

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 11, 2016

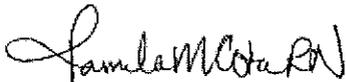
Ms. Brenda Scalabrini, Manager
Lincoln House
120 Hill Street
Barre, VT 05641-3915

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 7, 2016**. 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

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 06/07/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 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	Initial Comments: An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection, along with a complaint investigation, between 6/6-7/2016. There were findings associated with both. See below for the details:	R100	Please see attached plan of correction.	
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the residential care home failed to assure that 1 of 6 residents (Resident # 2) was assessed annually after admission. The specifics are as follows: Per medical record review on 06/07/2016, Resident # 2 was admitted on 8/24/2014. Timely assessment and development of an individualized care plan was done at that time. There is no evidence in the medical record to support that an assessment was conducted in 2015, even though the care plan was updated and revised in July 2015. The form used by the nurse to indicate when the next assessment is due shows that the assessment for Resident # 2 is due in August of 2016. The date is not moved forward until a previous assessment is done. The nurse states during interview that s/he remembers doing the	R136		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

R136-R190 POCs accepted 7/11/16 G Coleman R/P/MD

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 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 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
--------------------	--	---------------	---	--------------------

R136	Continued From page 1 assessment and even color codes the forms as a further reminder that one is done. The assessment for Resident # 2 for 2015 cannot be located during the days of survey. This is confirmed by both the nurse and the manager of the home during interview in the afternoon of 6/7/2016.	R136		
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 pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced	R179		

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 06/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 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
--------------------	--	---------------	---	--------------------

R179 Continued From page 2

by:
Based on review of personnel records, the residential care home failed to assure that 3 of 5 staff, involved in direct care of residents, met the mandatory requirements for 12 hours of inservice trainings for the previous year. The specifics are as follows:

Per review of the newly instituted inservice teaching and tracking guide, staff members have acquired 4 hours of inservice in the areas of abuse, resident rights, emergency and first aid in March 2016. Another 4 hour session is planned further this year to include infection control, respectful communication with the remainder of hours made up of other subjects of interest to the staff. The nurse and manager report during interview on 6/7/2016 that the required topics of inservice hours were incorporated into the regular staff meetings for last year but the documentation is not available.

R179

R190 SS=E V. RESIDENT CARE AND HOME SERVICES

5.12.b.(4)

The results of the criminal record and adult abuse registry checks for all staff.

This REQUIREMENT is not met as evidenced by:
Based on review of the residential care home's personnel records and confirmed during staff interview, the home failed to assure that proper background checks were conducted for the 5 employees in the sample. The specifics are as follows:

R190

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ E. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 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
--------------------	--	---------------	---	--------------------

R190	<p>Continued From page 3</p> <p>Per review of personnel records on 06/06/2016, there is no evidence that criminal background checks were conducted for 4 of the 5 employees reviewed. Further, 2 of the 5 employees reviewed did not have Adult or Child Abuse results. All employees had signed permissions to grant the required background checks. The manager confirmed during interview on 6/6/2016 at 3:20 PM that s/he did not realize that criminal checks had to be done and only had the prospective employees sign the release form for criminal activity to see how the employee reacted when asked. The requests were not sent out.</p>	R190		
------	--	------	--	--

R 136 V. RESIDENT CARE AND HOME SERVICES

SS=d

5.7 Assessment

5.7 c each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition

- Have another level of double check to ensure that the Annual Assessment and/or when there are significant changes with the resident's status that another assessment is done of the respective resident as well as the care plans.
- Independent auditing by another staff member to ensure that documents are located and within proper timing
- Monitoring of this new process will be the responsibility of the Medical Director and the Executive Director at Lincoln House.
- Implementation of this is immediate, 23 June 2016

R 179 V. RESIDENT AND HOME CARE SERVICES

SS=D

5.11 The home must ensure that the 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 the residents. The training will included, but is not limited to the following

(1) Residents rights April 2016

(2) Fire Safety and emergency evacuation

(3) Resident emergency response procedures, such as Heimlich maneuver, accidents, police or ambulance contact and first aid. April 2015 & 2016

(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation April 2016

(5) Respectful and effective interaction with residents April 2016

(6) Infection Control measures, including and not limited to handwashing, handling of linens, maintaining a clean environment, blood borne pathogens and universal precautions August 2015 we did an In-service on Bed Bugs that incorporated everything but the blood borne pathogens. Attach minutes of staff meeting

(7) General supervision and care of residents Every staff meeting has a portion saved for the discussion and update of each resident's needs All Care plans are up to date with care addressing the immediate and chronic needs of each resident.

- One of the staff members is in Housekeeping and she also works as a another Health Care facility where she has fulfilled the 12 hours of required in-service
- Another staff member was new within 1 month and she had not completed all the required in-services to date.
- If staff members work at another health care facility then a copy of the In-services they have completed need to be added to their respective files and if the lack any if the required In-services, it is our duty to ensure compliance.

- Lincoln House is required to ensure the required training is done and needs to create a method that will accomplish the requirements even with staffing issues. The administrator and RN need to develop a plan of implementing a process that will fulfill this requirement.
- Develop a self-study process with a skill demonstration to accomplish required Yearly Educational Needs
- Medical Administrator and the executive Administrator are the responsible people to ensure this process
- Implementation of this process is immediate, June 23, 2016, by end of July for this year 10 hours of Required Education will be completed. With use of Self-study materials.
- Monitoring will be done by the Medical and Executive Directors on a monthly basis.

R -190 V. RESIDENT CARE AND HOME SERVICES

SS=E

5.12. B (4)

The results for the criminal record and adult abuse registry checks on all staff

- Administrative team will check to ensure all current personnel have the appropriate criminal back ground checks as well as the Adult and Child Abuse results.
- Develop a system that provides a book with all the Background checks and that each respective employee has a copy in their respective personnel I files.
- Monitoring of this process will be there responsibility of the Executive Director and the Medical Director
- Implementation of a process of having a checklist for each employee is immediate, June 23,2016 ensuring the required background checks have been done and that all copies of Educational and Certificates are filed in each employees file