

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) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 5, 2013

Mr. Edgar Greason, Administrator
Country Village Community Care Home
99 Atkinson Street
Bellows Falls, VT 05101

Provider #: 0018

Dear Mr. Greason:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site re-licensing survey conducted on **October 8, 2013**. 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,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure

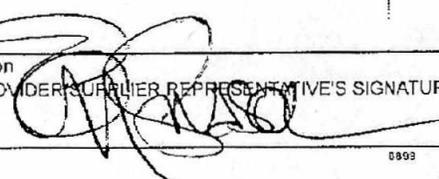
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101
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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: An unannounced on-site re-licensing survey was conducted by the Division of Licensing and Protection on 10/08/13. The following are Residential Care Home regulatory violations.	R100	See attached Plans of Correction.	
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to have the nurse review and/or complete an assessment for 1 of 5 residents in the sample (Resident #2). Findings include: Per record review on 10/08/13 at 2:51 PM, the initial assessment was not reviewed as completed by the nurse within 14 days. Resident #2 was admitted to the RCH on 03/25/13 with the initial assessment not signed by the nurse. A re-assessment was signed by the nurse on 06/25/13. Per interview at 4:30 PM the Manager confirmed the initial assessment was not signed by the nurse within 14 days of admission.	R134		
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES	R146		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

(X6) DATE

10-27-13

PMU

Division of Licensing and Protection

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R146	<p>Continued From page 1</p> <p>5.9.c (3)</p> <p>Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the nurse failed to ensure that staff adhered to accepted standards of practice when providing care to 1 applicable resident (Residents #1). Findings include the following:</p> <p>1. Per observation on 10/08/13 at 12:01 PM, the PCA [personal care attendant] failed to use acceptable standards of practice for blood sugar monitoring. The PCA was assisting Resident #1 with the blood sugar monitoring device when the Resident placed the used lancet [sharp device to pierce the skin to obtain a small blood sample] on the bed. The PCA then took a new lancet, took off the cap and then re-capped the used lancet with gloved hands. The nurse surveyor asked about a bio-hazard impermeable container for the sharps [i.e.; needles, lancets] and was told it was on the med cart [in another part of the home]. S/he then took the re-capped lancet and the un-capped lancet and placed them in the gloves and left the resident's room.</p> <p>Per interview, the Nurse at 1:00 PM stated that staff are never to re-cap sharps and confirmed that the PCA failed to use acceptable standards of practice for disposal of used sharp devices such as the Lancet.</p>	R146		10-27-13

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R177 Continued From page 2
R177 V. RESIDENT CARE AND HOME SERVICES
SS=C

5.10 Medication Management

5.10.h

(5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis.

R177
R177

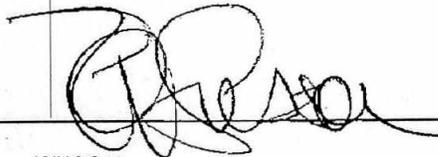
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the home failed to account for a narcotic medication on a daily basis as required. Findings include the following:

1. Per observation on 10/08/13 at 2:30 PM, staff were counting controlled substances and narcotics only in the top drawer and not in the locked box, which also contained controlled substances. Staff at that time stated that only two staff have the keys to the locked box which are 'over-flow'. Per review of the policy for narcotic and controlled drugs states...each shift will physically count the contents of each container or pop-card...". Per interview at that time, the nurse confirmed the expectation would be to count all of the medications including the over-flow, especially the narcotics.

R181 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.11 Staff Services

R181



1027-17

Division of Licensing and Protection

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R181	<p>Continued From page 3</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: Per staff interview and record review, the home failed to provide evidence of the required State background checks being completed for one applicable employee reviewed. Findings include:</p> <p>Per record review of employee files on 10/08/12 at 3:45 PM, one of five employees who have been hired within the last year did not have all of the required back ground checks. The Abuse registry checks for Adult and Child abuse were not found. The Manager confirmed at 4:00 PM that the RCH failed to assure all required background checks were obtained for all staff providing services to the residents.</p>	R181		10-21-13
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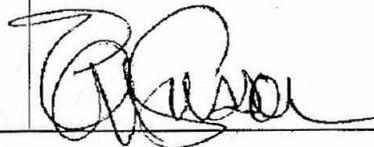
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R302 R302 SS=C	Continued From page 4 IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of 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 review of fire drill records and interview, the facility failed to ensure that fire drills were conducted at varying times of the day, including morning, afternoon, evening and nights. This has the potential to affected all Residents in the current census. Findings include: Review of the fire drill records on 10/08/13 shows the fire drills held from January 2013 to present day were held quarterly, however no afternoon or evening fire drills were conducted. Additionally, for the previous year, 2012, no evening fire drills were held during any of the quarters. Per interview at 4:00 PM, the Manager confirmed that the fire drills were not rotated among all times of day.	R302 R302		
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10-27-13

PRINTED: 10/14/2013
FORM APPROVED

Division of Licensing and Protection

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R999

Continued From page 5

R999

R999
SS=C

MISCELLANEOUS

R999

4.14.f The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to resident where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.

This REQUIREMENT is NOT MET as evidenced by:

Based on observation and interview, the Residential Care Home (RCH) did not have the latest licensing agency inspection report readily accessible for residents or the public. Findings include:

1. Per observation during the initial tour on 10/08/13 at 09:00 AM, a copy of the most recent survey was not found or posted, readily accessible for residents or the public. Per interview at that time, the Manager stated that the binder was in the small office [off the kitchen] and residents can have access if they want. However, confirmed that no surveys or written report were posted readily accessible for residents or the public without asking to see them.



10-27-13

CVCC response to Dept of Licensing and Protection survey on 10.8.13.

R134

This deficiency was corrected as is evidenced by the survey statement noting that a 6.25.13 assessment was signed by the Nurse.

CVCC, R.N., Administrator and Manager, will review for DLP compliance all new Resident charts, assessment, care plans and Doctors orders for medication, Diagnosis and treatments within two weeks of admission.

R146

CVCC will hold diabetes clinic on 10.29.13 that will include Blood Glucose monitoring and safe use of all sharps.

We will also revise the Blood Glucose monitoring reference materials, which is kept for quick reference to include the proper disposal of sharps.

R177

All narcotics have been taken out of the double lock box and put w/ our other medications to be counted three times daily, at shift change. We will continue to count control Meds in the double lock box as required, weekly.

Policy and Procedures will reflect these changes

R181

CVCC will not file employees file until required checks have ben returned. Policy and Procedures will reflect that both the Administrator and Nurse will sign off on record checks before storage.

The adult and child abuse checks have been returned with no records found on 10.8.13

R302

Fire Drills will include one per year in each of the following time periods, 6AM-Noon, Noon to 6:00PM, 6:00PM -Midnite and Midnight – 6:00AM

The Bellows Falls fire Dept has been holding unannounced Fire Drills and we will discuss w/ the Chief these time periods and coordinate our drills.

Evacuation Plans will be changed to reflect these changes.

R999

A sign has been placed in a public area that Statement of Deficiencies and Plans of Correction are available as suggested by surveyor.

R134, R146, R177, R181, R302 + R999 POC's accepted 11/1/13 SEMMON R.N./PMC