



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. Harriet Davis, Administrator  
Lincoln House  
120 Hill Street  
Barre, VT 05641

Dear Ms. Davis:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite licensing survey and complaint investigation conducted on **December 28, 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.



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Division of  
JAN 14 11

PRINTED: 01/06/2011  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0175	(X2) MULTIPLE CONSTRUCTION? A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/28/2010
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NAME OF PROVIDER OR SUPPLIER  LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
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(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
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R100	Initial Comments:  An unannounced onsite licensing survey and complaint investigation was conducted by the Division of Licensing and Protection on 12/28/10.	R100		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7 Assessment  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.  This REQUIREMENT is not met as evidenced by: Per record review and interview, the Registered Nurse (RN) failed to fully complete an assessment within 14 days of admission using an assessment tool provided by the licensing agency for 3 of 5 residents (Resident #3, Resident #4, and Resident #5) in the sample. Findings include:  1. Per record review on 12/28/2010, the most recent reassessment (dated 10/22/2010) for Resident #4 was missing demographic and resuscitation status information for Section A #14, #15, portions of section #16, section #17, #18, #19, #20, #25, and #26 of the Resident Assessment tool. During interview at 4:30 PM, the RN confirmed that this assessment tool was not completed as noted above.  2. Per record review on 12/28/2010, the most recent reassessment (dated 3/9/2010) for	R134	(Plan of Corrections attached)  1-26-2011 Plan of correction accepted as written. See attached. C. Laraway, RN	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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R134	Continued From page 1  Resident #5 was missing demographic and resuscitation status information for Section A #15, #16, #17, #18, #19, #20b of the Resident Assessment tool. During interview at 4:30 PM, the RN confirmed that this assessment tool was not completed as noted above.  3. Per record review on 12/28/10, the admission assessment for Resident #3 dated 1/20/2010 had no responses to several questions. On 12/28/10 at 4:30 PM, the RN confirmed that there were unanswered questions on the admission assessment for this resident.	R134		
R145 SS=E	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 record review and interview, the Registered Nurse (RN) failed to develop a written plan of care regarding risk of falls which includes a description of the care and services necessary to assist the resident to maintain independence and well-being for 4 of 5 residents in the sample (Resident #2, Resident #3, Resident #4, and Resident #5). Findings include:  1. Per record review on 12/28/2010, the written plan of care for Resident #2 dated 7/20/2010 included a fall risk status of 3 (scale of 0-5).	R145		

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R145	Continued From page 2  There were no specific interventions described on the plan of care which would guide staff in care and services to prevent falls. Nurse notes indicated that Resident #2 fell on 7/18/2010, 8/18/2010, and 9/23/2010. There were no revisions of the falls plan of care subsequent to the falls on 8/18/2010 and 9/23/2010. During an interview on 12/28/2010 at 4:45 PM, the RN confirmed that the written plan of care for Resident #2 lacks specific interventions and revisions to guide staff in care and services regarding fall prevention.  2. Per record review on 12/28/2010, the written plan of care for an identified fall risk for Resident #3 was entirely blank in the interventions section. Above the interventions section, there was one notation that staff should remind Resident #3 to use his/her cane. Nurse notes indicated that Resident #3 fell on 12/23/2010 and was sent to the emergency department for evaluation. Per record review on 12/28/2010, there was no revision of the falls plan of care which might describe necessary care and services subsequent to the fall of 12/23/10. During an interview on 12/28/2010 at 4:45 PM, the RN confirmed that there were no specific interventions or revisions in the written plan of care for falls for Resident #3, except for the one notation to prompt use of the cane.  3. Per record review on 12/28/2010, Resident #4 was identified as at risk for falls. This resident is prescribed the blood thinner, Coumadin, daily presenting greater risk of harm in the event of falls. There were no interventions identified to reduce the risk of falls for Resident #4 noted in the plan of care. During interview on 12/28/2010 at 4:30 PM, the RN confirmed that Resident #4 is at risk for falls and that there were no specific	R145		

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R145	Continued From page 3  interventions identified in the plan of care to reduce the risk of falls.  4. Per record review on 12/28/2010, Resident #5 was identified as at risk for falls. The record identified falls on 4/30/2010, 5/2/2010, and 6/24/2010 with injuries identified on 5/2/2010 and 6/24/2010. The plan of care (dated 7/20/2010) contained no information to direct staff regarding fall prevention for this resident. During interview on 12/28/2010 at 2:10 PM, the RN confirmed that there was no written instruction in this plan of care to direct staff in fall prevention strategies.	R145		
R179 SS=D	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	R179		

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R179	Continued From page 4  pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Per record review and interview, the home failed to ensure that 5 of 5 staff in the sample received training each year in fire safety, as required. Findings include:  1. Per review of the home's in-service records on 12/28/2010, the home did not show evidence of an in-service on fire safety in the past twelve months for 5 of 5 staff in the sample. During an interview on 12/28/2010 at 4:15 PM, the Administrator confirmed that the most recent fire safety in-service was conducted in April 2009, and that the 5 staff in the sample had not had fire safety training in the past twelve months as required.	R179		
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(2)  A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.	R188		

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R188	Continued From page 5  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the licensee failed to assure that progress notes regarding care and services provided following a potential change in health status of 1 applicable resident in the survey sample (Resident #4). Findings include:  1. Per record review on 12/28/2010, Resident #4 experienced an episode of shortness of breath, clamminess, and an irregular pulse on 12/24/2010. The record indicates this condition was reported to the RN (Registered Nurse) via telephone with instructions to recheck the resident and notify the RN of the findings. There is no further documentation in the record to indicate that these instructions were carried out, that the resident issue resolved or whether further intervention was necessary. During interview on 12/28/2010 at 4:00 PM, the RN confirmed that there was no follow-up documentation to indicate the interventions / outcome of this episode for Resident #4.	R188		
R247 SS=D	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by:	R247		

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R247	Continued From page 6  Per observation, record review and interview, the home failed to assure that all perishable food and drink were labeled, dated and held at proper temperatures (at or below 40 degrees Fahrenheit) in 2 of 4 resident refrigerators. Findings include:  1. During the initial tour of the home at 9:18 AM on 12/28/2010, the refrigerator in the resident kitchenette on the second floor was observed to have no thermometer for the monitoring of internal refrigerator temperatures. At 11:50 AM on 12/28/10, the Administrator confirmed that the refrigerator had no thermometer for monitoring internal temperatures to assure food safety.  2. During the initial tour of the home at 9:40 AM on 12/28/2010, the refrigerator in the resident kitchenette on the third floor had no thermometer for the monitoring of internal refrigerator temperatures. Additionally, the resident refrigerator contained undated and unlabeled food items including 4 uncovered tarts. At 11:59 AM on 12/28/2010, the Administrator confirmed that the refrigerator had no thermometer for monitoring temperatures and that there were unlabeled and undated food items.	R247		
R248 SS=D	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly.  This REQUIREMENT is not met as evidenced by:	R248		

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R248	Continued From page 7  Per observation and interview, the home failed to assure that all utensils are cleaned and sanitized after each use and stored properly. Findings include:  1. During the initial tour of the home at 9:18 AM on 12/28/2010, an ice cream scoop was observed in the freezer of the resident refrigerator in the kitchenette on the second floor. On 12/28/2010 at 11:50 AM, the Administrator confirmed that the ice cream scoop should have been removed for cleaning between uses and stored properly.	R248		
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 environment at all times. Findings include:  1. Per observation during the initial tour at 9:18 AM on 12/28/2010, an ace bandage wrapped around an ice pack was in the resident freezer unit in the second floor resident kitchenette posing a potential infection control issue. At 11:50 AM on 12/28/2010, the Administrator confirmed that the ace bandage wrap should not be present in a resident food storage freezer.  2. Per observation during the initial tour at 9:18	R266		

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R266	<p>Continued From page 8</p> <p>AM on 12/28/2010, a container of liquid "Miracle Grow" chemical fertilizer was on a table in the second floor resident kitchenette fully accessible to residents. At 11:52 AM on 12/28/2010, the Administrator confirmed that the liquid chemical fertilizer had been placed on the table in the kitchenette with other articles which were available for resident use.</p> <p>3. Per observation during the initial tour at 9:27 AM on 12.28/2010, the following hazardous chemical agents were unsecured and fully accessible in the resident spa room on the third floor: 1 gallon of bleach, 2 containers of Comet powdered cleanser. Additionally, the following personal care products were unlabeled as to owner and stored on an open shelf and in an unsecured 3 drawer cabinet, potentially exposing residents to communicable infection through cross-contamination or injury from chemical contents: 1 tube of Desinex, 4 bottles of shampoo, 1 bottle hair conditioner, 1 bottle body wash, 1 can hair spray, 1 pump hair spray, 1 aloe vesta body lotion, 1 Suave body lotion, 1 foot powder, 1 jar diabetic foot cream, 1 packet Lanticeptic skin protectant, 1 Musk body spray, 1 tube first aid cream. During interview at 11:55 AM on 12/28/2010, the Administrator confirmed the presence of the accessible chemicals and personal products in the third floor resident spa room, and additionally confirmed that the products should be stored securely.</p> <p>4. Per observation during the initial tour at 9:40 AM on 12/28/2010, the following potentially hazardous chemical cleaning agents were stored in an unlocked lower cabinet in the third floor resident kitchenette: 1 bottle all-purpose neutral disinfectant, 1 bottle Windex, 1 can Comet powdered cleanser, and 1 Glade spray air</p>	R266		
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R266	<p>Continued From page 9</p> <p>freshener. During interview at 12:00 PM on 12/28/2010, the Administrator confirmed that the potentially hazardous chemical cleaning agents were present in the unlocked cabinet in the third floor resident kitchenette and that they should be stored securely.</p> <p>5. Per observation at 11:40 AM on 12/28/2010, the main housekeeping closet adjacent to the resident activity room on the ground floor was unlocked and fully stocked with the following potentially hazardous items: 6 gallons of H 2 Orange Concentrate 116, 1 gallon bleach, 2 gallons mild acid washroom cleaner, 1 quart Hydrogen Peroxide, 3 bottles Zorb stain remover, 1 quart Sparkle acid cleaner, and 1 box cutter razor instrument. During interview at 11:47 AM on 12/28/2010, the Administrator confirmed that the housekeeping closet door was unlocked, that the closet was in a resident accessible area and should have been locked to secure the potentially hazardous materials.</p> <p>6. Per observation during initial tour at 9:18 AM on 12/28/2010, a cabinet in the 2nd floor kitchenette area contained a 'tackle box' kit with various wound care items including bacitracin / antibiotic ointment, 2 small brown envelopes hand labeled (with more than a dozen tablets in each) to indicate the contents were Tylenol and Ibuprofen. The box containing these items had no lock and was resident accessible. Additionally a partially full bottle of hydrogen peroxide was on the shelf next to the box. During interview and observation with the Administrator at 1:40 PM, s/he confirmed that these items were in resident accessible areas.</p> <p>7. Per observation during initial tour at 9:27 AM on 12/28/2010, a cabinet in the 3rd floor</p>	R266		

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R266	Continued From page 10  kitchenette area contained a 'tackle box' kit with various wound care items including bacitracin / antibiotic ointment, 2 small brown envelopes hand labeled (with more than a dozen tablets in each) to indicate the contents were Tylenol 500 mg (milligram) (12-18-09) and Ibuprofen 200 mg (no date). Additionally a partially full bottle of hydrogen peroxide was on the shelf next to the box. During interview and observation with the Administrator at 1:45 PM, s/he confirmed that these items were in resident accessible areas.  8. Per observation on 12/28/2010, electric breaker boxes in hallways on the 2nd and 3rd floors had locks which were unlocked. During interview at 1:45 PM, the Administrator confirmed that the boxes were not locked and that the electric boxes are in resident accessible areas.	R266		

R134 V. RESIDENT CARE AND HOME SERVICES

5.7 Assessment

All assessments will be updated within thirty (30) days. Vehicle (addendum 1) to accomplish this is attached; dated January 7, 2011

*R134 1-26-2011 POC accepted. — C. Laraway, RN*

R145 V. RESIDENT CARE AND HOME SERVICES

5.9. c (2)

Reformatting the care plan tool to accommodate better assessments of falls, potential falls, and risky situations will be done using the "PIC" Report. (addendum 2) thus enhancing the safety of each resident.

*R145 1-26-2011 POC accepted. — C. Laraway, RN*

R.179 V. RESIDENT CARE AND HOME SERVICES

5.11. b

This requirement will be met at the January 18, 2011 staff meeting. The agenda will include review of fire safety, review of fire drill instruction and pertinent questions regarding information presented. Records will be updated.

*R179 1-26-2011 POC accepted. — C. Laraway, RN*

R. 188 V. RESIDENT AND HOME SERVICES

5.12. B (2)

The "PIC" tool (addendum 1) will be used to identify and assist in following changes from baseline for each resident with identification, interventions, re-evaluation and resolution to the situation; will create a temporary care plan that could lead to a permanent change in the original care plan.

*R188 1-26-2011 POC accepted. — C. Laraway, RN*

R. 247 VII. NURTRITION AND FOOD SERVICES

7.2

Thermometers were put in all refrigerators housed at Lincoln House on 12/29/2010.

Unlabeled and undated food was removed from all refrigerators housed at Lincoln House. Housekeeping staff will monitor all refrigerators accessible to residents to avoid undated and unlabeled food. The kitchen staff will monitor all food in the kitchen refrigerators and freezers.

*R247 1-26-2011 POC accepted. — C. Laraway, RN*

R. 248 VII NUTRITION AND FOOD SERVICES

7.2

The iced cream scoop located in second floor freezer belonged to a resident residing on the second floor. It has been removed from the freezer area and the resident has been told the ice cream scoop must be kept in his room.

*R 248 1-26-2011 POC accepted. — C. Laraway, RN*

R. 266 IX PHYSICAL PLAN

9.1

1. The ice pack with the ace bandage wrapped around it has been removed from the resident freezer located on second floor. Ice packs in all resident freezers have been secured in plastic bags.
2. The Liquid Miracle Grow has been disposed of and directives have given to all staff members that when a resident/family vacates a room any belongings left in a general area for other residents to have access to be removed immediately to determine if they are appropriate to share with other resident.
3. The cleaning solutions for the spa in the Resident Spa room have been removed from the spa area and are securely locked in the closet across from the spa. Residents are unable to access this closet. In addition all personal care products located in the spa area have been removed. Staff has been advised that personal care products used when assisting residents in the spa must belong to that resident and must be returned to that resident's room.
4. All hazardous chemical cleaning agents have been removed from the unlocked lower cabinet in the third floor resident kitchenette. Staff has been advised that any chemical cleaning agents are located in the housekeeping closet in the basement level behind a locked door.
5. The housekeeping closet lock was broken; it was replaced on 12/29/2010.
6. The "tackle box" first aid kits located on each floor have had all wound care items, Tylenol and Ibuprofen, hydrogen peroxide removed. The 'tackle box' first aide kits will house gauze and 4x4's and band aides for initial first aid for skin tears and laceration that result.
7. Please refer to # 6
8. Electric Breaker boxes in hallways on 2<sup>nd</sup> and 3<sup>rd</sup> floor are now locked. The keys for these breaker boxes are located in the "key box" in the med room which is locked when office is unoccupied.

*R 266 1-26-2011 POC accepted. — C. Laraway, RN*

# Lincoln House

120 Hill Street  
Barre, VT 05641  
(802)-476-3283  
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January 7, 2011

With the start of the New Year, it is time to review and update the following information:

• First Person Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

•

• Second Person Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

• Advanced Directives on file: Yes No

***\*\*If no Advanced Directives are on file at Lincoln House, please put this in place with the primary physician; make a copy of this document and bring the document to Lincoln House for our files.***

• Durable Power of Attorney (Health Care): \_\_\_\_\_

***DPOA documentation***

• Durable Power of Attorney (Finances): \_\_\_\_\_

***DPOA documentation***

• Funeral Arrangements: Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

• Updated Healthcare Cards (copies will be made when they are brought in)

• Prescription cards (copies will be made when they are brought in)

Thank you for your prompt response to all of the above. It is appreciated.

**“PIC” Report**  
(Problem, Issue, Concern)

**Resident Name:** \_\_\_\_\_

**Describe the Event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Intervention/Temporary Care Plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re-Evaluation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Further Intervention:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Long Term: Implemented Changes: Record in Care Plan**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initial: (Person reporting the problem)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initial: (Person reporting the resolution)** \_\_\_\_\_ **Date:** \_\_\_\_\_