

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

Ms. Judith Chick, Administrator
Historic Homes of Runnemedede - Evarts House
34 Maxwell Perkins Lane
Windsor, VT 05089

Provider #: 0374

Dear Ms. Chick:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey and three complaint investigations starting on September 23, 2013 and concluding on **September 25, 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: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2013
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NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-EVARTS I	STREET ADDRESS, CITY, STATE, ZIP CODE 34 MAXWELL PERKINS LANE WINDSOR, VT 05089
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R100	Initial Comments: An unannounced, on-site re-licensing survey was conducted by the Division of Licensing and Protection between 09/23/2013 and 09/25/2013. Three complaints were also investigated during this survey. The following Residential Care Home regulatory deficiencies were identified.	R100		
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 observation, record review and staff interview, 1 of 5 residents had an incomplete medication orders. (Res. # 1) Further, 9 residents were ordered to have flu vaccine administered during the 2012-2013 flu season, however 3 of 9 residents had no documentation of when or by whom the vaccine was administered or whether or not it was declined by the resident. (Res. # 1, 2 and 3) Per observation during a medication pass on 09/24/2013 at 12 noon Resident # 1 had an order for Nature's Tear Drops to each eye 4 times/day (qid). There is no number of drops ordered to be administered and the nurse put one drop in each eye. The original physician's order from March 2011 actually states "eye drops to the affected eye/eyes 4 times a day." This is confirmed during interview with the Director of Nursing on 09/25/2013 at 11:30 am.	R128	<p style="text-align: center;">R128</p> <p>1. 10/18/13 (clarified doctor orders on resident #1 for Nature Tear drops indicating # of drops per eye. Licensed Nurse to review orders upon receipt to assure more specific instructions are included. RN Administrator to review/audit monthly for compliance.</p> <p>2. Documentation for 2012/2013 flu shot administration for resident #1, #2, and #3 signed by administering RN received from MAHHC medical records (see attached) Licensed Nurse administering flu shot at time of injection will file in resident chart or document declination of flu shot RN Administrator will audit charts weekly from start of flu vaccination until complete to assure compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cathy Conley RN</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/1/13</i>
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R128, R145, R178, R179, R181, R213, R302 POC accepted 11/5/13 Golemanew/pmc

pmc

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R128	Continued From page 1 A complaint was sent to the VT. Division of Licensing and Protection that flu vaccine was administered last year by staff not authorized to do so. Per medical record review and staff interviews, 3 of 9 residents have no documentation as to who administered the flu vaccine during the flu season for 2012-2013. (Res. # 1, 2 and 3). The medical records for the other 6 residents residing in the home contain the education sheet, the lot number for the vaccine and the signature of the nurse who gave the vaccine. This is confirmed during interview with the DNS on 09/25/2013 at 11:30 am.	R128		
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 observation, medical record review, staff and resident interviews, 2 of 5 residents do not have activity care plans that are based on their abilities and needs in describing what is necessary to assist them to maintain independence and well being. (Res # 3 and Res # 4) *This is a repeat deficiency 1. Per medical record review on 09/24/2013 Resident # 3 is categorized as receiving	R145	<i>R145 1. 10/18/13 resident #3 care plan updated to include individualized activity enhancement that can be done in room. Licenced Nurse will monitor for accurate and completed activities assessment within 24 hrs after due date. RN Administrator to monitor for compliance monthly. 2. Activities assessment on resident #4 was completed on 10/1/13, copy filed in chart. Licenced Nurse to audit bi weekly resident records for appropriate documentation and that activities assessments are filed accordingly Staff reeducated on as to protocol for notifying residents change in activities (cont)</i>	

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R145	<p>Continued From page 2</p> <p>Enhanced Residential Care (ERC). S/he was admitted to the residence on 05/21/2007 with psoriasis, obesity, cervical spine stenosis and diverticulitis. There is an ERC assessment dated 08/13/2013. There is nothing in the care plan dated 08/23/2013 to describe what extra enhanced services are needed to assist this resident to maintain independence and well being. Functional capacity has diminished and the resident is not as able to go downstairs for activities. S/he does use a walker and the elevator to get to meals in the dining room. But the care plan does not indicate what alternatives have been offered that can be done up stairs in his/her room. The care plan is not currently individualized or indicative of enhancements and this is confirmed during interview with the Director of Nursing on 09/25/2013 at 11:30 am.</p> <p>2. Per medical record review and resident interview on 09/23/2013 at 3:10 PM, Resident # 4 has no specific activity care plan based on his/her needs. S/he reported during interview that s/he enjoys making jigsaw puzzles. There is a jigsaw puzzle set out in the library but Resident # 4 reports that residents have been told that this "is not for us," but rather for the "staff when they are on breaks." Resident # 4 further reports that activities scheduled 'off-campus' are often canceled and residents are not notified but wait for rides that never come. This is confirmed by surveyor observation during survey. A movie that was scheduled for one afternoon was canceled and the resident had called the theater herself to verify the time and was told that it had been canceled. The care plan for Resident # 4 does not contain likes/ dislikes or preferences for activities. This is confirmed during interview with staff on 09/24/2013.</p>	R145	<i>RN Administrator to monitor for compliance monthly.</i>	

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R178	Continued From page 3	R178		
R178 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.</p> <p>This REQUIREMENT is not met as evidenced by: Based on direct observation and staff interviews the residential care home failed to assure that there are sufficient numbers of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.</p> <p>1. Per interview with staff at Evarts House on 09/23 and 09/24/2013 there are 2 staff available during the morning and for the mid-day meal, one being a housekeeper. One LNA is on duty for the evening meal, to prepare it, clean up after it, to pass evening medications, to assist any resident who needs help to come from the 2nd floor to the dining room on the first floor and to assist those who have toileting needs. This staff reports that s/he can get the work done because "I have the routine down." One resident living on the 2nd floor and remaining in her/his room more due to recent medical reasons had to wait too long for assistance with the bathroom and was incontinent and reports "it was very embarrassing." (Resident # 3)</p>	R178	<p>R178</p> <p>1. Resident #3 care plan updated to offer assistance to bathroom every 2 hrs and PRN to assist w/ the issue of incontinence</p> <p>Licensed Nurse to monitor weekly with resident and staff this is adequately meeting resident needs.</p> <p>RN Administrator will monitor compliance twice monthly and evaluate staffing patterns / responsibilities work flow.</p> <p>Staffing levels the same on week days as weekends.</p>	

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STREET ADDRESS, CITY, STATE, ZIP CODE
**34 MAXWELL PERKINS LANE
WINDSOR, VT 05089**

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R178	Continued From page 4 At Evarts Home residents report feeling "that no one is around on the week-ends." Staff at Evarts House report that when they are busy they can call the "extra staff member over from Stoughton House." Additionally, several residents have had a decline in mobility and are requiring additional assistance. This was confirmed by the DNS on 09/25/13 at 9:30 AM.	R178		
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179	<i>R179</i> <i>1. All non direct care staff new in compliance with mandatory training. Direct care staff will have all mandatory trainings completed no later than 12/31/13. Licensed Nurse to check competency for all direct care staff, signed documentation, audit for compliance on all mandatory training quarterly. RN Administrator to monitor for compliance quarterly.</i>	

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R179 Continued From page 5

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to assure that the staff education met the regulatory requirements for 5 of 5 staff reviewed. Findings include:

Per record review on 09/25/13, the Administrative assistant was able to provide only a few hours of training material used for staff education for 5 of 5 staff. Based on the lack of documentation, the RCH can not assure that staff education met the 12 hours per year, as well as the required subject matter as listed in the regulation. For staff having greater than 1 year of service, 5 of 5 staff had from 6 1/2 hours up to 11 hours for the last year. Additionally, 2 of 5 newly hired staff had no documentation of staff competency or skills they are expected to perform before providing any direct care to residents. Per interview on 09/25/13 at 2:25 PM, the DNS confirmed that the education provided to staff did not meet the requirements.

R179

R181

R181

Staffing solution registry check and all required background checks received from agency on 9/26/13.

HR to request from agency copies of background checks and any training education mandated prior to orienting at HHR. HR to monitor compliance quarterly

RN administrator to monitor compliance quarterly.

R181
SS=C

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,

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HISTORIC HOMES OF RUNNEMEDE-EVARTS 34 MAXWELL PERKINS LANE
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R181	<p>Continued From page 6</p> <p>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: Based on staff interview and record reviews, the home failed to provide evidence that the required State background checks were completed for two applicable employees reviewed. Findings include:</p> <p>Per record review of employee files on 09/25/13 at 3:45 PM, the two newest staff members hired on 09/13/13 and 09/16/13 at the home were reviewed. There were no Vermont criminal background checks, adult abuse registry checks or child abuse registry checks. The Administrative Assistant stated that the two where employees of Staffing Solutions Agency and "I assume they do background checks". The Administrator confirmed on 09/25/13 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		
R213 SS=D	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the</p>	R213	<p>R 213</p> <p>1. Resident #3 incontinence care needs addressed in care plan change on 10/18/13, additional staff training on resident rights and dignity scheduled to occur by 11/29/13. (cont)</p>	

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R213	<p>Continued From page 7</p> <p>resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, complaint comments, and record review the residential care home failed to assure that every resident is treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy for 2 of 11 residents (Res # 2 and Res # 3). The specifics are as follows:</p> <p>1. Per medical record review on 09/24/2013 Resident # 3, admitted in 2007 with psoriasis, obesity, and cervical spine stenosis, experienced swelling in her/his legs, episodes of diarrhea and a decline in functional ability during 2013 necessitating assistance in toileting.</p> <p>During interview on 09/23/2013, Resident # 3, living on the 2nd floor and remaining in her/his room more due to recent medical reasons, reports having to wait too long for assistance with the bathroom, became incontinent and reports "it was very embarrassing." The staff confirm during interviews during all days of survey that Resident # 3 has recently required more assistance with toileting needs and has had incontinent episodes. Staff did not confirm that they were aware that the situation was embarrassing to the resident.</p> <p>2. Per information from a complaint, Resident # 2 was not treated with dignity during a trip away from the home on 07/25/2013. The resident felt ignored on the trip, belittled and disrespected. Resident # 2 reports during interview on 09/23/2013 that s/he walked from the bus to the restaurant using a walker. Because it took longer than the other residents there was no seat at the table for this resident. S/he further reports that</p>	R213	<p><i>In addition to annual mandatory training, licensed nurse to offer regular review at monthly staff meetings to assure full understanding of compliance.</i></p> <p><i>RN Administrator to monitor compliance monthly.</i></p> <p><i>2. Administrator contacted resident # 2 and discussed incident, offering apology and reassurance her complaint was heard on 7/29/13.</i></p> <p><i>Review of incident with staff members in attendance with resident # 2 on this outing.</i></p> <p><i>Outcomes of meeting with resident # 2 and staff members revealed a need for additional staff training on resident rights and dignity scheduled for completion by 11/29/13</i></p> <p><i>RN Administrator to monitor compliance monthly.</i></p>	

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R213	<p>Continued From page 8</p> <p>s/he felt that the seat assigned to him/her was given to the family member of one of the staff who lived in the area of the restaurant. This resident was not offered a menu either for food or beverages and eventually asked the waitress for something to eat. Resident # 2 was given a bowl of chowder, but had not been given an opportunity to make a choice for the meal. Resident # 2 further reports that the administration never acknowledged that there were issues during the trip, did not offer an apology and enlisted the son of this resident to chastise the parent for complaining.</p> <p>The LNA reported during interview on 09/23/2013 that "the whole situation was handled badly"; if the resident had been offered an apology and offered any indication that this type of situation would not happen again the negative feelings of Resident # 2 could have been lessened.</p>	R213		
R302 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>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.</p>	R302	<p><i>R302</i></p> <p><i>Evening fire drill conducted on 10/23/13 @ 6:30PM. More specific time frames for morning, afternoon, evening and night outlined in policy and procedure handbook. HR to monitor compliance quarterly.</i></p>	

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R302	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of fire drill records and interview, the agency failed to ensure that fire drills were conducted at varying times during the day, including morning, afternoon, evening and nights. This affected all Residents in the current census (11 of 11 at Evarts House). Findings include: *This is a repeat deficiency</p> <p>Review of the fire drill records on 09/23/13 noted only day, afternoon and night fire drills for the last year. Although fire drills were held quarterly, no evening fire drills were conducted from January 2013 to present day. This is confirmed during interview with the Administrator on 09/25/2013 at 8:30 am.</p>	R302		