



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

January 7, 2010.

Ms. Catherine Amarante, Administrator
West River Valley Assisted Living Residence
Po Box 341
Townshend, VT 05353

Dear Ms. Amarante:

Enclosed is a copy of your acceptable plans of correction for the licensing survey conducted on **December 3, 2009**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2009
NAME OF PROVIDER OR SUPPLIER WEST RIVER VALLEY ASSISTED LIVING RESI		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 341 TOWNSHEND, VT 05353	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100 SS=A	Initial Comments: An unannounced licensing survey was conducted on 12/3/09.	R100		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based upon record review and interview, the home failed to complete and maintain in the resident record the initial assessment for Resident #1. Findings include: 1. Per record review on 12/3/09, no comprehensive admission assessment was found in the record for Resident #1 admitted 8/4/08. The Nurse confirmed, at 4:36 PM, that there was no assessment available.	R135	5.7.b. 1) Thorough review of the chart done by administrator on 12.22.09 and admission assessment for resident #1 was found misfiled. This assessment was completed 8/11/08 by Andrea Baker, RN. 1-6-2010 R135. POC accepted. <i>Cindy Krawiec, RN</i>	
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.	R136		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Catherine Arment TITLE *Director of Care*

(X6) DATE
12/24/09

TATE FORM

6899

HG3H11

If continuation sheet 1 of 6

Division of Licensing and Protection

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R136	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based upon record review and interview, the home failed to assure that annual and / or significant change in health status assessments were completed for 3 of 4 applicable residents (Residents #1, #2 and #3). Findings include: 1. Per record review on 12/3/09, an annual assessment due 8/4/09 was not available in the record of Resident #1. During interview on the late afternoon of 12/3/09, the Nurse confirmed that an assessment was not present in this resident record. 2. Per record review on 12/3/09 following interviews with the Nurse and with Resident #2, a significant change of status assessment had not been completed for Resident #2. The Nurse confirmed that Resident #2's decline in status had exceeded what the home is licensed to provide and necessitated placement at a level II facility. 3. Per record review and confirmed by the Nurse on 12/3/09, there is no admission assessment admitted on 10/30/07 nor current annual assessment due 2/28/09 available in the record for Resident #3.	R136	5.7.c 1) Annual reassessment for resident #1 completed on 12/7/09 by Catherine Amarante RN. 12.7.09 2) Significant change assessment for resident #2 completed 12/4/09 by Catherine Amarante, RN 12.4.09 3) Annual reassessment for resident #3 completed on 12/17/09 by Catherine Amarante RN. 12.17.09 <u>Improvement Plan:</u> All charts have been reviewed and assessments are up to date as of 12/24/09 12.24.09 New 'Assessment Tracking Form' created 12/23/09 12.23.09 Clinical Coordinator and Care Director will meet the last week of each month to plan assessments for the next month. ongoing Care Director will keep updated tracking form
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There	R179	1-6-2010 R-136 POC accepted. Cindy Lavery, RN

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R179	<p>Continued From page 2</p> <p>shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not ensure documentation that 5 of 5 staff received required annual training (Employee #1, #3, #4, #5 and #6). Findings include:</p> <ol style="list-style-type: none"> 1. Per record review on 12/3/09, education records for Employees #1, #3, #4, #5 and #6 contained no evidence of required training in Fire safety, Respectful Effective Communication and General Care & Supervision. Additionally, Employee #3 had no evidence of training in the topics of Resident Rights, Emergency Response / First Aid, Infection Control and other topics selected by home-identified needs. During interview on the afternoon of 12/3/09, the Administrator confirmed that education requirements had not been met for each of the employees reviewed. 	R179	<p>5.11.b. All staff will have completed fire safety in-service by January 8, 2010. 1.8.10</p> <p>Monthly training schedule created starting with Respectful Effective Communication in February and General Care & Supervision in March. 12.9.09</p> <p>Employee #3, a nursing student who also works full time at the local hospital will complete a self study of all required training topics by February 15, 2010. 2.15.10</p> <p>These self study modules will also be available to all employees who are unable to attend scheduled in-services. 2.15.10 1.15.10</p> <p>A new grid form has been developed to easily track all staff in-service hours. 12.9.09</p> <p>1-6-2010 R179 POC accepted Cindy Lacey, RN</p>

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R181 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon record review and interview the home maintained one staff person with a misdemeanor conviction (employee #1) and one person (employee #2) for whom a completed adult and child abuse report was missing. Findings include:</p> <p>1. Per record review on 12/3/09, one of five employee records reviewed contained evidence of a misdemeanor conviction. During interview with the Administrator at 11:40 AM, confirmed that this employee had been retained.</p> <p>Per record review on 12/3/09, one of five</p>	R181	<p>5.11.d</p> <p>1) Variance request for employee #1 sent to Fran Keeler 12/24/09. 12.24.09</p> <p>Per administrative assistant, Elaine Scott, she did in fact locate the signed and dated (10/2/09) background check for employee #2 and shared this with the surveyor. A copy is enclosed.</p> <p>Improvement Plan: A review of all employee records was completed on 12/7/09. 12.7.09 We were unaware of the variance request procedure for employees and have added this step to our hiring procedures. 12.7.09</p> <p>1-6-2010 R181 POC accepted. Cindy Laramy, RN</p>

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R181 Continued From page 4 R181
employee records reviewed contained no evidence of a completed background check for adult and child abuse / neglect / exploitation. An unsigned record of this request was in the employee file, but had not been completed by the appropriate agencies. The Administrator confirmed, during interview at 11:40 AM, that the record request was incomplete.

R302 IX. PHYSICAL PLANT R302
SS=E

9.11 Disaster and Emergency Preparedness

9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the home failed to conduct the required number of fire drills. Findings include:

1. Per record review on the morning of 12/3/09, 4 of 6 required fire drills had been conducted during the previous year at the following times: 6/26/09 at 12:30 (AM or PM not specified), 7/23/09 at 2:00 (AM or PM not specified), 10/13/09 at 10:50 AM and 11/11/09 at 10:00 PM. During interview on the afternoon of 12/3/09, the Administrator

9.11.c. Annual schedule of Fire Drills completed with managerial clarification of who will initiate/evaluate these. 12-21-09
1-6-2010
R302 POC accepted
Cindy Lanning, RD

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R302	Continued From page 5 confirmed that the required 6 fire drills had not been completed.	R302		
R314 SS=A	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not provide quarterly statements to 3 of 3 residents (Resident #4, #5 and #6) for whom finances are managed. Findings include:</p> <p>1. Per record review, and confirmed by the Administrator during interview at 4:38 PM, the home manages petty cash funds for 3 Residents (Resident #4, #5 and #6), maintains a register of funds received and expended but does not provide a quarterly accounting of such funds to each resident as required.</p>	R314	<p>11.2 New form created to show documentation of quarterly statements being provided to residents or their representative.</p> <p>1-6-2010 R 314 POC accepted <i>Cindy Lanning, RN</i></p> <p>12-22-09</p>	