



AGENCY OF HUMAN SERVICES

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) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

December 3, 2010

Ms. Kim Russell-Peck, Administrator
Kirby House, Inc.
64 South Main Street
Waterbury, VT 05676

Dear Ms. Russell-Peck:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site re-licensure survey conducted on **October 27, 2010**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure: As noted above.



Division of Licensing and Protection

DEC 03 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED 10/27/2010
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NAME OF PROVIDER OR SUPPLIER KIRBY HOUSE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH MAIN STREET WATERBURY, VT 05676
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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted from 10/26/10 - 10/27/10. The following regulatory violations are related to the re-licensure survey.	R100		
R114 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. iii. Include a statement in the written notice that the resident may remain in the room or home	R114	A current admission agreement has been provided and signed by each resident admitted prior to 5/2008 when current admission agreement was implemented. R114 POC Accepted 12/3/10 M. Bolton / Administrator	11/30/10

Division of Licensing and Protection

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

Kim Russell TITLE *Pick Manager* (X6) DATE *12/1/10*

STATE FORM

6899

G9WU11

If continuation sheet 1 of 8

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R114	Continued From page 1 during the appeal. iv. Place a copy of the notice in the resident's clinical record. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that each resident's admission agreement was in accordance with the Vermont Residential Care Home Licensing Regulations for 4 of 5 residents in the total sample. (Residents #1, 3, 4 & 5) Findings include: Per review of the medical records for Residents #1, 3, 4 & 5, the signed admission agreements in each record stated that the residents could be discharged for nonpayment after 14 days notice. The Residential Care Home Licensing Regulations state that 30 days notice must be provided prior to discharge for non payment (or for any other stated reason for involuntary discharge). During interview on the afternoon of 10/26/10, the Administrator stated that they do have the correct wording in the current admission agreements and that these (other agreements) would be rewritten.	R114		
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	R128	Based on the MNA (mini nutritional assessment), the client identified as having been admitted with a history of malnutrition and weight loss not addressed by RN on admission, is now at normal nutritional risk. This client will be weighed monthly,	11/30/10

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R128	Continued From page 2 by: Based on staff interview and record review, 1 of 5 residents in the total sample did not have a physician order for type of diet for the resident. (Resident #2) Findings include: Per record review on 10/27/10, Resident #2, who was admitted to the home with a history of poor nutrition, did not have any physician orders for dietary services. This was confirmed with the Administrator and Registered Nurse (RN) during interview on 10/27/10 at 10:30 AM.	R128	and prn for any pts wt loss and/or malnutrition. For future admissions a Bm2 will be obtained and/or an MNA done to assess nutrition status; diet needs will be addressed with PCP if other than normal risk indicated. Any client found at moderate to high risk and underweight will have nutritional + weight goals addressed on his/her care plan and be weighed weekly until care plan goals are met, at which point weights will be monthly, and prn. R128 POC Accepted 12/3/10 M. Bolton / P. Costa RN	
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 staff interview and record review, the facility failed to assure that the care plans for 2 of 5 residents in the sample addressed all of the identified needs to maintain each resident at their highest level of well being. (Residents #2 & 3) Findings include: Per record review on 10/27/10, Resident #2's care plan did not address the resident's history of under-nourishment at admission and the behavior management issues. Resident #3's care plan did not address the resident's on-going refusal of routine physician ordered medications since	R145	R145 Resident #2's care plan has been updated to reflect a history of undernourishment and a plan for nursing staff to monitor patients weight and notify PCP of significant change has been implemented. Resident #2's care plan also includes updated behavior intervention plan. Resident #3 care plan has been updated to reflect medication refusals since August 2010 and plan to	11/29/10 11/29/10

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R145	Continued From page 3 August of 2010. These care plan concerns were confirmed with the Administrator during interview later the same day.	R145	report to doctors any observed symptoms and behaviors. R145 POC Accepted 12/3/10 M. Bolton/Prnastarn	
R242 SS=E	VII. NUTRITION AND FOOD SERVICES 7.1.c. (1) Each home shall provide residents with three nutritionally balanced, attractive and satisfying meals in accordance with these regulations. Meals shall be served at appropriate temperature and at normal meal hours. Texture modifications will be accommodated as needed. This REQUIREMENT is not met as evidenced by: Based on staff interview and menu reviews, the facility failed to assure that resident meals and menus were consistently nutritionally balanced in accordance with the Residential Care Home Licensing Regulations. Findings include: 1. Per review of resident menus for the time period from September 6, 2010 - October 24, 2010, 38 of 49 days failed to include a minimum of 3 servings of vegetables and 2 servings of fruit per day. Per the regulations, each day's menus should meet the RDA (Recommended Dietary Allowance) for 3 to 5 1/2 cup servings of vegetables and 2 to 4 servings of fruits. 2. Per observation with the manager on the morning of 10/27/10, the bowls used by the kitchen staff to serve the resident's cereal for breakfast and soups at other meals had a total capacity of 1 cup. Per resident interview, an anonymous resident had stated that 1 bowl of cereal was not enough to eat and was made to wait until all other residents had served	R242	1. After carefull review of our menus it was noticed that our fruit juice that is served every morning is not being written on the menu. In addition we are preparing a 6-8 week cycle menu that will meet RDA regulation. This should rectify our oversight of not meeting RDA requirements. Also in created a cycle menu we are being more cautious about nutritional value, appearance, and serving sizes. 2. All bowls under the standard 7 1/2 oz size have been removed. Our bowls were tested and hold 2 cups of dry cereal along with 1 cup of liquid. On nights that we are serving soup at least a sandwich a salad	11/29/10

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R242	Continued From page 4 themselves first before being allowed to have more, to ensure that there was enough for all residents. When this was discussed with the Administrator, she replied that the residents can always have more. However, the usual serving size of cereal is 1 ounce, which for most dry cereals equals 1 cup. The 8 ounce liquid capacity bowls used to serve the cereal would not be of sufficient size to hold 1 cup of cereal and milk per resident's preference (usually at least a half cup milk per serving). Additionally, some supper meals included only soup and bread with butter (no other items). The same bowls are used for the soup at supper (served with a roll and butter at times) and the serving size would not meet the nutritional needs of most residents. These concerns were confirmed during interview with the Administrator on the afternoon of 10/26/10 and the morning of 10/27/10.	R242	Cont. - has been added. R242 POC Accepted 12/3/10 M. Bolton / Pmcotaren	
R249 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the home failed to assure that food handling and storage areas were maintained in a sanitary manner in accordance with accepted safe food handling practices. Findings include: During a tour of the home's kitchen and food storage areas on the afternoon of 10/26/10, the	R249	a. dry storage cupboards in kitchen have been cleaned and put on a routine kitchen cleaning list. b. refrigerator front panels and handles have been cleaned and this has been added to a routine kitchen cleaning list.	11/26/10 11/26/10

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R249	Continued From page 5 following concerns were noted: a. the dry storage cupboards in the kitchen had soiled shelving, b. the refrigerator front panels and handles were sticky and soiled in the kitchen area, c. a cupboard storing dried pasta and other foods had rodent droppings on the shelves, d. a table used to store juices and other foods in the pantry area was soiled with a layer of dust, e. the container used to store sugar was soiled on the outside. In addition, the home failed to consistently record refrigerator and freezer temperatures to assure that perishable foods were maintained and stored at the proper temperatures. These concerns were confirmed with the Manager, who accompanied the surveyor on the tour.	R249	Cont. - C. Cleaned cupboard and have replaced all food storage with plastic covered containers. We have also contacted pest control services about monthly monitoring. d. Table has been cleaned and added to routine kitchen cleaning check list. e. A new container for storage of sugar has been purchased, and will be replaced as needed. In addition a record of all refrigerator + freezer temps is being kept. R249 POC Accepted 12/3/10 m Bolton / Pmataru	11/24/10 11/24/10 11/24/10
R252 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observations, the home failed to assure that food storage areas were constructed to be easily cleaned. Findings include: Based on observations of the food storage areas in the kitchen and dry storage room on the afternoon of 10/26/10, some surfaces of cabinet interior shelves and shelving units consisted of unpainted/unsealed porous surfaces which are	R252	R252 - Immediate attention to rectify deficiency was to thoroughly clean all food storage area, paint surfaced and apply a shelving paper that is cleanable. We have also contacted a	

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R252	Continued From page 6 not easily cleaned. Some of these surface areas were visibly soiled at the time of the observation. This was confirmed with the manager during the tour.	R252	local contractor to meet and go over plans for remodeling this storage area. R252 POC Accepted 12/3/10 in Bolton / PM not RN	
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to provide a sanitary and homelike environment in all resident areas. findings include: During the initial tour of the home on the morning of 10/26/10, the following unsanitary, unsafe and/or not homelike areas were noted: 1. The bannister form the 1st to the 2nd floor was loose. 2. An upholstered chair in the smaller front living room had greater than 12 inch long tears on the top of each arm. 3. Carpets in the side living room and the dining room were heavily stained and discolored, with both torn and worn areas. 4. The bathrooms in rooms 203, 204, 206, 304 and 306 were visibly soiled and some had missing floor tiles/floor coverings. 5. The following resident rooms lacked covers on the ceiling light bulbs: room 403, 401 and 304. 6. Room 301 had no inside door knob on the door.	R266	1. Met with contractor about securing banister. He is scheduled to come 10/17/10. 2. Disposal of torn chair. 3. Estimates being obtained for replacement of flooring in both livingrooms + dining area. 4. Bathrooms have all been cleaned. Estimates received for new flooring and woodwork Along with a daily, weekly and monthly cleaning check list that we are implementing. 5. Electrical contractor called and scheduled for week ending 10/11/10, to replace lights in rooms 403, 401 + 304. 6. Room 301's door knob	10/17/10 10/17/10 10/30/10 11/30/10 10/16/10 10/29/10

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R266	Continued From page 7 7. Room 400 had a dresser with a broken drawer. 8. Room 402 had a resident's TV set up on a straight chair, slightly overhanging the chair, posing a safety hazard. 9. Room 202 had a chair with a torn back, seat and arms and a bureau lacking drawer handles. 10. Room 204 had part of a smoke detector with exposed wires (not in use) on the wall and soiled floors. 11. The second floor hall bathroom had stained and missing ceiling tiles. These areas were confirmed and observed with the Administrator during the tour.	R266	Cont. - has been replaced. 7. Room 400's dresser that was broken has been replaced. 8. Residents TV in room 402 has been moved. 9. Room 202's torn chair is that of a residents. At this time he does not wish for removal or new chair. In addition we have purchased new handles for the bureau. 10. Electrical contractor will be removing old smoke detector in room 204. 11. Contractor will be replacing stained and missing ceiling tiles in 2nd floor bath on 12/7/10. In regards to a lot of the environmental deficiencies we are adding additional building/maintenance inspections to try and resolve these matters more promptly.	10/29/10 11/26/10 11/26/10 11/28/10 12/7/10

R266 POC Accepted 12/3/10
M. Bolton / Administrator