

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

September 27, 2011

Wanda King, Administrator
Fairwinds Residential Care Home
108 Mechanic Street
North Bennington VT 05257

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the unannounced re-licensing survey conducted on **August 17, 2011**. 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, BS
Licensing Chief

Enclosure: As noted above.



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2011
NAME OF PROVIDER OR SUPPLIER FAIRWINDS RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC STREET NORTH BENNINGTON, VT 05257		
(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 onsite re-licensing survey was conducted by the Division of Licensing and Protection on 8/17/11 to determine compliance with the Vermont Residential Care Home regulations.	R100	<p>DNR's have always been part of our record keeping but somehow 2 new admissions and hospital visits, they had been misplaced. At present time we have contacted physicians and have them on file for present residents we will continue to obtain these as we normally have upon admission of a new resident.</p> <p>R128 POC Accepted 9/26/11 C. Laraway RN / M. Stefan RN</p>	
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that 2 of 3 residents reviewed had physician signed orders for care indicated within the record. Findings include: 1. Per record review on 8/17/11, Residents #1 and #2 were identified as Do Not Resuscitate (DNR) within the record. Neither of these records contained a signed physician order signifying the DNR status. During interview that afternoon, the Manager confirmed that the records indicated a DNR status for these residents and that there was no signed physician order supporting this care plan.	R128		
R147 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and	R147		

Division of Licensing and Protection

TITLE

(X6) DATE

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2011
NAME OF PROVIDER OR SUPPLIER FAIRWINDS RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC STREET NORTH BENNINGTON, VT 05257		
(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
R147	Continued From page 1 physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Nurse failed to assure that the current list of medication orders for 3 of 3 residents (Resident #1, #2, and #3) contained all required components of an acceptable order. Findings include: 1. Per record review on 8/17/11, the physician signed medication orders for Resident #1 included Tylenol 500 mg (milligrams) 1 or 2 tabs Q (every) 6 hours PRN (as needed), Immodium 2 mg Q 6 hour PRN, and Calcium QD (daily). The Tylenol and Immodium orders contained ranges of doses and no reason was identified to indicate under what circumstance(s) these medications should be administered. The Calcium order did not include a dosage amount. During interview at 2:40 PM that afternoon, the Manager confirmed that these orders were either incomplete or included ranges of dosing without parameters to determine whether 1 or 2 tablets should be given. 2. Per record review on 8/17/11, the physician signed medication orders for Resident #2 included Tylenol 500 mg 1 QD or / 1 or 2 Q 6 hours PRN for pain or fever and Xopenex 1.25 mg PRN Nebulizer. The Tylenol order was unclear whether it was a scheduled or a PRN order and the Xopenex order did not include a frequency of dosing nor a reason for use. During interview at 2:40 PM, the Manager confirmed that the Tylenol order was unclear and that the	R147	AT The present we have contacted and have clarified all medication orders in question. They are signed and in residents file. We will no longer accept medication orders without parameters for dosing and will make sure orders are complete and clear. The nurse and myself will go over these orders monthly as we do our care plans to assure this continues. R147 POC Accepted 9/26/11 Claraway RN / AMGARN	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2011
NAME OF PROVIDER OR SUPPLIER FAIRWINDS RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC STREET NORTH BENNINGTON, VT 05257		
(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
R147	Continued From page 2 Xopenex order did not indicate a reason for use or frequency of dosing. 3. Per record review on 8/17/11, the physician signed medication orders for Resident #3 included Calcium BID (twice daily). There was no dose indicated. During interview at 2:40 PM, the Manager confirmed that the Calcium order did not include a dosage amount.	R147		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 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 staff interview and record review, the home failed to complete the required background checks on a recently hired employee. Findings	R181	<i>I have completed on-line application with VICE, and though I have normally always done these also, this was an oversight on my part. I will do them prior to hiring a new employee should that situation arise again.</i> <i>R181 POC Accepted 9/20/11 Claraway RN / PMcota RN</i>	