

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

July 5, 2012

Ms. Joyce Jacobs, Administrator
Windover House
451 VT Route 66
Randolph, VT 05060

Provider #: 0109

Dear Ms. Jacobs:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **June 5, 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 06/05/2012
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NAME OF PROVIDER OR SUPPLIER WINDOVER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 451 VT ROUTE 66 RANDOLPH, VT 05060
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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-licensure survey was conducted by the Division of Licensing and Protection on 06/05/2012. The following regulatory deficiencies were identified:	R100		
R179 SS=E	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; (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. This REQUIREMENT is not met as evidenced by: Based on employee record review and staff interview the home failed to ensure that staff received the required trainings that included the	R179	6/27/12 Abuse education & Infection control updates provided to fulfill the regulation - RN to ✓ insert record on visits for completion R179 POC accepted 7/5/12 G Coleman RN PMC	

Division of Licensing and Protection

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

TITLE: *Joyce Jacobs* OWNER
 (X6) DATE: 6/29/12

STATE FORM

6899

LTE411

If continuation sheet 1 of 3

Brooks Chapin

PMC

Division of Licensing and Protection

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R179	Continued From page 1 required 7 topics. The findings include: 1. Per record review on 06/05/2012, current staff persons had evidence of the completion of some ongoing education for the prior 12 months, but not for the required trainings that include abuse/neglect/ exploitation nor infection control. During interview on 06/05/2012 at 1:49 PM the owner confirmed that there was no record available to confirm that staff members had completed education requirements for the prior year.	R179		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 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. This REQUIREMENT is not met as evidenced by: Based on facility records and staff interview the facility failed to ensure that the required number of fire drills were conducted during the designated time period. Further, the facility failed to conduct any fire drills during the overnight hours. The specifics are as follows: 1. Per record review on 06/05/2012, fire drills	R302	<p>6/27/12</p> <p>Fire Drill held on 6-11-12 @ 8pm to comply w/ Regulation. to further comply w/ Reg. management will hold drills q 2 Months @</p> <p>Rotate times</p> <p>Rn to ✓ log on her visits-</p>	

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R302	Continued From page 2 during the prior year had been completed on 02/16/2012 at 1:45 PM, on 10/25/2011 at 2:35 PM, on 08/26/2011 at 3:30 PM, on 06/08/2011 at 12:15 PM, on 04/13/2011 at 10:45 AM and on 02/15/2011 at 1 PM. The home work schedules are from 7:00 AM to 1:00 PM and 1:00 PM to 8:00 PM with the owner being on site between 8:00 PM and 7:00 AM. There were 3 fire drills each on days and evenings and none conducted during the overnight hours. During interview on 06/05/2012 at 12:20 PM, the owner confirmed that fire drills were not completed as required.	R302	R302 POC accepted 7/5/12 G.Coleman RN/PMC