

## 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 7, 2013

Ms. Catherine Rooney, Administrator  
Owen House, Ltd  
3 Union Street  
Fair Haven, VT 05743

Provider #: 0382

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **October 14, 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/14/2013
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NAME OF PROVIDER OR SUPPLIER  
**OWEN HOUSE, LTD**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**3 UNION STREET  
FAIR HAVEN, VT 05743**

(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 10/14/13. The following regulatory violations were cited as a result:	R100		
R145 SS=D	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 staff interview and record review, the facility failed to develop a written care plan for 1 of 3 sampled residents (Resident # 6). Findings include:  Per record review on 10/14/13 at 10:20 AM, there was no written care plan for Resident # 6. Resident # 6 was admitted to the facility on 7/30/12. The facility Manager confirmed the above on 10/14/13 at 10:28 AM.	R145	<i>attached</i>	
R179 SS=F	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	R179	<i>resident #6 did have a care plan it was not in front of book, it was found in the back by the nurse during her monthly review</i>	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *manager* (X6) DATE *11/5/13*

STATE FORM 0999 ZKFK11 If continuation sheet 1 of 3

*R145, R179 + R247 POCS accepted 11/7/13 RTVembloy RN/pml*

*pml*

PRINTED: 10/21/2013  
FORM APPROVED

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>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> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that staff received the required annual training. Findings include:</p> <p>Per review of staff inservice records on 10/14/13 at 11:30 AM, 6 of 6 staff currently employed by the facility did not receive at least 12 hours of annual inservice that included mandatory topics. This was confirmed by the Facility Manager at 11:30 AM on 10/14/13.</p>	R179	<p><i>all new hire during training process must complete #1 thro #7 before hire and every year as part of the yearly education requirement</i></p>	
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p>	R247		

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R247	<p>Continued From page 2</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure all perishable food was labeled, dated and held at proper temperatures. Findings include:</p> <p>Per observation during a kitchen tour on 10/14/13 at 9:50 AM, there were 3 plastic containers of unlabeled and undated perishable food in the refrigerator. There was a large glass casserole dish labeled "tuna noodle" that had not been dated. Additionally, there was no evidence that staff had been monitoring temperatures for the refrigerator or freezer. The above was confirmed by the facility Manager at 10:00 AM.</p>	R247	<p><i>All staff have been re-educated about labeling containers &amp; the new calendar for fridge + freezer temps has been incorporated</i></p>	
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5.9. C (2) written plan of care for psychotropic medication and diabetic diet:

The Registered Nurse will revise current written care plans to include a behavioral plan for use of psychotropic medications. Teaching sheets for all medications will be included in the MARS for all residents. Starting 9/24/13 Diagnosis will also be included on the Mars and The Registered nurse will counter sign MARS on all residents monthly.

Resource material will be provided and kept a the RCH for future reference including a list of psychotic meds and generic medication teaching sheets.

Re-education and training regarding use of psychotropic meds will be done with all RCH staff. A competency assessment will be developed and completed. Observation of compliance will be made by the Registered Nurse during RCH visits

Completion date: December 1, 2013

The Registered Nurse will revise written care plan to include diet needs related to diabetes.

Teaching sheets for Diet needs and Diabetes Educational Material will be place in appropriate Residents Medical record. Diagnosis will also be included on the Mars. Resource material will be provided and kept a the RCH for future reference including dietary needs and Disease Process Management .

Observation of compliance will be made by the Registered Nurse during RCH visits

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