

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
[http //www.dail vermont gov](http://www.dail.vermont.gov)
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 26, 2013

Ms Lyne Limoges, Administrator
Scenic View Community Care Home
979 Vt Route 100, Po Box 154
Westfield, VT 05874

Provider # 0151

Dear Ms. Limoges

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site complaint investigation conducted on **April 1, 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: 0151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2013
NAME OF PROVIDER OR SUPPLIER SCENIC VIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 979 VT ROUTE 100, PO BOX 154 WESTFIELD, VT 05874		
(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 complaint investigation was conducted by the Division of Licensing and Protection on 4/1/13. Based on information gathered, the following regulatory violation was cited.	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 record review and interview, the home failed to develop a written plan of care to direct staff in caring for one of three residents (Resident #2) in the applicable sample. Findings include 1. Per record review on 4/1/13, Resident #2 was admitted to the home on 5/14/12. There was no evidence to indicate that a written plan of care had been developed, based on the assessment of care needs for the resident from admission to the present. There was evidence that care had been provided by staff. During an interview on 4/1/13 at 1.15 PM, the Administrator/Registered Nurse confirmed that no written plan of care had been developed for Resident #2.	R146	With all new admissions the Plan of Care will be done within 72 hours of admission. The Plan of Care in question was/is complete @ this time L. Images RN 4/19/2013 accepted POC for R-145 4/23/13 Jamie Hawkins RN	

Division of Licensing and Protection

Julie B. Images RN

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

TITLE *Prin Officer / Administrator*

(X6) DATE
4/19/2013

STATE FORM

6899

K7VM11

If continuation sheet 1 of 1