

## 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) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

November 14, 2013

Ms. Diann Ward, Administrator  
Mountain View Of Vershire  
397 McIver Road  
Vershire, VT 05079

Provider #: 0371

Dear Ms. Ward:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **October 2, 2013**. 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

PC:ne

Enclosure

RECEIVED  
Division of

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	OCT 30 13  Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>10/02/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW OF VERSHIRE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>397 MCIVER ROAD VERSHIRE, VT 05079</b>
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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
R100	Initial Comments:  An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 10/2/13. The following regulatory deficiencies were identified.	R100		
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that all medications were labeled in accordance with currently accepted professional standards of practice for 1 of 3 residents reviewed (Resident #1). Findings include:  Per observation on 10/2/13 at 4:15 PM, there were two opened Insulin pens, Lantus and Humalog, in use for Resident #1 that had not been labeled with the date that they were first opened. Resident #1 receives a daily dose of Lantus Insulin 24 Units in the evening. The resident also has an order for Humalog Insulin, 4 Units to be given twice daily if blood glucose reading by fingerstick is greater than 180. Per observation, neither of the insulin pens in use had a labeled date as to when they were opened. Per interview on 10/2/13 at 4:25 PM, the home manager confirmed that the Insulin pens were not labeled with the date that they were opened, and	R172	<i>R172</i> <i>Each Insulin pen will be stored in a zip locked bag with the date on it that it was first used and stored in a container impervious to water and air. We will discontinue any unused pen after 28 days of opening.</i> <i>The Home Nurse and Manager will review this with staff and will check periodically to make sure the change is being followed.</i> <i>This change has already been put in place.</i> <i>10-28-2013</i> <i>Deann Ward</i>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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R172, R174, R181, R293, + R302  
POC'S accepted 11/12/13 KCompSRN/PML

*Deann Ward*  
*owner/manager*

PML

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R172	Continued From page 1  that staff would not know when the manufacturer's recommended discard date of 28 days was reached.	R172		
R174 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h. (2)</p> <p>Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that refrigerated medications were stored properly. Findings include:</p> <p>Per observation on 10/2/13 at 4:00 PM, the food refrigerator contained two boxes of Insulin pens that were stored in a compartment on the door. The boxes of insulin pens were not in a locked container that is impervious to moisture. Per interview on 10/2/13, the Home Manager confirmed that the Insulin pens were not stored in a moisture-proof locked box as required by the regulation.</p>	R174	<p><i>R174</i> <i>Each Medication requiring refrigeration shall be put in a container impervious to water, and air in a dorm size refrigerator in the office to the facility. The office door is locked at all times. The house nurse and manager will monitor this change.</i> <i>This change has already been put in place. 10-28-2013</i> <i>Drann Ward</i></p>	
R181 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a</p>	R181		

*Drann Ward*  
*owner/manager*

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R181	<p>Continued From page 2</p> <p>person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that background checks were completed as required for 5 of 5 employees reviewed. Findings include:</p> <p>Per review on 10/2/13, the employee files did not contain evidence of background checks for the child abuse registry for five employees reviewed. Also for one of these employees, there was no documentation of a criminal background check on file. Per interview on 10/2/13 at 2:20 PM, the Home Manger confirmed that although they are sure that a criminal check was done on the one employee, there was no record of this at the home. The Home Manager also confirmed that child abuse registry checks were not completed for any of the employees of the home.</p>	R181	<p><i>R181 - Criminal checks - adult Abuse and child Protection Registry checks shall be done on all current and perspective employees' the House Nurse and Manager will monitor these back ground checks. these changes will be put in place as soon as all child abuse forms are returned. The criminal background check is on file.</i></p> <p><i>Joann Ward</i></p>	

*Joann Ward  
owner / Manager*

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R293  R293 SS=F	<p>Continued From page 3</p> <p>IX. PHYSICAL PLANT</p> <p>9.7 Water Supply</p> <p>9.7.b If a home uses a private water supply, said supply shall conform to the construction, operation and sanitation standards published by the Department of Health. Private water supplies shall be tested annually for contamination, and copies of results shall be kept on premises.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to conduct yearly water testing. Findings include:</p> <p>Per interview on 10/2/13 at 1:15 PM, the Home Manager stated that they have a private well that provides drinking water at the home. They also stated that the water had not been tested for contaminants for "many years" and that the manager was not aware of the requirement for private water supplies to be tested yearly per the regulations.</p>	R293  R293	<p><i>R293</i></p> <p><i>a water sample was taken and mailed to Dept. of Health Laboratory We will keep a log of findings and dates on file and retest once a year. The Nurse and Manager will monitor this. Has already gone into place.</i></p> <p><i>Deann Ward</i></p>	
R302 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on</p>	R302	<p><i>R302</i></p> <p><i>we will do two night time fire drills a year and record them with the records of daytime fire drills. The House Nurse, and Manager will monitor these.</i></p> <p style="text-align: right;"><i>→</i></p>	

*Deann Ward*  
*owner/Manager*

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R302	<p>Continued From page 4</p> <p>at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to provide evidence of fire drills conducted on at least a quarterly basis that included drills at night. Findings include:</p> <p>Per interview on 10/2/13 at 1:30 PM, the Home Manager was unable to provide documentation of fire drills at night to assess the evacuation efficiency of residents when they were asleep. Although the home met the required frequency of fire drills, they all occurred during the day when residents were awake. Per Life Safety Code, 6 fire drills must occur annually covering all shifts, with 2 occurring during the night shift. The Home Manager confirmed that the night drills had not been conducted as required.</p>	R302	<p><i>R302 - Continued</i></p> <p><i>One drill has already been done on Oct 12 - 2013 we will do the second one within a week.</i></p> <p><i>Deann Ward</i></p> <p><i>when I was notified of the nighttime fire drills earlier this year I didn't notice a certain date the drills had to be conducted by? It just said two times a year? I didn't realize that we were in violation as we had every intention of doing them.</i></p> <p><i>Deann Ward</i></p>	

*Deann Ward*  
*owner/Manager*