

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

May 14, 2012

Ms. Sarah Davenport, Administrator
Twin Maples Community Care Home
612 Gage Street
Bennington, VT 05201

Provider #: 0100

Dear Ms. Davenport:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 21, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



PRINTED: 03/02/2012
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

0100

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY
COMPLETED

02/21/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TWIN MAPLES COMMUNITY CARE HOME

612 GAGE STREET
BENNINGTON, VT 05201

(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 on-site re-licensing survey was conducted and completed on 2/21/12 by the Division of Licensing & Protection. The following are the regulatory findings.

R100

R134
SS=D

V. RESIDENT CARE AND HOME SERVICES

5.7 Assessment

5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to assure that 1 of 2 resident assessments (Resident # 1) had been completed within 14 days after the resident had been admitted. Findings include:

Per record review on 2/21/12 at 12 noon, Resident #1, who was admitted to the home on 8/18/10, had an admission assessment completed 29 days after admission, on 9/17/10. This was confirmed by the owner /manager of the home on 2/21/12 at 3 PM.

R134

ALL assessments will be completed within the 14 days of admission - I was always doing them in 30 days - working on them in that time. Any further admissions will be complete within the 14 days time and will be checked by R.N. (contracted) + monitored. Correction will start on next admission -

3/22/12

R134 accepted

Dawn Chittenden
RN

DC
Telephone
Call w/
Sarah D
3/22/12
@ 2pm

R145
SS=D

V. RESIDENT CARE AND HOME SERVICES

5.8.c (2)

R145

Division of Licensing and Protection

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

STATE FORM

TITLE

owner/manager

G3T111

(X6) DATE
3/19/12

If continuation sheet 1 of 5

PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2012
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NAME OF PROVIDER OR SUPPLIER TWIN MAPLES COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 612 GAGE STREET BENNINGTON, VT 05201
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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
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R145	Continued From page 1 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 staff interview, 1 of 2 residents in the sample (Resident #2) had no documentation of a written plan of care. Findings include: Per record review on 2/21/12 at 12 noon, there was no care plan documentation for Resident #2 who had been admitted to the home on 11/13/07. On 2/21/12 at 3 PM the owner/manager of the home confirmed that there was no written plan of care.	R145	<i>ALL residents have a written care plan in place Apparently was overlooked (this was faxed to you) ALL staff will bring to my attention if no care plan is in place Plus RN will check completed care plans / monitor it is completed Correction done 2/21/12 R 145 accepted D. Chelander RN</i>	<i>3/22/12 updated /pc</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 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;	R179	<i>Staff has adequate training - plus they have a complete manual that I put together for them to refer to at all times This will be documented as required - All the mentioned topics are addressed throughout their first 6wks or so of employment and is on going - I apologize that</i>	<i>(FC) S. Davenport 3/22/12 updated /pc</i>

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NAME OF PROVIDER OR SUPPLIER TWIN MAPLES COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 612 GAGE STREET BENNINGTON, VT 05201		
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R179	<p>Continued From page 2</p> <p>(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, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to have documentation that all direct care staff (staff members #1, 2, 3 & 4) had been provided with at least 12 hours of training each year which included resident rights, safety and emergency evacuation, emergency response, policies & procedures on abuse, neglect & exploitation, respectful interaction with residents, infection control measures and general supervision and care of residents. Findings include:</p> <p>Per record review on 2/21/12 at 12 noon there was no documentation that the home had provided 12 hours of training for all direct care staff and this was confirmed by the owner/manager on 2/21/12 at 3 PM.</p>	R179	<p>I have not always written this down. They now must keep track of their own in-services, hands on teaching etc. This is always an on going thing and will be corrected immediately</p> <p>Responsible person: RN (contracted) The following topics will have been presented to staff in past few months -</p> <ul style="list-style-type: none"> Pacemakers Diabetic education Use of Coumadin At home PT/IVR monitoring Falls and Risks BANANA Carrie Bowen White Residents Rights - Hospice <p>Polices & procedures are an on going education here</p> <p>R179 accepted Dawn Chasteden</p>	3/1/12 + monitor + assure compliance 3/2/12 DC TC w/ Sarah D. update
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced</p>	R190		

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R190	Continued From page 3 by: Based on record review and staff interview, 4 of 4 staff members (staff members #1, 2, 3 & 4) had no evidence that the Vermont Crime Information Center (VCIC) checks had been done when they were hired. Findings include: Per record review on 2/21/12 at 12 noon although all 4 staff members had copies of the adult and child abuse checks completed, the home failed to have evidence that the VCIC (criminal checks) had been completed. This was confirmed at 3 PM on 2/21/12 by the owner/manager.	R190	ALL VT Criminal checks are being updated - waiting for reports to return. All new employees will have criminal checks completed hopefully will be complete with in the next 2wks Responsible Person: Contracted RD 3/2/12 D. Childerley RD updated (FC) Sarah Davenport RD	
R234 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the current weeks regular and therapeutic menus were not posted in the home for residents and/or other interested parties. Findings include: Per initial tour at 1 PM on 2/21/12, there was a board in the kitchen area that listed today's menu however there was no posting of the weeks regular and therapeutic menus. This was confirmed by the owner/manager on 2/21/12 at 3 PM who said that menus were posted on a daily basis.	R234	R190 accepted D. Childerley RD	
R235 SS=C	VII. NUTRITION AND FOOD SERVICES	R235	Menus are written on the board daily, but are documented in a loose leaf note book that is on counter in kitchen. This is always available for anyone to view ALL regular & any therapeutic meals are noted in that book - It is not posted per say, but this menu book is the way I have always done it since being in business.	

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R235	<p>Continued From page 4</p> <p>7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the home was not following a written, posted menu nor was there evidence that a record was being kept of any substitutions made to the daily menu. Findings include:</p> <p>Per record review at 12 noon and the initial tour on 2/21/12 at 1 PM, there was no evidence that the home was following a written posted menu and there was no evidence that a record was being kept of any substitutions being made to the menu.. On 2/21/12 at 3 PM the owner/manager confirmed that menus were posted daily and there was no record being kept of any substitutions made.</p>	R235	<p>Changes or written instructions are in this book</p> <p>I am responsible for all the menus done and I am at the home daily - so I record all the meals and changes - Owner/ADM: Responsibility for monitoring?</p> <p>Because of space limitations, home will post notice on daily menu board where complete / weekly menus are kept.</p> <p>Tc 3/22/12 S. Davenport D. Chelender RW</p> <p>R 235 accepted 3/22/12 Dawn Chelender RW</p>	