
Current Residents:	4		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	38
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	27	Have Physical Disability:	0

Inspections / Reviews

02/18/2026 Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/20/2026

Inspections / Reviews (*continued*)

03/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

03/30/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month to month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident [REDACTED] did not sign their contract dated [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/30/2026)

2800.25 Resident Contracts

During annual licensing survey on 2/18/2026 surveyor observed that a memory care residents' contract had not been signed by resident and there was no notation on the contract that resident had been asked to sign or that resident was unable to sign.

1. The resident's cognitive status was immediately reviewed by the Nurse Manager and Administrator for verification of cognitive status. Preadmission Cognitive prescreen was reviewed for accuracy.
2. Admissions Director completed an audit of all memory care residents' charts to ensure signatures were obtained or if a notation was made identifying that resident was asked to sign or was unable to sign the contract. Any discrepancies were corrected immediately by asking residents to sign the contract or a note placed on the contract identifying the resident's inability to sign.
3. Admission Director and Nurse Manager will review the cognitive prescreen prior to contract signing. New residents will be asked to sign contract and if unable or offer is declined a note will be added to the contract.
4. All administrative staff, admissions director and licensed nursing staff were educated by Administrator regarding Regulation 2800.25 requirements. All new Memory Care admissions contracts will be reviewed weekly for 4 weeks then monthly for 2 months by the Administrator and Admission Director. Any discrepancies will be corrected immediately and reeducation will be completed. Results of audits will be reviewed with NHA at quarterly Quapi meeting on or before 5/27/2026.

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [REDACTED] 03/30/2026)

41e Signed statement

2. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 03/30/2026)

2800.41e

1.A review of the identified resident chart was done immediately. A signed copy of the residents' rights and complaint procedures was found in the chart. It was misfiled, residents POA signed the acknowledgment form, resident was offered to sign but was cognitively unable.

41e Signed statement (continued)

- 2. The Administrator/ designee audited all of the current resident records to ensure each contained a signed acknowledgment form for Resident Rights and Complaint Procedures. Any missing documentation was corrected by obtaining signatures from residents or POA. Any corrected forms were placed in the resident's chart.
- 3. The admission checklist has been updated to include verification of signature for Resident Rights and complaint Procedures acknowledgement form has been signed. Staff responsible for admissions were re educated on the regulation and the need for signed documents to remain in chart. The Administrator or designee will review each new admission within 72 hours to ensure signatures have been obtained.
- 4. The Administrator or designee will audit 5 resident records monthly for 3 months to ensure compliance with regulations. Results of the audits will be reviewed with NHA at the quarterly Quapi meeting on or before 6/12/2026.

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented (█ - 03/30/2026)

42c Dignity/Respect

3. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident █ reported that a staff member working in the evenings makes Resident # █ feel embarrassed to ask for care. Resident █ reported this staff member stated "do you really have to go to the bathroom." Resident █ reported it's embarrassing to ask for help to go to the bathroom. Resident █ did not know this staff members name and could only describe them as a tall █. Resident # █ assessment and support plan dated █ indicates Resident █ need for assistance with toilet transfers, incontinence care, and peri care.

Plan of Correction

Accept █ - 03/30/2026)

2800.42 Resident Rights/ Dignity

- Surveyor conducted resident interviews during annual survey on Feb.19/2026. A resident reported feeling uncomfortable and embarrassed by an aide on the evening shift when █ requests assistance with toileting.
- 1. When notified of this, by the DHS surveyor, Administrator and Nurse Manager immediately addressed the situation with staff. Staff were counseled regarding always treating residents with dignity and respect and privacy. Resident involved and other residents residing in the AL community interviewed by the Administrator to ensure their concerns were addressed and that they felt comfortable and are being treated with respect. Any inappropriate staff behavior was corrected immediately.
 - 2. The administrator/designee interviewed residents and reviewed incident reports/ grievances to determine if any other residents have experienced similar concerns regarding dignity and respect. An audit of resident care interactions was completed during different shifts to ensure staff are respectful and providing dignified care.
 - 3. Education to all staff related to Residents Rights and Dignity and Regulation 2800.42 was initiated 2/24/2026 and will be completed by 3/19/2026 by Administrator and Staff Development Nurse. Education will include respectful communication, professional conduct and providing privacy during care. Supervisors will monitor routine interactions between staff and residents to ensure they are treated with dignity and respect. Failure to comply will result in additional education or corrective action for staff involved.
 - 4. The Administrator /designee will complete weekly audits to observe staff resident interactions for 4 weeks. Findings will be reviewed with NHA during quarterly quapi meeting. Any concerns identified will result in additional staff education or corrective action on or before 3/19/2026.

42c Dignity/Respect (continued)

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [redacted] - 03/30/2026)

82c Locked poisons

4. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] a bottle of Softsoap, with a manufacture's label indicating "if swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the special care unit kitchen. Not all the residents of the residence, including resident [redacted] have been assessed as capable of recognizing and using poisons safely.

Repeat Violation: [redacted]

Plan of Correction

Accepted [redacted] - 03/30/2026)

82c Poisonous materials

During walk through in the memory care community, surveyor observed the half door in the memory care kitchenette unlocked and opened. [redacted] also observed a container of hand soap next to the sink.

- 1. Soap was removed immediately and locked in the pantry, the door was closed and locked by the nurse manager.
 - 2. Nurse manager checked the unit to ensure that there was no other poisonous material left out and unlocked.
 - 3. Education related to Regulation 2800.82c, including proper storage of poisonous materials and keeping kitchenette half doors locked was completed with Memory Care staff and Dietary staff on 2/20/2026.
 - 4. Memory care audited weekly for proper storage of all poisonous materials and kitchenette doors locked by Administrator or designee for 6 weeks. Results of audit will be reviewed with NHA at quarterly Quapi meeting on or before 4/24/2026.
- 5

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [redacted] - 03/30/2026)

85a Sanitary conditions

5. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], at 9:47 A.M., the ice maker had a pink and brown substance present inside the machine where the ice falls into the bin.

85a Sanitary conditions (continued)

Plan of Correction

Accept [redacted] - 03/30/2026)

2800.85a

On February 18th, 2026 during initial walk through, Surveyor observed a pink/brown residue on a part closest to the ice in the large ice machine in community kitchen.

1. Residue was removed immediately by wiping the residue off of the machine part by dietary staff member.
2. Dietary Director checked the ice machine and found no further evidence of residue. Service company was contacted, came and performed a deep clean of the ice machine on 2/18/2026.
3. A new ice machine was purchased and installed on 2/27/26. Dietary staff have been educated on cleaning of ice machine on 2/2026 by Dietary Director. Ice machine will be cleaned weekly by dietary staff and monthly by servicing company.
4. Weekly audit of ice machine to be completed by Dietary Manager and Administrator to ensure there is no residue present, and cleaning is performed weekly for 4 weeks then monthly for 2 months.
5. Results of audits will be reviewed with NHA at the quarterly Quapi meeting on or before 5/26/2026 to validate compliance.

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [redacted] - 03/30/2026)

95 Furniture & Equipment

6. Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] in resident living unit [redacted] the bathroom sink was not draining properly, causing the sink to fill with water.

Plan of Correction

Accept [redacted] - 03/30/2026)

2800.95

During walk through on 2/18/2026 Surveyor observed the drain in room [redacted] was not working properly.

1. Maintenance was notified and drain was repaired on 2/18/2026.
2. A facility wide audit was done on all drains on 2/19/2026 to ensure proper functioning/drainage. No issues identified.
3. Regulation 2800.95 reviewed with community maintenance staff on 2/26/26 by Administrator.
4. An audit of 12 drains per week will be conducted by Maintenance for 6 weeks then monthly for 2 months. Audits will be reviewed with Administrator weekly, then monthly. Results of audits will be reviewed with NHA at quarterly quapi meetings on or before 4/1/2026.

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [redacted] - 03/30/2026)

105g Dryer lint removal

7. Requirements

2800.

105g Dryer lint removal (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [REDACTED], there was an approximate 1 inch accumulation of lint in the lint trap of the special care unit dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] - 03/30/2026)

2800.105g Laundry

On 2/18/2026 while surveyor was doing walking rounds in community one of the clothes dryers was observed to have lint present in the trap.

1. Nurse Manager removed the lint immediately.
2. Nurse Manager checked all dryers in the MC and AL communities to ensure there was no lint present in the dryers on 2/18/26.
3. Staff educated on fire risk associated with dryer lint not being removed after each use. Regulation 2800.105g reviewed with staff on 2/26/26.
4. Dryer lint removal logs will be completed daily by staff for all shifts. Nurse Manager or designee will audit logs weekly and check dryer lint traps for 4 weeks and then monthly for 2 months. Lint removal logs will continue to be completed by staff each shift. Results of audits will be reviewed with NHA at next quarterly Quapi meeting on or before 5/19/2026.

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented ([REDACTED] - 03/30/2026)

141a Medical evaluation**8. 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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
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.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for Resident [REDACTED] dated [REDACTED], does not include the diagnoses addendum, need

141a Medical evaluation (continued)

addendum, and medication addendum. This page of the form was missing.

Plan of Correction

Accept [REDACTED] - 03/30/2026)

141a2

1. Residents' medical evaluation form 2026 could not be retroactively corrected by the physician and has been noted in the resident record.
2. Nurse manager reviewed all new admissions medical evaluations for medication lists for the past year. If medical evaluations could not be retroactively corrected, it was identified in the resident record.
3. Administrator educated the Nurse Manager on Regulation 2800.141a2 and the importance of ensuring all medical evaluations have all required components completed at time of admission, annually and significant changes.
4. Nurse Manager will complete a weekly audit of all new admissions for 4 weeks and then a monthly audit of 5 random resident records for 3 months. Audit results will be reviewed with the NHA at quarterly Quapi meeting on or before 5/19/2026.

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [REDACTED] - 03/30/2026)

141b1 Annual medical evaluation**9. Requirements**

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

Resident # [REDACTED] most recent medical evaluation completed on [REDACTED] did not include medication addendum. This area of the form was left blank.

Resident # [REDACTED] most recent medical evaluation completed on [REDACTED] does not include the diagnoses addendum, need addendum, and medication addendum. This page of the form was missing.

Plan of Correction

Accept [REDACTED] - 03/30/2026)

141b1

1. Unable to retroactively correct 12/17/2025 ADME for resident [REDACTED]. A status change POC correction was completed on 2/24/2026.
2. Nurse manager reviewed all medical evaluations for medication lists for the past year. If medical evaluations could not be retroactively completed, it was noted in the resident record.
3. Administrator educated the Nurse Manager on regulation 2800.141b1 and the importance of ensuring all medical evaluations have all required components completed at time of admission and annually, and with significant changes.
4. Nurse Manager or designee will complete an audit of 5 resident records weekly for 2 months to ensure they are completed in entirety. The audit results will be reviewed with NHA at the quarterly Quapi meeting on or before 5/19/2026.

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [REDACTED] - 03/30/2026)

191 Resident right to refuse

10. Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted] admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [redacted] 03/30/2026)

2800.191

- 1. Admissions/ Administrator reviewed the Resident Rights, House Rules and Handbook. Acknowledgement Form with resident and [redacted] Responsible Party on 3/12/2026. Resident unable to sign due to cognitive impairment.
- 2. Admissions Director completed audit of all charts to ensure presence of Acknowledgement form related to House Rules, Handbook and Residents Rights. If a resident was unable to sign it was noted on their Acknowledgement form. Education was provided to anyone without a signed Acknowledgement form.
- 3. Admissions Director was educated on 3/11/2026 on Regulation 2800.191 and the need to provide Resident Rights by Administrator. Education provided to all residents upon admission and supporting documentation noted. Med Techs and licensed nurses were educated on the 5 Rights of medication administration on 2/11/2026.
- 4. Administrator /designee will audit newly admitted resident charts for signed Acknowledgement forms weekly x4 then monthly x2. Audit results will be reviewed with NHA at quarterly Quapi meeting to determine need for continued monitoring on or before 6/6/2026

Licensee's Proposed Overall Completion Date: 03/24/2026

Implemented [redacted] - 03/30/2026)