

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 C 06/23/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101
--	--

(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 5/28/09 and the investigation concluded 6/23/09.

R100

R181 V. RESIDENT CARE AND HOME SERVICES
SS=F

R181

5.11 Staff Services

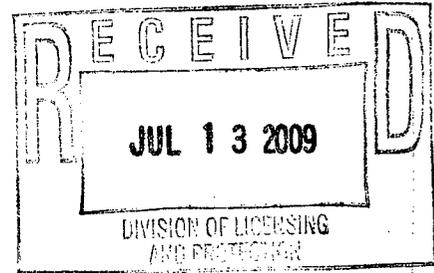
5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, 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.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to assure that no staff person had a history of abuse or criminal activity per public record.
Findings include:

1. Per record review and confirmed by interview with the Administrator on 5/28/09 at 3:00 PM, 5 of

We have sent the 5 Child abuse records back for check. They have been sent back for missing information.

8/1/09



Division of Licensing and Protection

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

[Signature]

TITLE

(X6) DATE

7/10/09

STATE FORM

6899

5DL11

If continuation sheet 1 of 5

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 C 06/23/2009
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101		
(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
R181	Continued From page 1 13 employee records contained no child abuse record checks.	R181		
R232 SS=F	VII. NUTRITION AND FOOD SERVICES 7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance. This REQUIREMENT is not met as evidenced by: Per record review and interview, the facility failed to provide written menus at least one week in advance for 2 of 2 weeks reviewed. Findings include: 1. Per review of menus for weeks beginning 5/23/09 and 5/30/09, lunch menus were not provided on the posted menu list for 8 of 14 days. On the afternoon of 5/28/09, a staff member confirmed that there were no lunch menus provided to residents in advance for 8 of 14 days during this 2 week period.	R232		
R246 SS=D	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.	R246		

4 days per week over residents go to Peer Recovery Center in Springfield VT. They take lunches w/ them as they check in - House residents come to kitchen & select from 6-10 items for their lunch - We will post a scheduled meals for all days & they may continue to select an alternative. 7/7/09

[Handwritten Signature]

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 C 06/23/2009
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101		
(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
R246	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that cans with dents were removed from the food supply reserved for resident consumption. Findings include: 1. Per observation on initial tour a dented can of tuna was stored in the resident food storage area. Per interview on the afternoon of 5/28/09, the Administrator confirmed that the can was dented and stated that the facility has no written policy and procedure advising staff regarding dented cans.	R246	<i>Written Policy for inspection of floors received for Temperature & Condition of Products. Will review plan at monthly Staff meeting (Correction section)</i>	7/1/09
R251 SS=D	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 assure that foods are stored to protect from all potential sources of contamination. Findings include: 1. Per observation on 5/28/09 during initial tour, canned coffee (8), vinegar / vinaigrette dressing (1 gallon each), various types of soups (12), and coffee (8 extra large cans) were stored on the floor of the basement in the resident food storage area. During interview later that afternoon, the Administrator confirmed that foods were stored	R251	<i>Foods items will not be stored on floor Policy written w/ inspection of floors received.</i>	7/1/09

Anderson Tholos

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 C 06/23/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101
--	--

(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
--------------------	--	---------------	---	--------------------

R251	Continued From page 3 on the floor of the basement and stated that all items should be on shelves.	R251		
R299 SS=D	IX. PHYSICAL PLANT 9.10 Life Safety/Building Construction All homes shall meet all of the applicable fire safety and building requirements of the Department of Labor and Industry, Division of Fire Prevention. This REQUIREMENT is not met as evidenced by: Based upon interview and record review the facility failed to meet all applicable fire safety and building requirements. (Resident #1 and Resident #2) Findings include: 1. Per record review and interview of the facility Administrator on 5/28/09, the facility failed to assure that all residents in the home participate in all fire drills and are able to travel to a point of safety. Per interview with the Administrator, the facility has two residents (Resident #1 and Resident #2) who have not participated in exiting the building during all fire drills during the previous year.	R299	<i>All residents will participate in fire drills unless excused due to illness. This refers to <u>Scheduled</u> fire drills. Will attend 3rd shift fire drills of 3rd scheduled drill</i>	<i>8/1/09</i>
R302 SS=F	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	R302		

Division of Licensing and Protection
STATE FORM *Angela Thoburn*

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 C 06/23/2009
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101	
(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
R302	<p>Continued From page 4</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to perform routine fire drills on a quarterly basis on all 3 shifts. Findings include:</p> <p>1. Per record review on 5/28/09, fire drills had occurred 5/6/08 at 8:00 AM, 6/7/08 at 9:41 AM, 6/23/08 at 12:15 PM, 10/13/08 at 7:08 AM, 12/23/08 at 5:20 PM, 3/31/09 at 2:10 PM, and 5/11/09 at 11:45 AM. During interview at the onsite visit the Administrator confirmed that fire drills had occurred randomly and as a result of 'burnt toast' responses rather than planned drills and that two night time drills required each year had not been completed.</p>	R302	<p>Scheduled Fire drills will held during 3rd shift. (10PM - 7AM). 8/1/09</p>

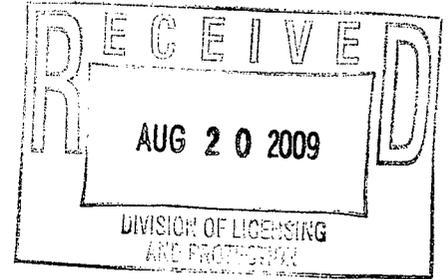
[Handwritten Signature] 7/2/09

Country Village Community Care Home

99 Atkinson St Bellows Falls, VT 05101 802-463-4722 Fax 302-463-1986

8/19/09

Suzanne Leavitt, RN, MS
Licensing Chief
Agency of Human Services, DAIL
Div of Licensing and Protection
103S Main, Ladd Hall
Waterbury, VT 05671-2306



Dear Ms Leavitt

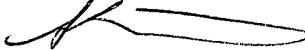
This is our corrected POC for the survey done at our Home on 5/28/09.

R181 V. Residential and Home Services
5.11.d

5 of the 13 Child Abuse Registry checks were returned for errors on the form. These will be corrected and resubmitted

We will include Child Abuse registry forms with our employment package insuring that they are filled out by potential employees.

We will monitor employee records on a monthly basis to insure all registry checks have been performed.

POC complete 10-12-09 

R232 V11. Nutritional and Food Services
7.1.a(1)

Complete 7 day, 21 meal, 7 evening snack menus will be posted 7 days prior to its start date.

After the Menu committee has finished a complete 7 day menu both Manager and Administrator will review menu to be certain it is complete

Menus will be incorporated into Monthly Staff meetings to monitor that deficiency does not reoccur

POC complete 10-12-09 

R246 V11. Nutrition and Food Services
7.2.a

All foods were checked to verify that there were no dented cans. Dented cans were separated from other foods for return or to be discarded.

Policy and Procedure have been written and discussed with staff at a monthly Staff meeting.

Food Receiving and Storage has been included in our daily facilities check list to assure this deficiency does not reoccur.

POC complete 10-12-09 

R251 V11. Nutrition and Food Services

Items mentioned in deficiency report were taken of the floor.

Slats were built, keeping foods off the floor in that area. Policy and Procedure was written covering this deficiency and reviewed with Staff at monthly Staff meeting. Food Receiving and Storage has been included in our daily facilities checklist to as this deficiency does not reoccur.

PC aunts 10-12-09 

R299 IX. Physical Plant

9 10 Life safty/Building Construction

All Residents are participating in all fire drills, as evidenced by the Fire Prevel Inspection Results of the Division of Fire Safety on 7/21/09.(attached)

We will continue to require all Residents to participate in fire drills.

Each fire drill will be reviewed for response time and exiting. Those Residents refusing to exit the building will be counseled as to its importance and if problem persis.s will be dischagred from the Home. Those Residents unable to exit will be evaluated for future ability to exit and determine if placemenbt is aappropriate.

PC aunts 10-12-09

R302 IX. Physical Plant

9 11 Disaster and Emergency Preparedness

At least two fire drills will be held during sleeping hours, 10PM till 6AM, each year as required by the Division of Fire Safety.

Fire drills will be put on the Home Calander and scheduling will be strictly adhered to except when a natural occurance meets the scheduling guidelines of both DAILand the Division of Fire Safety.

Fire drills will be put on the monthly Staff meeting schedule for discussion and planning

PC aunts 10-12-09 

Sincerely



Edgar Greason
Country Village CCH