



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

August 18, 2010

Mr. Francis Cheney, Administrator
Maple Lane Retirement Home
30 Maple Lane
Barton, VT 05822

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **July 14, 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".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2010
NAME OF PROVIDER OR SUPPLIER MAPLE LANE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 30 MAPLE LANE BARTON, VT 05822		
(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 on-site survey was conducted on 7/14/2010 by the Division of Licensing and Protection.	R100	Please see attached Plan of Correction	
R178 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that a sufficient number of qualified personnel are available at all times. Finding include: 1. Based on record review, the RCH (Residential Care Home) assigns 1 staff person for all except 1 day shift per week (when 2 staff are assigned). When emergency assessment is required or if a resident requires more than 1 assist for any event, such as a fall or injury, appropriate staff (Licensed Nurse or Licensed Nursing Assistant) from the Nursing Home are sent to assist. Per interview with the Administrator at 4:30 PM on 7/13/10, it was confirmed that the RCH is primarily staffed with 1 person (LNA) per shift and that additional necessary assistance is provided on an 'as needed' basis by NH staff.	R178		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES	R179		

Division of Licensing and Protection

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



TITLE



(X6) DATE

8/9/10

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R179	<p>Continued From page 1</p> <p>5.11 Staff Services</p> <p>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:</p> <p>(1) Resident rights;</p> <p>(2) Fire safety and emergency evacuation;</p> <p>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that 4 applicable employees providing direct care to residents completed the required 12 hours of annual training. Findings include:</p> <p>1. Per review of 4 personnel files on 7/14/10, employee records did not contain evidence of all required annual training. During interview on 7/14/10 at 11:45 AM, the RN (Registered Nurse) confirmed that there was no evidence to indicate that the employees had completed the required</p>	R179		

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If continuation sheet 2 of 7

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R179	Continued From page 2 annual training.	R179	Please see attached Plan of Correction	
R249 SS=D	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 observation and interview, the home did not assure that all food handling and storage processes are consistent with safe food handling practices. Findings include: 1. Per observation during initial tour of the kitchen area on 7/14/10 at 8:45 AM, two cereal containers had plastic cups inside. Per interview at the time of the observation, the staff member confirmed that the cups were in the containers to use as scoops and stated s/he was unaware that this was a potential contaminant. 2. During tour of the main kitchen on 7/14/10 at 4:30 PM (at Maple Lane Nursing Home), which is used to prepare food for the Residents of the Residential Care Home, there was a partially used 50 pound bag of potatoes stored on the floor of the dry goods storage area. Dietary staff confirmed that the potatoes had been placed on the floor and that they should not be stored on the floor. 3. Per observation during tour of the main kitchen on 7/14/10 at 4:30 PM, 2 gallon cans of corn beef hash and 2 cans of sweet potatoes were significantly dented. During interview at this	R249		

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R249	Continued From page 3 time, kitchen staff confirmed that the cans were dented and stated that they should have been removed from the shelf per facility policy.	R249		
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 facility did not provide a functional, sanitary, homelike and comfortable environment. Findings include: 1. During the initial environmental tour on 7/14/10 at 8:45 AM, the following was observed: a) the carpeting on the stairs was stained and had debris / dust on each stair tread; b) the air vent in the smoking room was heavily coated with a greasy dust substance; c) the second floor bathroom smelled strongly of urine. Per interview later that morning during a repeat tour, the RN stated that housekeeping staff from the Nursing Home are available for 1 hour each day to perform basic housekeeping duties. S/he confirmed each of these observations. 2. During tour with the RN and LNA staff on 7/14/10, windows in rooms #1, #4, #6, #8, and #10 had missing handle cranks to open the windows and / or missing screens for the windows. In addition, the second floor sitting room had neither screens nor cranks to open the windows during this 80+ degree day. Room #8	R266		

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R266	Continued From page 4 also had a door blind leading to a shared porch / deck area that was torn.	R266		
R309 SS=D	X. PETS 10.2.c The home must have procedures to ensure that pets are kept under control, fed, watered, exercised and kept clean and well-groomed and that they are cleaned up after. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility failed to develop a pet policy and procedure. Findings include: 1. Per observation and record review on 7/14/10, the facility has a 'house cat' but has no policy and procedure to assure that the animal is properly vaccinated, fed, watered, kept clean, well groomed and that it is cleaned up after. During interview that afternoon, the RN confirmed that there is no pet policy at the facility but was able to produce evidence to confirm the cat had been vaccinated the prior year.	R309		
R313 SS=D	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	R313		

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R313	Continued From page 5 involved. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to obtain written request from Resident #2 prior to managing a petty cash fund for the resident. Findings include: 1. Per record review, Resident #2 had deposited cash funds with the staff of the facility but no written request from the resident is in the record. During interview on 7/14/10 at 1:20 PM, the RN confirmed that no written request had been received from the resident and / or responsible party to assist with management of petty cash funds.	R313	Please see attached Plan of Correction	
R314 SS=D	XI. RESIDENT FUNDS AND PROPERTY 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 This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the home failed to provide Resident #2 with a quarterly statement for personal funds. Findings include: 1. Per observation on 7/14/10, Resident #2 was provided with funds (a \$20 bill in exchange for a \$10 bill) from a petty cash container kept in the medication cart at the nursing station upon request. Per record review there is no quarterly statement of funds provided to this resident nor	R314		

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R314	Continued From page 6 does the resident sign to indicate receipt of / deposit of funds. During interview at 1:20 PM the RN confirmed that there is no quarterly accounting provided to the resident and that the only signatures for deposit / withdrawal of funds in the record belong to staff.	R314			

**MAPLE LANE RETIREMENT HOME
PLAN OF CORRECTION
SURVEY 7/14/10**

R178 S.11 Staff Services

Sufficient staff was provided to assure prompt appropriate action in case of injury, illness, fire, and other emergencies. It was deemed more effective to design certain procedures with the assistance of onsite resources from our entire business versus building emergency procedures that assume a stand alone Level III facility. The decision to do so was a contemplated decision to provide a higher degree of service than would be normally provided in this setting. Our Level III facility has been approached in this manner for two decades without issue from the Division of Licensing and Protection. It is apparent our practice is no longer an acceptable approach in the care of our residents. We will accomplish the following to correct this deficiency.

- 1.) Staff performing care to the Level III residents will be assigned at prescribed time and hours on our Level III schedule. Staff members who are assigned to our facility will not have any direct resident care responsibilities in our Nursing facility during these assignments.
- 2.) An "on call" protocol and schedule will be provided to working staff in order to provide proper guidance and support for both administrative and clinical issues 24 hours a day. Direct care delivery personnel while working in our nursing facility will not be used in this capacity.
- 3.) All policies and procedures (i.e. fire safety, elopement, etc.) currently involving the use of assigned direct resident care staff in our nursing facility will be adjusted in a manner to provide for the care and safety of our residents in our Level III without the use of these resources.
- 4.) The "Ab-lib" use of our nursing facilities direct care nursing staff in our Level III will stop.
- 5.) We will hold a series of in-services over the next four weeks with all Level III staff to establish the above mentioned adjustment in our Level III facility. Frank Cheney, Administrator will deliver these educational sessions.

The facility manager or his representative will conduct quality assurance reviews of our corrective action on a weekly basis to ensure the deficient practice does not recur. Reviews will include at minimum an evaluation of staff knowledge of new policy and procedures, effectiveness of such procedure and proper staffing of the facility.

Completion Date: ~~9/10/10~~ 9/17/10 - Per T.C. & Frank Cheney Adm 8/17/10

R178 POC Accepted 8/17/10 *Amcota RN*

R179 S.11 Staff Service

We will take the following corrective action to correct this deficient practice;

- 1.) All current staff who has not met the training requirements over the last year will be required to attend the appropriate education opportunities to become current in regard to state training required in our facility.
- 2.) We will develop a more specific and better organized tracking device for our training requirements in the facility.
- 3.) The Manager will evaluate staff performance in this area on a monthly basis to ensure that the deficient practice does not recur. Outlined in our newly tracking device

Completion Date: 9/10/10

R179 PDC Accepted 8/17/10 *AmcotARN*

R249 7.2 Food Safety

We will take the following corrective action to correct this deficient practice.

- 1.) Scoops and storage containers have been purchased for our cereal bins and are in place.
- 2.) We have discarded the four dented cans and bag of potatoes that was found on the floor.
- 3.) We held an in-service on 8/3/10 for all dietary staff and level III attendants to ensure understanding of acceptable practice relating to food safety, sanitation, and infection control issues. Deb Hamel our dietary director delivered this training.
- 4.) In order to prevent the deficient practice from recurring, our dietary manger will evaluate staff performance in this on a weekly basis by conducting observations of food handling and storage techniques.

Completion Date: 8/13/10

R249 PDC Accepted 8/17/10 *AmcotARN*

R266 9.1 Environment

We will accomplish the following corrective action to correct this deficient practice.

- 1.) The carpet on the stairway has been commercially cleaned.
- 2.) The air vent had been cleaned by our Maintenance Department

- 3.) The floor in the bathroom on the second floor that smelled like urine has been ripped up and replaced with new subfloor and flooring.
- 4.) We have ordered the appropriate screen and cranks for the windows in question during our survey.
- 5.) The door blind on the shared porch has been replaced.
- 6.) We have reviewed and upgraded our general cleaning protocols and assignments to ensure better attention in this area.
- 7.) We will hold an in-service with all staff responsible for housekeeping duties to ensure proper understanding of our revised cleaning assignments.
- 8.) In order to ensure that the deficient practice does not recur, the facility manager or his representative will evaluate staff performance in this area on a weekly basis. This evaluation will come in form of observation rounds.

Completion Date: 8/31/10

R206 POC Accepted 8/17/10 Amcota RN

R309 Pets

We now have a written policy and procedure to ensure that any animal residing in our facility are properly vaccinated, fed, watered, kept clean, and cleaned up after. Level III staff will attend an in-service given by the manager to ensure proper understanding of this policy. Please refer to attached policy for details.

Completion Date: 8/18/10

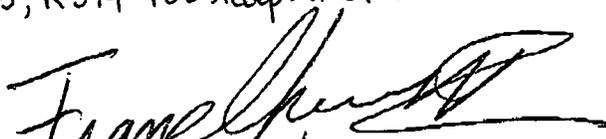
R309 POC Accepted 8/17/10 Amcota RN

R313 and R314 Resident Funds and Property

These two deficiencies relate to a decision on part of our staff to do resident #2 a favor by holding his extra money for him, resident #2 did not have a resident account with us. This action was inconsistent with existing protocols. The practice has been discontinued resident #2 now has a formal residents trust account with us, started with the money we were holding for him. Consistent with established protocols resident #2 we now have a signed consent to assist him with these funds. We have receipts for all transactions and we will be provided with statements of activity to resident #2 at least on a quarterly basis. The manager of the facility will hold an in-service with all Level III staff regarding proper handling of resident funds. To ensure that the deficient practice does not recur, our Manager and/or his designee will review the handling of resident's accounts on a monthly basis.

Completion Date: 8/18/10

R313, R314 POC Accepted 8/17/10 Amcota RN


8/9/10