



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

January 26, 2011

Ms. Debra Clemmer, Administrator
Lakeview Community Care Home
311 North Avenue
Burlington, VT 05401

Dear Ms. Clemmer:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite annual survey and complaint investigation conducted on **December 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 black ink that reads "Pamela M. Cota". The signature is written in a cursive style with a large initial "P" and "M".

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure: As noted above.



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2010
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 311 NORTH AVENUE BURLINGTON, VT 05401		
(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 annual survey and complaint investigation were conducted on 12/27/2010.	R100		
R114 SS=E	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 during the appeal.	R114	<u>See enclosed</u> <u>Plan of</u> <u>action</u>	

Division of Licensing and Protection

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

STATE FORM

8889

7TH311

TITLE

(X6) DATE

Debra Elmer RN 1/14/11
 Program Coordinator

If continuation sheet 1 of 9

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R114	Continued From page 1 iv. Place a copy of the notice in the resident's clinical record. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to appropriately disclose 4 of 4 residents' (Resident #1, Resident #2, Resident #3, and Resident #4) involuntary discharge rights in the Admission Agreement. Findings include: 1. Per record reviews on 12/27/2010, the Admission Agreements of Residents #1, #2 #,3, and #4 indicated a 14-day discharge for non-payment of funds could be implemented by the home. Per Residential Care Home Licensing Regulations (10/3/2000), a 30-day notice is required for non-emergent involuntary discharge. During interview on 12/27/2010 at 4:00 PM, the Administrator confirmed that these records indicated a 14-day discharge policy for non-payment.	R114		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by	R171		

R114 1-26-11 POC accepted. See attached. — C. Laraway, RN

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R171	<p>Continued From page 2</p> <p>the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) failed to assure that a record of monitoring for potential life-threatening and / or irreversible side effects of psychotropic medications was kept for 1 of 4 applicable residents in the survey sample (Resident #4). Findings include:</p> <p>1. Per record review, Resident #4 has an order for Risperdal 4 mg (milligrams) orally BID (twice daily). There is no indication in the record that this resident is being monitored for side effects using the AIMS (Abnormal Involuntary Movement Screen) assessment tool per facility policy. During interview on 12/27/2010 at 3:30 PM, the RN confirmed that the AIMS tool is used to monitor for psychotropic side effects at this home and that there is no record that this assessment was completed upon admission (July 15/2010) for Resident #4 to the present time.</p>	R171		
R206 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p>	R206	<p>R171 1-26-2011 POC accepted. See attached. — C. Laraway, RN</p>	

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R206	Continued From page 3 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, facility staff failed to report to Adult Protective Services a case of suspected resident-to-resident abuse (Resident #1 and Resident #2) within 48 hours of learning of the alleged incident. Findings include: 1. Per review of the nurse notes in the medical record of Resident #1 on 12/27/10, staff learned of a physical altercation between Resident #1 and Resident #2 on 8/21/10. Per review of the corresponding incident report, staff faxed the incident report to Adult Protective Services on 8/31/10. During interview on 12/27/10 at 3:05 PM, the Registered Nurse confirmed that staff had failed to report the altercation between Resident #1 and Resident #2 when they first learned of it on 8/21/10, and that s/he had prompted the incident report 10 days later on 8/31/10 upon return from vacation.	R206		
R246 SS=F	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	R246		

*R206 1-26-2011 POC accepted.
See attached. - C. Haraway, RN*

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R246	Continued From page 4 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. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that dented cans are not available for use. Findings include: 1. Per observation during the environmental tour on 12/27/2010 at 11:55 AM, 2 gallon cans of green beans, 1 gallon can of red beans, and 1 gallon can of corn were found in the kitchen food supply storage area of the basement with significant dents. The Administrator confirmed, at the time of the observation, that the cans were dented and that they should be removed.	R246		
X R266 SS=E	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 interview, the home failed to assure and maintain a safe, functional, sanitary, homelike and comfortable environment in residential use areas. Findings include: 1. During a tour of the second floor residential area of the home on 12/27/10 at 11:10 AM, the	R266	R246 1-26-2011 POC accepted. See attached. — C. Haraway, RN	

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R266	Continued From page 5 light for one exit sign was not operable, presenting a potential safety concern should emergency exit be necessary. Upon inspection and interview at 12:00 PM on 12/27/10, the Administrator confirmed that the exit sign light was not functioning except during depression of the test button, and should be fixed. 2. During a tour of the second floor residential bathroom at 11:30 AM on 12/27/10, the caulking around the tub was covered with a black substance which could be scraped away from the white caulking. The Administrator confirmed at 12:00 PM on 12/27/10 that an accumulation of black substance covering the tub caulking should have been removed during cleaning. 3. During a tour of the 'Bottom Floor' residential space on 12/27/10 at 11:30 AM, the men's common bathroom had a strong odor of urine. Additionally in the men's bathroom, there were numerous dead flies and soiled surfaces present on the window sill, as well as evidence of dead flies in the dome of the overhead light. During this same tour and observation of the basement residential men's bathroom, the Administrator confirmed the presence of urine odor, a soiled window sill, and the presence of dead flies in the window sill and overhead light fixture. 4. During a tour of the residential areas on 12/27/10 between 11:30 AM and 12:00 PM, 3 baseboard heat covers were seen dislodged and/or missing end covers, exposing sharp parts on the interior of the baseboard heat fixtures. These 3 dislodged heat covers, which presented a potential safety hazard to residents, were observed in the second floor room of Resident #3, in the common hallway of the basement residential area, and in the men's common	R266		

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R266	Continued From page 6 bathroom in the basement residential space. During this tour and observation, the Administrator confirmed that the 3 baseboard heat covers in the room of Resident #3, the basement hallway, and the basement men's bathroom were dislodged and exposing sharp parts. 5. Per environmental tour on 12/27/2010 between 11:30 AM and 12:00 PM the following were identified: a) windows in the 'Bottom Floor' common bathroom were not air-tight, allowing a cold breeze to enter the bathroom area, b) window blinds in the 'Bottom Floor' common bathroom were bent / broken and were heavily covered with dust accumulation, c) walls and/or baseboard in the stairwells and intermittently throughout residential living areas were covered with brown splotches, d) numerous floor tiles had significant cracks and/or missing pieces throughout the building preventing a complete cleansing of the floors, and e) the wood flooring finish was worn off, preventing a complete cleansing. The Administrator confirmed the above observations at the time of the tour.	R266		
R296 SS=F	IX. PHYSICAL PLANT 9.8 Heating 9.8.b The minimum temperature shall be maintained at an ambient temperature of 70 degrees Fahrenheit in all areas of the home utilized by residents and staff during all weather conditions. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home	R296		

R266 1-26-2011 POC accepted, see attached. — C. Laraway, RW

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R296	Continued From page 7 failed to maintain the required minimum temperature of 70 degrees Fahrenheit in resident utilized areas on the day of survey. Findings include: 1. Per observation on 12/27/2010 at 12:10 PM of the top floor, the thermostat was set at 80 degrees Fahrenheit (DF) and the measured temperature at the bottom of the thermostat was 58 DF. At 2:10 PM, the thermostat on the Middle floor was set at 80 DF with a temperature reading of 63 DF. Each of these readings was confirmed by the Administrator at the times of discovery.	R296		
R313 SS=E	XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to provide copies of written requests for financial assistance for 3 of 4 residents in the survey sample. Findings include: 1. Per record review on 12/27/2010, there was no signed written request available to indicate that Residents #1, #3, and #4, (or a guardian, power of attorney or family member) had authorized a representative payee (The Howard	R313		

R296 1-26-2011 POC accepted. See attached — C. Haraway, RW

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R313	Continued From page 8 Center) or the home to manage their personal funds. During interview at 11:30 AM, the Administrator was unable to produce documentation that requests for financial management assistance had been made to the home for each of these residents. During interview at 11:43 AM, a Manager of resident funds at The Howard Center was unable to confirm that written requests for assistance had been obtained for these residents.	R313		
R314 SS=E	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to provide quarterly statements for the managed funds of 3 applicable residents (Resident #1, Resident #3, and Resident #4). Findings include:</p> <p>1. Per record review on 12/27/2010, the home manages petty cash funds for Residents #1, #3, and #4. There was no quarterly statement of accounting available for these residents. During the initial interview, the Administrator confirmed that quarterly accounting is not provided by the home for the petty cash accounts.</p>	R314		

R313 1-26-2011 POC accepted. See attached. — C. Laraway, RN

R314 1-26-2011 POC accepted. See attached. — C. Laraway, RN

Date: January 14, 2011

To: Pamela Cota

From: Debra Clemmer - Program Coordinator for Lakeview Community Care Home *D. Clemmer*

Re: PLAN OF ACTION FROM THE DECEMBER 27, 2010 SURVEY REVIEW

Deficiency: The admission agreement for residents reads a 14-day discharge for non-payment of funds could be implemented by the home.

Action: Admission agreement was changed to read a 30-day notice for non-payment of funds. *R114 - 1-26-2011 POC accepted. — C. Laraway, RN*

Deficiency: One record out of 4 reviewed did not have an AIMS (Abnormal Involuntary Movement Screen) completed

Action: AIMS test on this resident was done December 27, 2010 when the nurse surveyors were on site. This particular resident had previous AIMS test recorded but not one for 2010 that was an error of omission made by writer. The current system of doing AIMS test on all residents in the spring and with each new admission is working since all of the other 15 residents had a 2010AIMS test documented in their record.

R171 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Report of a resident to resident assault was faxed to APS 10 days late

Action: Staff was informed in staff meeting that they must report all incidents of assaults to APS as soon as possible and to contact a supervisor if they are unsure on how to proceed.

In 2011 in the residential unit meeting the plan is to have an APS representative review with residential staff the guidelines for reporting incidents to APS.

R206 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Dented Cans

Action: The Lakeview Cooks have developed a system to check all cans coming into the house for dents. Dented cans will be sent back to the vendor mainly Reinhart Foodservice for an exchange.

R246 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Light for one exit sign was not working

Action: Work order completed and light is working. Staff complete monthly safety checks to find these types of problems and for the most part this system works. See Ed Vizvarie the Director of Facilities at HowardCenter and his comments on action plans. His report is enclosed.

R266 #1 of 5 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Cleanliness of the bathrooms

Action: HowardCenter Facilities Department has sent more staff to clean bathrooms and common areas for the past 2 weeks scrubbing floors, showers, and walls. The supervisor for the cleaner is working more closely with him to do a better job cleaning.

R 266 # 2 of 5 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Baseboard heat covers dislodged and exposing sharp parts on the interior of the baseboard

Action: Work order completed for Facilities to fix this problem. See enclosed action plan from Ed Vizvarie.

R 266 # 4 of 5 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Windows allowing cold air to enter in the bottom floor bathroom

Action: See Ed Vizvarie action plan.

Deficiency: Window blinds in the bottom bathroom bent/broken

Action: Blinds in most bathrooms have been replaced. Staff will check the condition of blinds every 6 months.

R 266 # 5 of 5 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Floor tiles missing pieces and cracked

Action: The floor that had the most missing pieces was replaced on December 28, 2010. See Ed Vizvaire action plan for more details.

R 266 # 5 of 5 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: Heating of the house not at 70 degrees

Action: See Ed Vizvaire action plan.

Deficiency: No documented consent from the residents that their personal needs money is being managed by HowardCenter staff

Action: Three residents out of the four residents that were audited were given a statement to sign stating: "I (name of the resident) agree for my money to be kept in the office at Lakeview in the secure lock box." Two residents signed this statement and one would not and she generally will not sign for anything. These statements were faxed to Cindy Laraway -Nurse Surveyor on December 28, 2010 at her request.

All other residents who have money in the lock box will be requested to sign this statement before January 31, 2011.

R 313 1-26-2011 POC accepted. — C. Laraway, RN

Deficiency: No quarterly statements are given to residents about their petty cash accounts

Action: A quarterly statement was given to the three residents who were audited and copies of the statements were faxed to Cindy Laraway at her request December 28, 2010. All other Lakeview residents who have personal needs money that Lakeview staff manage will receive a statement by January 31, 2011. These statements will be given to residents every Jan, April, July, and Oct. A copy of this statement will be kept in their file at Lakeview.

R314 1-26-2011 POC accepted — C. Laraway, RN

Response to Division of Licensing and Protection
Statement of Deficiencies Report
Dated 12/27/2010

R266 IX. Physical Plant

- 9.1.a 1. EXIT signs are inspected monthly and a report is filed with the Agency Safety Officer. When an EXIT light does not work or test properly, it is the responsibility of house staff to submit a Job Order Request (JOR) to the Facilities Department. These are prioritized as a 24 turn-around repair. This light has been repaired at this time.
2. The caulking around the bath tub will be cleaned. If attempts to clean the caulking are unsuccessful, the tub will be re-caulked.
3. This bathroom and all common areas are cleaned every weekday, but residents continue to urinate on items. A deep clean has been performed at this location over the last 10 days and more attention will have to be paid to urine odor and cross contamination.
4. It is up to house staff to inform Facilities of issues like this. A JOR should be submitted. All baseboards radiation will be checked and repaired or replaced.
5. a) Windows on ground floor level have air conditioners in them. A better job of insulating and sealing them for winter will be done.
- b) The Environmental Services (ES) cleaner does not clean in resident's rooms. This is left for residents and house staff. Facilities will evaluate window blinds for replacement with the manager of the house.
- c) This has been cleaned during the recent top to bottom cleaning performed by ES.
- d) The vinyl floor will be evaluated for repair/replacement.
- e) The Facilities Department will evaluate the floor and decide if a new urethane finish should be applied or if a vinyl floor should be installed.

R266 1-26-2011 POC accepted. *Charany, RN*

R296 IX. Physical Plant

- 9.8.b 1. The thermostats at this location are old and in poor shape. They should not be relied upon for accurate temperature readings. The baseboard radiation was replaced in 2003 with High Output radiation. The boiler was replaced in 2008. The heating system is maintained and inspected annually. On January 4-5, the Facilities Department

measured the temperature in the southwest bedroom on the ground floor for a 24 hour period. This room was chosen as it has two exterior walls, a window air conditioner in place and is on the ground floor. The temperature never went below 70 degrees Fahrenheit. The Facilities Department has ordered new thermostats and will replace all four of the thermostats in the house. Lock boxes will be installed over the thermostats to prevent tampering.

R296 1-26-2011 POC accepted. — C. Haraway, RW

Edward A. Vizvarie, REH, CMM
January 13, 2011