VERMONT
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

November 10, 2011

Mr. Christopher Keough, Administrator
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Dear Mr. Keough:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 3, 2011.** 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:jl

FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERISUPPLIERICLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATE SURVEY COMPLETED C 10/03/2011
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT ST., BURLINGTON, VT 05401	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XE) COMPLETE DATE
R100	Initial Comments: An unannounced onsite complaint investigation was conducted on 10/3/11 by the Division of Licensing and Protection.	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 interview and record review, the home failed to develop a comprehensive plan of care for 1 applicable resident (Resident #1). Findings include: Per record review on 10/3/11, Resident #1 had a diagnosis of chronic pain and received regular pain control medication. There was no indication on the plan of care that pain was an issue with interventions outlined for staff to address the pain needs of this resident. During interview that afternoon, the Director of Nursing confirmed that the plan of care did not address the resident's pain status.	8145	St. Joseph Residential Care Home will establish comprehensive plans of care for every resident based on abilities and needs identified in the resident assessment. St. Joseph Residential Care Home will maintain nursing audits of all care plans to include: • Physician comprehensive and complete medical and diagnosis list. • Physician orders and collaborative health service providers. • Medication administration record/treatment record. • Nursing notations and monthly summaries. • Nursing assessment. The Director of Nursing will be responsible for full compliance through a program of daily, weekly, and monthly nursing audits of care plans. R145 POC accepted 11/9/11 PMatarn	11/10/11 11/10/11 11/10/11

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Christopher J Keough

TITLE Administrator

(X6) DATE 11-8-11