

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

December 6, 2012

Ms. Karen Jones, Administrator
Victorian House Residence At Cedar Hill
49 Cedar Hill Drive
Windsor, VT 05089

Dear Ms. Jones:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 14, 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
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2012
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NAME OF PROVIDER OR SUPPLIER VICTORIAN HOUSE RESIDENCE AT CEDAR HI	STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089
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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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R100	Initial Comments: An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection. The following regulatory violation was cited, based on information gathered.	R100		
R173 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interviews, the home failed to assure that medications requiring refrigeration were kept under proper temperature controls. Findings include:</p> <p>1. At 10:15 AM on 11/14/12, the thermometer in the home's medication refrigerator was noted to read 34 degrees Fahrenheit (F). The locked box in the medication refrigerator contained one 5 milliliter (mL), 10 dose vial of Flulaval influenza vaccine (GlaxoSmithKline, Lot # AFLLA736AA, expiration date 2013 June). The manufacturer's box instructions stated that the vaccine should be stored at 36-46 degrees F, and should not be exposed to freezing temperatures. Examination of the temperature logs kept by staff for the</p>	R173	<p>Refrigerator temperatures are presently recorded daily on the Refrigerator temperature log</p> <p>Effective 12/01/2012</p> <p>Refrigerator temps will be checked twice a day and recorded on the Refrigerator Temperature Log form. The Temperatures will be read and recorded by the resident assistant assigned to administer medications (on the day shift between 8am -11am)</p> <p>The temperatures will be read and recorded on the night shift between 1am and 4am by the resident assistant on duty</p> <p>Should the temperature vary from the acceptable standard of 36°-46°, the attendant will send a work order to the maintenance dept. The Victorian House manager is responsible for checking the temperature log when he/she is on duty and assuring that the temperatures are recorded by policy on a BID basis.</p>	

Division of Licensing and Protection

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

TITLE
Community Administrator

(X6) DATE
11/29/2012

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2012
NAME OF PROVIDER OR SUPPLIER VICTORIAN HOUSE RESIDENCE AT CEDAR HI		STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089		
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R173	Continued From page 1 medication refrigerator revealed that in the month of November, the recorded temperature was 30 F on two dates (11/3/12, 11/10/12), and 34 F on two dates (11/4/12, 11/11/12). In an interview at 10:30 AM, the Director of Nursing (DNS) confirmed that the vial of influenza vaccine had been stored in the refrigerator recently during the month of November, and that the temperature logs indicated potential exposure to freezing temperatures. Further examination of the home's temperature logs indicated that no temperature tracking occurred in the month of October, 2012, and that on three dates in September, 2012 (9/22/12, 9/28/12, 9/30/12) the temperature was recorded as 34 F. In an interview at 10:45 AM on 11/14/12, the maintenance director confirmed that s/he had not been alerted to temperature control problems with the medication refrigerator.	R173	No flu vaccine is to be stored in the Victorian House medication refrigerator. It is stored in the Nursing Home medication refrigerator. The Victorian House manager will review this policy and procedure with all Victorian House staff on 11/29/12 and 11/30/12. <i>12/6/12 accepted POC R-173 Jane Hosmer, RN</i>	12/1/12