

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 6, 2012

Mr. William Young, Administrator
Maple Leaf Farm
PO Box 120, 10 Maple Leaf Road
Underhill, VT 05489

Provider #: 0519

Dear Mr. Young:

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



JUL - 2 12

Division of Licensing and Protection

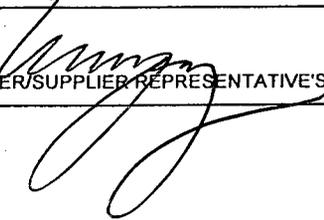
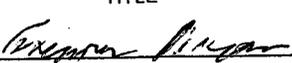
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED 06/13/2012
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NAME OF PROVIDER OR SUPPLIER MAPLE LEAF FARM	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 120, 10 MAPLE LEAF ROAD UNDERHILL, VT 05489
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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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T 001	INITIAL COMMENTS An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection on 6/13/12. The following are regulatory violations.	T 001		
T 031	IV.B.3.f. Physical Environment Sanitation: The residence shall meet health and sanitation regulations of the Vermont Department of Health. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence did not meet required health and sanitation requirements regarding dish sanitation. Findings include: Per observation and record review during initial tour on 06/12/12 at 1:15 PM, the 3-sink dishwashing compartment was not being monitored to assure that an effective concentration of sanitizing agent was present in the rinse sink bay. Per demonstration at that time, the testing strip did not register any sanitation solution. The Dietary Department Head then added more solution, re-tested with the testing strip solution showing no results. Again, this time adjusting the dial on the dispenser, there was some sanitizer solution detected (below the expected level). The Dietary Department Head stated that the company will have to be called to check out the dispenser. S/he also stated during this tour, "I don't have time to watch and teach each and every person...the full time cook would know about this type of sanitation, but we're in the process of	T 031	T 031 In FY'13, a full-time dishwasher has been added to the budget and will be hired and trained by the end of 7/2013. This individual will be responsible for ensuring and documenting daily that the proper water temperature, concentration of sanitizer (using pH kit), water pressure and exposure is maintained. Ecolab has been notified to ensure that the sanitizer is working appropriately and Maple Leaf Farm will have documentation that it is working properly by July 15, 2013. T031 POC accepted 7/3/12 SEMMONS RNI PML	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 6-21-2012
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STATE FORM 6899 0EJY11 If continuation sheet 1 of 4

PML

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T 031	Continued From page 1 hiring one". S/he confirmed that kitchen staff do not regularly check to assure the proper concentration of the sanitizing solution is being used. Reference: Safe food handling retrieved 11/7/11 from the Vermont Department of Health website at:< http://healthvermont.gov/enviro/	T 031		
T 037	IV.B.4.3. Physical Environment Safety: The Director shall ensure that fire drills are held periodically and shall cause residents to leave building(s) by alternate routes from time to time to familiarize them with each of means of egress. An emergency fire evacuation plan shall be developed and posted for each residence and shall be approved by the local or state fire prevention authorities. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to ensure that periodic fire drills were completed. Findings include: 1. Per record review on 06/12/12 at 1:15 PM , there were no 2011 fire drill records readily available to the nurse surveyor. Per review of the 2010 fire drills, although they were held at least quarterly, there was no documentation to show that the any fire drills were held during the third shift. Per interview at 1:15 PM the Maintenance Manager stated fire drills are required monthly but at least quarterly and to incorporate all three shifts; day, evening and overnights. Per request from the Maintenance Director on 06/13/12, the	T 037	T 037 Maple Leaf Farm Safety Policy mandates that monthly fire drills are conducted and during the year that fire drills are conducted during all three shifts. Maple Leaf Farm was unable to provide documentation of the fire drills conducted in 2011. The Business Manage who was responsible for maintaining the records had precipitously ended employment at Maple Leaf Farm on 5/22. Maple Leaf Safety Policy also mandates that the local Fire Department responds to 4 drills yearly and those drills need to be conducted on all 3 shifts. Records indicate that the first shift drill was not conducted in 2011. Maple Leaf Farm will continue to follow its Safety Policy and conduct monthly fire drills and have drills conducted throughout all shifts throughout the year. However, the reports and documentation will be easily accessible by all senior staff. The Facility Manager will maintain his own copy of the monthly fire drill report and a copy will be sent to the Executive Director and maintained under a file that is easily located by all senior staff. An Administrative Assistant to the Executive Staff has been hired. She started her employment at Maple Leaf Farm on 6/25/12 and part of her responsibilities will be to maintain this type of documentation.	

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T 037	Continued From page 2 local Fire Department sent copies of the their fire drill response. Per review of the 2011 fire drills during January, July, and December the drills were held during the second shift and in November the drill was held during the third shift. There is no documentation to show the drills were held for the first shift. The Maintenance Director confirmed that the fire drills had not been completed as required.	T 037	T037 POC accepted 7/3/12 SEMMONS RN/ Pmc	
T 076	VI.1.C.7. Common Model Program Standards Structural Components Staff The residence shall have written standards for the evaluation of staff performance. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed follow their written standards for the evaluation of staff performance for 3 out of 3 staff reviewed. (Staff #1, #2 & #3) Findings include: Per review on 06/12/12 for staff evaluations, there were no yearly performance evaluations for 3 of 3 staff reviewed. Per review of the policy, performance evaluations are to be yearly. The staff's last evaluation for 3 of 3 staff who have been hired greater than a year, was last reviewed in 2010. Per interview on 06/12/12 at 4:30 PM, the Clinical Manager stated that the previous person responsible for doing the evaluations left employment and, in fact, staff person #1 recently requested their yearly performance evaluation. S/he confirmed that the expectant yearly performance evaluation was not completed.	T 076	T 076 Maple Leaf Farm Employment Handbook and Policy indicates that all employees have a yearly staff performance review. Attached please review the current staff performance review. The previous Clinical Director who ended employment in 2/2011 had not completed reviews of the 3 staff which were evaluated during the site visit. Effective immediately, the Interim Clinical Director has scheduled reviews for all clinical staff and all reviews will be completed by 9/1/2012. The Primary Care Director reviewed all medical and admission staff and had found current performance reviews. T076 POC accepted 7/3/12 SEMMONS RN/ Pmc	

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T 078	Continued From page 3	T 078		
T 078	VI.1.C.9. Common Model Program Standards Structural Components Staff All staff members shall meet all applicable federal, local, or state requirements for their positions. This STANDARD is not met as evidenced by: Based on staff interview and record review, the residence failed to assure that all staff members met the State required background checks. (Staff #1, #2, & #3) Findings include: 1. Per record review on 06/06/12, 3 of 3 staff records contained no evidence of the Vermont adult abuse registry checks, Vermont Criminal Information Center checks or the Vermont child abuse registry checks. However, there was evidence of the residence's national background check. During interview that afternoon at 3:15 PM, the CFO confirmed that the staff had incomplete State of Vermont background check records.	T 078	T 078 It is part of the Maple Leaf Hiring Policy to that all staff members meet all applicable federal, local, or stat requirements for their positions. The Business Manage who was responsible for maintaining the records had precipitously ended employment at Maple Leaf Farm on 5/22. Since the site visit on June 13, 2012, all Maple Leaf employees have had VCIC criminal background checks completed and were found satisfactory. The background checks with the Vermont adult abuse registry and the Vermont child abuse registry will be completed by June 30, 2012. The current Chief Financial Officer will be responsible for maintaining the records and records will be available to senior staff as needed. Supervisors will continue to be notified of any unsatisfactory background checks prior to offering new employees positions at Maple Leaf Farm. <i>T078 POC accepted 7/3/12 SEMMONS/PML</i>	