

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

October 25, 2012

Ms. Jayne Placey, Administrator
Hill Street
201 Hill Street
Barre, VT 05641

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 2, 2012**. 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:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2012
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05641	
(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 on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/02/12. The following are regulatory findings under the Vermont Residential Care Homes Licensing Regulations.	R100	
R142 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.8 Level of Care and Nursing Services</p> <p>5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by interview with the manager, the Residential Care Home (RCH) failed to obtain a variance to admit a resident with a Stage 3 or 4 decubitus ulcer. (Resident #1)</p> <p>Findings include:</p> <p>1. Per record review on 10/02/12, the RCH failed to request a variance from the licensing agency for Resident #1, who was admitted on 09/07/12 with unstageable decubitus ulcers to both hips. Per the wound care nurse's admission note of 09/08/12 noted "deep tissue damage to bilateral hip wounds with the Right hip (5 x 4 cm) greater than the Left hip (4 x 6 cm). Both wounds are unstageable as the wound bed has thick yellow slough". Per interview on 10/02/12 at 11:49 A.M. the DNS stated the bilateral wounds "were</p>	R142	<p style="font-size: 2em; text-align: center;"><i>See attached</i></p>

Division of Licensing and Protection

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

STATE FORM

6899

7V611

TITLE

(X6) DATE

See Page 3

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R142	Continued From page 1 not down to the bone but there was deep tissue and muscle showing" and confirmed that the wounds were greater than a Stage 1 or 2. Per an interview with the RCH manager later the same day, s/he stated that s/he was not aware that a variance was needed and confirmed no variance was requested for this resident.	R142		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview, the RCH and Registered Nurse failed to develop a plan of care for one applicable Resident (Resident #1). Findings include: 1. Review of the clinical record for Resident #1 on 10/02/12 revealed an admission date of 09/07/12 and a diagnosis of wound care, Traumatic Brain Injury since age 15, seizure disorder, tachycardia, Right hemeparesis, blind left eye and incontinence. No plan of care was located in the clinical record to indicate what assistance was required by Resident #1. Per interview on 10/02/12 at 3:20 PM the RCH manager stated "I started to work on it but it is still in the computer" and confirmed the care plan was not readily available and complete at this time.	R145	<i>See attached</i>	

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R999: MISCELLANEOUS SS=C	<p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>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:</p> <p>1. Per observation on 10/02/12 at 11:15 AM, a copy of the most recent survey was not found or posted in the building. Per interview at 12:15 PM the RCH manager stated that s/he was not aware that such posting is required and confirmed that no surveys or written report were posted or available.</p>	R999	See attached

Jayne Placey Coordinator Hill St.
10/20/12

Plan of Correction from October 2, 2012 investigation

Action taken to correct the deficiency: Level of Care and Nursing failing to obtain a variance to admit a resident with a Stage 3 or 4 decubitus ulcer...

R-142

From here we will be sure to put in writing prior to any admission of such service (stage 3 or 4 decubitus ulcers), along with intravenous therapy, ventilators or respirators, daily catheter irrigation, feeding tubes, suctioning, and sterile dressings requesting a variance to care for a resident with a need for said care. In the event a resident while living at Hill St. ends up requiring said care we will immediately put in writing requesting a variance to provide care if deemed appropriate by DLP. A new resident will be assessed by nursing staff prior to being admitted. In the event a resident is in need of said care, the resident will not be allowed to reside at Hill St. until variance is in place. This correction action will take effect immediately and be part of the original assessment when receiving new referrals.

Action taken to correct the deficiency: Resident Care and Home Services: Written plan of care...

R-145

Hill St. coordinator will make sure that a written plan of care will be done the day of admission. This will include Mobility, dining, meds, personal hygiene, bedtime, community, likes dislikes and other... this to provide information to unfamiliar staff so to care for the individual appropriately. This plan of care will be updated frequently as we become more familiar with the individual or as the individual show signs of change. This is in effect immediately, and will be part of the admission to Hill St.

Action taken to correct the deficiency: making sure written reports resulting from inspections/survey are readily available to residents and to the public...

R-999

Hill St. coordinator has already posted the results of the last inspection/survey to the bulletin board that is out in the open nursing area for anyone to be able to access and read if they want without the need to ask for it. From here when the coordinator receives said results they will be posted immediately.

Jayne Placey

POC's
R-142, R-145 + R-999
accepted 10/25/12
Sharon Emmons, RN