

Division of Licensing and Protection  
103 South Main Street  
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

February 6, 2015

Ms. Barbara Buskey, Administrator  
Vergennes Residential Care Home  
34 North Street  
Vergennes, VT 05491-1108

Dear Ms. Buskey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 13, 2015**. 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

FEB 03 2015

PRINTED: 01/21/2015  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 01/13/2015
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NAME OF PROVIDER OR SUPPLIER  VERGENNES RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY DR 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-licensure survey was conducted by staff from the Division of Licensing and Protection on from 1/12/15 to 1/13/15 determine compliance with the Vermont Residential Care Home (RCH) Licensing Regulations and to review self-reported incidents. There were regulatory violations related to the self-reports and the licensing survey.	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 home failed to assure that the care plan for 1 of 5 residents in the total sample was revised to reflect the resident's current needs/status regarding threatening, aggressive behaviors towards others. (Resident #1) Findings include:  Per record review on 1/12/15, Resident #1 had pervasive aggressive behaviors towards other residents, escalating in frequency during July, 2014. The home filed a self-report with APS regarding an incident where Resident #1 grabbed Resident #3 without provocation, causing fear and anxiety to Resident #3. During interviews on 1/12/15 and 1/13/15, the manager of the home confirmed that Resident #1's behaviors escalated	R145		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Bonnie B. Brey RN Manager*

1-31-2015

STATE FORM

6899

FW7Z11

If continuation sheet 1 of 3

R145 + R247 POCs accepted 2/15/15 Mary Bolton RN/PMC

Division of Licensing and Protection

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R145	Continued From page 1  and became verbally and physically threatening at that time. Although staff were instructed in how to intervene, supervise and monitor the resident's behaviors, the care plan was not updated to reflect the new physically threatening behavior towards a resident of the home. Since July, the resident has become increasingly more verbally abusive and threatening of physical violence towards staff and residents of the home and this new behavior was not identified on the plan of care. This was confirmed with the RN and the Manager on 1/13/15 at 4:45 PM.	R145	Staff was instructed on 1/29/2014 to make updates/notes/suggested changes to each resident's plan of care as resident's needs or status changes. Staff updates will be signed and dated. RN will review written plan of care and staff notes for each resident regularly and make changes and/or additions to the plan whenever resident's current needs or status change.	
R247 SS=F	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  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.  This REQUIREMENT is not met as evidenced by: Based on observations, staff interview and record review, the home failed to assure that all perishable foods were stored at or below 40 degrees Fahrenheit at all times. Findings include:  Per observation during the initial tour of the home on 1/12/15 at 9:15 AM, the thermometer in the walk-in refrigerator unit in the basement read 46 degrees Fahrenheit. The walk-in had raw beef thawing in it (pulled from the freezer earlier the same day and partially frozen) and a container of sliced cooked deli meats. The temperature log located outside of the walk-in refrigerator	R247	A Staff In-service discussion of Food safety with particular emphasis on the importance of recording daily Walk-in cooler temperatures was held on January 29, 2015. Staff was instructed to remove perishable food immediately and notify maintenance of any temperature exceeding 40 degrees F. Repair of the compressor's pressure switch was completed on 1/12/2015, and new external thermostatic control was installed on 1/13/2015 both to respond to external weather extremes and to assure rapid correction of any temperature variance. A Staff leader was assigned to monitor temperature logs to assure staff compliance with the recording requirement on 1/13/2015.	

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R247	Continued From page 2  documented the temperature at 8 AM on 1/12/15 as 46 degrees. The most recent temperature recording before that date was 1/6/15, when the temperature was also 46 degrees F. Staff had not recorded daily temperatures as required. As of 1/12/15, temperatures were recorded for 5 of 12 days in January, and all temperatures were above the safe maximum temperature for storage of perishable foods (40 degrees F.) A note on the temperature log dated 1/6/15 stated that a repair company had been called to fix the walk-in. During interview at the time of the observation, the manager confirmed that the walk-in cooler was not operating at a safe temperature level and that the meat should have been removed from the walk-in cooler. The meat was subsequently discarded.	R247		