

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

October 19, 2011

Ms. Vicki Quatrini, Administrator  
Sunset Home  
73 Prospect Street  
Saint Johnsbury, VT 05819

Dear Ms. Quatrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 24, 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



**Initial Comments:**

An unannounced onsite re-licensing survey was completed on 8/24/11 by the Division of Licensing and Protection. The following are regulatory violations:

**R179 – Staff Services; S/S=E**

**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:**

- (1) Resident rights;**
- (2) Fire safety and emergency evacuation;**
- (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;**
- (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;**
- (5) Respectful and effective interaction with residents;**
- (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and**
- (7) General supervision and care of residents.**

Per record review and staff interview, the home failed to ensure that 3 of 5 staff in the sample received at least 12 hours of training each year prior to providing direct care to residents. Additionally, the training provided for 5 of 5 staff in the sample failed to include the following topics, as required: resident rights; policies and procedures regarding mandatory reports of abuse, neglect and exploitation; respectful and effective interaction with residents; and infection control measures. In an interview on 8/24/11 at 1:30 PM, the Manager confirmed that the training provided to 3 of 5 staff in the sample was less than the required 12 hours, and that for 5 of 5 staff, there was no record of required annual training in: resident rights; mandatory reports of abuse, neglect and exploitation; respectful interaction with residents; and infection control measures.

**R180 – Staff Services; S/S=B**

**5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training.**

Per record review and interview, the home failed to ensure documentation of all training to meet the requirements of R-179, 5.11.b. In an interview on 8/24/11 at 1:30 PM, the Manager confirmed that the home's training records did not include 12 hours annually for

3 of 5 staff providing direct care, and that required training topics (resident rights, reporting of abuse, neglect and exploitation, respectful interaction with residents, and infection control measures) were not documented for 5 of 5 staff in the sample.

**R181 – Staff Services; S/S=E**

**5.11.d The licensee shall not have on staff a 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.**

Per staff interview and record review, the home failed to provide evidence that, prior to employment, all reasonable steps were taken to ensure that 2 of 2 employees in the sample were free of charges of abuse, neglect or exploitation, or conviction 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 an interview on 8/24/11 at 10:50 AM, the Manager confirmed that no written evidence was available to ensure pre-employment screening for convictions of abuse, neglect, or exploitation, or for criminal offenses.

**R266 – Physical Plant; S/S=E**

**9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.**

Per observation and interview, the home failed to provide and maintain a safe environment, as evidenced by the presence of chemical agents in unsecured storage areas which were accessible to seven ambulatory residents. During a tour of the home's kitchen on 8/24/11 at 10:15 AM, a cabinet with no door contained two jugs of laundry detergent, two spray bottles of spot remover, and one box of Clorox powdered laundry booster. Also during this tour of the home's kitchen, unlocked cabinets under the sink contained the following chemical agents: one gallon bleach, two powdered Comet cleanser, one Dawn dishwashing liquid, one RAID spray bug killer, two Windex spray bottles, one Wright's Brass polish, one Easy Off oven cleaner, and one Resolve rug cleaner spray. The home's Manager confirmed during the kitchen tour on 8/24/11 at 10:15 AM that the cabinet with no door and the unlocked cabinets under the sink contained accessible chemical cleaning agents.

**R302 – Physical Plant; S/S=E**

**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 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.**

Per staff interview and record review, the home failed to provide evidence of fire drills conducted on at least a quarterly basis and showing the date, time, and staff participation of the fire drills. On 8/24/11 at 11:00 AM, the home's Manager was unable to provide documentation of quarterly fire drills or staff participation from October, 2010 to the present. Per Life Safety Code, 6 fire drills must occur annually covering all shifts, with 2 occurring during the night shift.

**SUNSET HOME  
73 PROSPECT STREET  
ST. JOHNSBURY, VT 05819  
VICKI QUATRINI, ADMINISTRATOR  
SEPTEMBER 26, 2011**

**IN RESPONSE TO AN UNANNOUNCED  
STATE RE-LICENSING SURVEY**

**TO ENSURE THAT ALL STAFF HAVE A LEAST TWELVE HOURS OF  
TRAINING PER YEAR**

**TO CORRECT R179-STAFF SERVICES**

**5.11b**

**R180-STAFF SERVICES**

**5.11.c**

- 1. We are now having a staff meeting once a month. In these meetings it will be documented who was in attendance. What we went over and what the out come of each meeting was. This also will be in each of the employee's files. I will also have each employee sign and date this document before it goes in to the personnel file.**
- 2. At each meeting we will look at the seven steps the home must follow to ensure all employees are competent in handling any situation that may arise on their shift.**
- 3. We have had several meeting in the past but I did not put a report in the personnel files. I have documented the dates but not all of the topics we have covered.**
- 4. At this time we are revising the policy book to be more current with what is happening in today's world.**
- 5. We have a nurse from Caledonia Home Health who comes in once a month. Her name is Pat MacNichols, with her we go over all the residents' charts. When she is satisfied that meds and charts up to date she does a sign off on each residents progress reports and this is done monthly.** [REDACTED]
- 6. We also do a testing with the nurse. She will bring a test that requires that we all know how to give out our med's to the residents, times and the dose, what the medication is used for.**
- 7. I feel that with the changes that we are putting in place we will more than fill the required twelve hours of training for each employee in a twelve month period.**

R179  
R180 POC Accepted 10/3/11 JHosmerRN/PMcGowan

## R181-STAFF SERVICES

### 5.11

1. The two employees that have not had their abuse records returned may have filled out the form incorrectly. After the interview I went back to my records and found that attached to the form was a memo if the form was not filled out properly it would not be processed.
2. I have gotten the two employees' to fill out the form again and they are being sent in.
3. I do not believe that we will find anything in their past that would stop them from being employed here at Sunset Home. However when the forms are returned they will also go into their personnel files. This will in fact clear both employees' of criminal wrong doing. This will correct this violation.

R181 POC accepted 10/3/11 J.HosmerRN/AMcotaRN

## R266-PHYSICAL PLANT

### 9.1a

1. I believe that this situation has been fixed since the day after the visit. The cabinet with no door is no longer used for storage of any laundry soap. We have gotten a lock for under the sink. We only keep what is being used on daily basics under the sink. We have gotten a lock for the door and all of the chemicals are locked at all times under the sink. Only the staff members have access to the key.
2. We also have a closet that is outside the kitchen in the hall that we keep any extra unopened laundry soap, dish soap, and all chemicals and the door is locked and only the staff members have access to the key.

R266 POC Accepted 10/3/11 J.HosmerRN/AMcotaRN

OCT 13 2011

SUNSET HOME  
73 PROSPECT STREET  
ST. JOHNSBURY, VT 05819

October 10, 2011

Pamela Cota, RN. BS  
Licensing Chief

R302 - Since the review I have spoken to each employee about the policy for fire drills. We now have a Fire Drill Book with the date and time, who was on duty and the time it took for all members of the home to reach our safe meeting spot.

We have had a drill in September so our next drill will be in January to keep in compliance with the quarterly drills. We again will mark in the book the different staff members that were here for the drill. We are going to be testing on each shift so all staff members are familiar with the procedure of having everyone exit the building safely.

R302 P.O.C. accepted 10/17/11 JHsmer RN/PMcota RN

I am sorry that I missed this issue on the original copy of the results of your recent visit.

I hope that this will clear up any and all issues that were in question.

Sincerely, Vicki Quatrini, Sunset Home Administrator

Signature,

Vicki Quatrini