



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

December 9, 2010

Ms. Wanda Waugh, Administrator
Canterbury Inn
46 Cherry Street
Saint Johnsbury, VT 05819

Dear Ms. Waugh:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **November 3, 2010**. 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 black ink that reads "Pamela M. Cota RN". The signature is written in a cursive style.

Pamela M. Cota, RN
Licensing Chief



Agency of Human Services
Division of Licensing and Protection
103 South Main St.
Waterbury, VT.
05671 - 2306



Canterbury Inn

Supervised Senior Residence

(802) 748-5556 46 Cherry Street St. Johnsbury, VT 05819

November 17, 2010

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Licensing and
Protection

Dear Licensing and Protection,

In response to our recent unannounced survey, please find the following Plans of Correction:

R160 #1 - A revised policy has been written to address the labeling of insulin with the date that each vial is opened and the date 28 days later when the insulin will no longer be usable written on each vial's prescription box. Policy was revised on 11/17/2010.

#2 - #7 - The medications that were found to be out dated were destroyed on 11/04/2010. The policy was revised to include monthly checks of all medications for expiration dates on 11/17/2010.

R160 POC Accepted 12/9/10 R. Tremblay RN / P. McArthur RN

R174 #1 - On 11/15/2010 two new locked boxes were obtained. One will be for medications that need to be refrigerated and the other to be used for the abundance of inhalers that won't fit into the medication cart.

R174 POC Accepted 12/9/10 R. Tremblay RN / P. McArthur RN

R248 #1 - On 11/11/2010 Mike Sorrell from Sorrell's Plumbing and Heating came to check the dishwasher temps. He discovered that the booster is fine and could not understand why it wasn't reading correctly. Upon further inspection, he noted that the secondary set of gauges were reading correctly. When the digital read out said the water temp was 168 degrees, the secondary gauges were reading 185 degrees. We then notified Ecolab, the company that services our dishwasher. The service rep came to Canterbury Inn on 11/17/2010 to check the system. He has found a couple of different problems in the read out box itself. He may have to order a couple of parts and the service will be corrected by 11/30/2010. Meanwhile, the water temps are reaching 180 degrees, but the digital read out is incorrect.

We have been searching since the survey to find out what kind of test strips the surveyor wanted us to get to test the dishwasher sanitizer concentrations. When the Ecolab field rep came in today, he said that the test strips that the surveyor was talking about were for a sanitizing system that uses chemicals. Our dishwasher is equipped with a hot water sanitizer which does not require any chemicals, therefore I feel that this survey finding is incorrect.

A flow sheet for dishwasher temps will be completed by 11/30/2010 to document daily temps in the dishwasher.

R248 POC Accepted 12/9/10 R. Tremblay RN / P. McArthur RN

R251 #1 – The potatoes were moved to a closed bin in the kitchen on 11/03/2010. From now on if a potato bag becomes damaged, the potatoes will either be moved to the bin in the kitchen or be placed in the downstairs refrigerator bin.

R251 POC Accepted 12/9/10 R. Tremblay RN/AMCOTURN

R253 #1 – All stove surfaces were cleaned on 11/03/2010. The microwave was also cleaned on 11/03/2010. The kitchen cleaning schedule was revised and it was reviewed with the dietary staff on 11/16/2010. On 11/09/2010 a service tech from Pennock Refrigeration came and cleaned all of the fans in the walk-in cooler. I spoke with the office manager at Pennock and she put the walk – in cooler on the same 6 month (&PRN) maintenance schedule as all of the rest of our kitchen equipment. i.e. ice maker, other refrigerators, air conditioner etc.

R253 POC Accepted 12/9/10 R. Tremblay RN/AMCOTURN

R266 #1 - Debris on the floor was removed on 11/16/2010. Dietary storage room floors are to be swept and mopped weekly and PRN by Housekeeping staff.

#2 – The toilet grab bars in the 2nd floor bathroom were replaced on 11/10/2010. The ceiling lights were cleaned at the same time. We have purchased three more sets of bars so that any in the future that need to be replaced will be done so in a timely fashion.

#3 & #5 – The wheelchairs have been discarded and orders obtained from physicians to order new wheelchairs from Keene Medical for the 2 residents that owned those chairs.

Wheelchairs will be inspected weekly by the 11-7 staff while they are cleaning them.

#4 – Radiators were cleaned and vacuumed in the 2nd floor bathroom and in Room 205 on 11/04/2010. Radiators will be cleaned daily as part of the Housekeeping responsibilities.

#6 – The Lysol and the Germicidal were removed on 11/03/2010 from the 2nd floor janitor closet and locked in the Housekeeping storage area. Chemicals will not be left in areas accessible to cognitively impaired residents.

#7 – All of the hallway corners (on all floors) were checked and any that were found to have exposed metal showing were respackled on 11/10/2010. They were all sanded on 11/15/2020 and will be repainted when we redo all of the hallways in February of 2011.

R266 POC Accepted 12/9/10 R. Tremblay RN/AMCOTURN

Thank you for your time with these issues. If you have questions about this plan please contact me at Canterbury Inn.

Sincerely,



Wanda Waugh RN/ Owner

Division of Licensing and Protection

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Division of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED C 11/03/2010
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NAME OF PROVIDER OR SUPPLIER CANTERBURY INN	STREET ADDRESS, CITY, STATE, ZIP CODE 46 CHERRY STREET SAINT JOHNSBURY, VT 05819
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(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	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 11/3/10.	R100		
R160 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:</p> <ul style="list-style-type: none"> ✓ (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. ✓ (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. ✓ (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. ✓ (4) How medications shall be obtained for residents including choices of pharmacies. ✓ (5) Procedures for documentation of medication administration. * (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. ✓ (7) Procedures for monitoring side effects of 	R160		

Division of Licensing and Protection

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

Standarough TITLE *President* (X6) DATE *11/17/10*

STATE FORM

6899

US3811

If continuation sheet 1 of 6

Division of Licensing and Protection

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R160	Continued From page 1 psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to develop procedures for the proper disposing of outdated medications. Findings include: Per observation on 11/3/10 at 11:03 A.M., the following medications and medical supplies were found to be expired and/or improperly labeled: ✓ 1. 4 vials of Lantus insulin that were in use by residents were not labeled with the opened date. Per interview with the Nursing Supervisor at the time of observation, insulins should be marked with the opened date and disposed of after 28 days. There is no written policy regarding the labeling and disposing of insulin. 2. Bisacodyl suppositories - expired 1/10 3. prochlorperazine suppositories - expired 7/10 4. Fiber smooth powder - expired 6/10 5. K-Pec - expired 6/09 6. Lactulose solution - expired 8/10 7. Hema-Chek slides - expired 3/07 Per interview with the Nursing supervisor on 11/3/10 at 11:15 A.M., nursing staff should be checking for expired medications on an as needed basis. All above observations were confirmed by the Nursing Supervisor at the time of the observations.	R160		
R174 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2)	R174		

*disposed of
11-4-10*

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R174	Continued From page 2 Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to properly store resident medications. Findings include: 1. Per observation on 11/3/10 at 11:10 A.M., resident medications were kept in the medication room refrigerator along with juices, oleo, candy bars and cream cheese. The medications were not in a separate, locked container impervious to water and air. This was confirmed at the time of observation by the nursing supervisor.	R174		
R248 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure equipment and utensils are properly sanitized. Findings include: 1. Per observation on 11/3/10 at 10:50 A.M., the dishwasher rinse cycle failed to reach the proper temperature of 180 degrees Farenheit (F). Two cycles were observed and the temperatures	R248		

*Not locked container
11/5/10*

Sanitizer pH working on

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R248	Continued From page 3 reached 177 and 178 degrees F. Staff had no system in place to monitor and document temperatures. Additionally, there was no system in place to ensure the dishwasher sanitizer reached the proper concentration. Per interview with the Dietary Team Leader on 11/3/10 at 10:58 A.M., the dish washing system is checked by a technician approximately every 3 months. These observations were confirmed by both the Nursing Supervisor and the Dietary Team Leader at the time of the observations.	R248		
* R251 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to properly store food to protect from contamination. Findings include: 1. Per observation on 11/3/10 at 9:55 A.M., a milk crate containing unpeeled potatoes was on the concrete floor of the ground level storage room. The milk crate had openings on all sides, including the bottom. This was confirmed at the time of observation by the Nursing supervisor.	R251		
✓ R253 SS=C	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment	R253	<i>Potatoes moved to clean sink in kitchen 11/3/10</i>	

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R253	Continued From page 4 7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure food service equipment is kept clean. Findings include: 1. Per observation on 11/3/10 at 10:50 A.M., a shelf directly over the stove was soiled with dust and grease. The top surface of a microwave was also soiled. Additionally, 4 fans in the walk-in cooler were soiled with dust and debris. These observations were confirmed by both the Nursing supervisor and the Dietary Team Leader at the time of the observations.	R253		
✓ R266 SS=C	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe, functional and sanitary home environment. Findings include: During a facility tour, accompanied by the Nursing Supervisor, the following observations were made: 1. There was debris on the floor of the ground	R266	<i>Surfaces cleaned 11/3 Fans cleaned by Perneck 6 mo. maintenance → cleaning schedule.</i>	

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R266	<p>Continued From page 5</p> <ul style="list-style-type: none"> ✓ level food storage room. ✓ 2. The grab bars over the toilet in a 2nd floor bathroom were loose and rusted. There was a yellow-brown substance adhered to the toilet behind the toilet seat. The ceiling lights were soiled with dust. ✓ 3. A wheelchair belonging to a 2nd floor resident has a missing right arm rest, the left armrest was cut and cracked and the seat was soiled with a brown substance. ✓ 4. Radiators in a 2nd floor bathroom and in room 205 were covered with dust and there was debris on top of the inner heating elements. ✓ 5. Another wheelchair belonging to a 2nd floor resident had a broken right armrest with sharp edges and a cracked left armrest. ✓ 6. There was Lysol and Germicidal cleanser in an unlocked 2nd floor janitor closet. There is an ambulatory, cognitively impaired resident residing on the 2nd floor. ✓ 7. A 2nd floor hallway corner was missing approximately 8 inches of sheet rock, exposing a sharp metal corner. <p>The above observations were confirmed by the Nursing Supervisor at the time of the observations.</p>	<p>R266 11/3/10 11/4 10/10</p> <p><i>Thrown out - will replace</i></p> <p><i>Cleaned 11/4</i></p> <p><i>Thrown out - will replace</i></p>		