



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

January 27, 2010

Ms. Deanne Sherrod Paudert, Administrator
Woodstock Terrace
456 Woodstock Road
Woodstock, VT 05091

Dear Ms. Sherrod Paudert:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **December 30, 2009**. 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,

Suzanne Leavitt, RN, MS
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/30/2009
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NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091
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R100	Initial Comments: An unannounced onsite licensing survey was conducted 12/29/09 and 12/30/09.	R100	JAN 2 5 2010	
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board	R104	<p>→ Our current practice is to have all residency agreements presented by the executive director upon admission. All admission paperwork is then filed in the appropriate places. We will hold our business manager ultimately responsible in making sure the res agreement gets signed and filed. Our business manager will do an audit by 2/15/10 to make sure all res agreements have been signed and filed. This resident's agreement will be signed by 1/30/10.</p> <p>R104 1-26-2010 POC accepted as written. Cathy Lanning, RN</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Cornia McCleskey RN* TITLE: *VP of Residential Care* (X6) DATE: _____

Division of Licensing and Protection

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R104	Continued From page 1 and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not provide a written admission agreement to 1 of 6 applicable residents (Resident #2). Findings include: 1) Per record review on 12/30/09, there was no admission agreement in the record of Resident #2 for admission date 12/24/09. During interview on the afternoon this date, the Nurse confirmed that there was no admission agreement for this resident's current admission.	R104	
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview, 1 of 6 applicable residents in the sample (Resident #3) did not receive an annual assessment by the annual due date. Findings include: 1) Per record review on 12/30/09, Resident #3 was previously assessed on 9/11/08 did not receive an annual re-assessment until 9/28/09, or 17 days later than required. During interview on 12/30/09 at 7:15 AM, the Health Services Director	R136	<p>→ Late Assessment:</p> <p>Our Health Service Director will be re-educated to the definition of "annual" per State Regs. Chart audits are done by the VP Residential Care annually and randomly. The VP will continue to monitor for compliance and be ultimately responsible. A Chart audit will be done by 2/15/10 to make sure we are compliant.</p> <p>R136 1-26-2010 POC accepted as written. Cindy Laraway, RN</p>

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R136 Continued From page 2
confirmed that the assessment interval exceeded 1 year.

R136

R145 V. RESIDENT CARE AND HOME SERVICES
SS=D

R145

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 record review and interview, the Nurse did not develop a plan of care for 1 of 6 applicable residents (Resident #1). Findings include:

1) Per record review on 12/30/09, there was no plan of care for Resident #1. During interview on the afternoon of 12/30/09, the Health Services Director confirmed that no plan of care was in the record of Resident #1.

R147 V. RESIDENT CARE AND HOME SERVICES
SS=D

R147

5.9.c (4)

Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;

→ Missing Care Plan (actually mistitled)

Care Plans are done by our Health Services Director. We will discuss with our HSD the importance of complying to this req. Again, VP of Residential Care with check for compliance upon chart audits. The chart audit that will be done by 2/15/10 by VP of Residential will include Care plan compliance.

VP is ultimately responsible.

R145 1-26-2010
POC accepted as written.
C. J. Lantry, RW

→ Frequency of Medication Missing

Our MARs are generated by our preferred pharmacy. The MAR

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R147 Continued From page 3

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the Nurse failed to maintain a complete medication list for 1 of 6 applicable residents in the sample (Resident #6). Findings include:

1) Per record review on 12/30/09, a psychoactive medication (Alprazolam 0.25 mg {milligrams}) was ordered as "Alprazolam 0.25 mg PRN (as needed)". During interview on 12/30/09 at 9:20 AM, the Health Services Director confirmed that this order did not include a frequency of administration.

R147

is then reviewed Separately by licensed Staff. We will re-educate all Staff that deliver medication the need to comply with Section 5.9.C(4). The Health Service Director will ultimately be responsible. The staff meeting that addresses the above will be held by 2/15/10.

R147 1-26-2010
POC accepted as written.
Cindy Laramy, RN

R167 V. RESIDENT CARE AND HOME SERVICES
SS=E

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, behavioral

R167

→ Behavioral Plans for Psychotropics

A written Behavioral plan will be done on all residents on psychotropics. in compliance with Section 5.10.d The Health Services Director will write the plans and the VP of Residential Care will check for compliance upon chart audits. A chart audit will be done by 2/15/10. VP of Res Care ultimately responsible.

R167 1-26-2010
POC accepted as written
Cindy Laramy, RN

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R167	<p>Continued From page 4</p> <p>plans were not developed for 4 of 4 applicable residents (Resident #2, #3, #5 and #6) receiving PRN (as needed) psychotropic medications from staff other than a licensed nurse. Findings include:</p> <p>1) Per record review on 12/30/09, Resident #2 had no behavioral care plan directing staff regarding specific behaviors, circumstances indicating the need for administration and monitoring for effectiveness / side effects of 3 ordered psychotropic medications (Seroquel 12/5 mg [milligrams] BID [2 times a day] PRN -- agitation; Zyprexa 5 mg QD [daily] PRN -- breakthrough agitation and Trazodone 25 mg Q [every] 4-6 hours PRN). During interview at 7:15 AM on 12/30/09, the Health Services Director confirmed that no behavioral care plan had been formulated for this resident.</p> <p>2) Per record review on 12/30/09, Resident #3 had no behavioral care plan directing staff regarding specific behaviors, circumstances indicating the need for administration and monitoring for effectiveness / side effects of 1 ordered psychotropic medication (Trazodone 25 mg Q 4 hours PRN). During interview at 7:15 AM on 12/30/09, the Health Services Director confirmed that no behavioral care plan had been formulated for this resident.</p> <p>3) Per record review on 12/30/09, Resident #5 had no behavioral care plan directing staff regarding specific behaviors, circumstances indicating the need for administration and monitoring for effectiveness / side effects of 1 ordered psychotropic medication (Seroquel 25 mg Q 4 hours PRN). During interview at 7:15 AM on 12/30/09, the Health Services Director confirmed that no behavioral care plan had been</p>	R167	

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R167 Continued From page 5
formulated for this resident.

4) Per record review on 12/30/09, Resident #6 had no behavioral care plan directing staff regarding specific behaviors, circumstances indicating the need for administration and monitoring for effectiveness / side effects of 1 ordered psychotropic medication (Alprazolam 0.25 mg PRN). During interview at 9:20 AM on 12/30/09, the Health Services Director confirmed that no behavioral care plan had been formulated for this resident.

R167

R171 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.10 Medication Management

5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:

- (1) Documentation that medications were administered as ordered;
- (2) All instances of refusal of medications, including the reason why and the actions taken by the home;
- (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;
- (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and
- (5) For residents receiving psychoactive medications, a record of monitoring for side effects.
- (6) All incidents of medication errors.

R171

→ Medication Management

We will reeducate our Health Service Director and all Staff that deliver Medication. MARs will Comply with Section 5.10 by 2/15/10. Our Health Service Director will review for Compliance Monthly and be ultimately responsible.

R171 1-26-2010
POC accepted as written.
Cindy Laramy, RN

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R171	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that the reasons for administration of medication and / or frequency of administration of medications ordered for of 4 of 6 residents (Resident #1, Resident #2, Resident #3, Resident #5, Resident #6) are identified for each individual resident as indicated on the MAR (Medication Administration Record). Findings include: 1) Per record review on 12/30/09, Resident #6 was ordered a psychoactive medication "Alprazolam 0.25 mg {milligrams} PRN {as needed}". There was no instruction on the MAR (Medication Administration Record) to indicate under what circumstances this medication would be administered and in what frequency or timeframe. Per interview with the Health Services Director at 9:20 AM this date, it was confirmed that the order did not include the reason and frequency for administration of this medication. 2) Per record review on 12/30/09, PRN medications ordered for Residents #1, #2, #3, and #5 did not indicate reasons for administration. During interview, the Health Services Director confirmed that these orders did not include reason for administration of the medications.	R171	
R253 SS=A	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean and maintained according to	R253	

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R253	Continued From page 7 manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to clean a stand mixer in the kitchen food preparation area. Findings include: 1) Per observation on the mornings of 12/29/09 and 12/30/09, a large stand mixer located across from the food prep area was heavily soiled with a white dried material on the backsplash area and immediately above the backsplash area on the base of the mixer itself. On 12/29/09, kitchen staff confirmed that the mixer had not been used that morning for meal preparation that morning and on 12/30/09 a cook confirmed that the mixer was soiled and that it had not been used in food preparation that morning either.	R253	1-26-2010 Addendum: Per TC with Corrine McCandless POC for R253: Staff were immediately educated regarding the need for kitchen equipment cleanliness. The director of food services is responsible for ongoing monitoring. 1-26-2010 R253 POC addendum accepted. Cindy Laramy, RD
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not ensure a sanitary environment. Findings include: 1) Per record review on 12/29/09, there were no dishwasher temperatures checks performed on the dishwasher to assure that proper sanitization of dishware occurred for 17 of 30 days in December 2009 and 12 of 30 days in November	R266	→ Dishwasher Temperature Checks The director of food services will ultimately be responsible in making sure the T° log is being maintained by the dishwashers and that we are in compliance. Dishwashers and the director of food services was already informed. This plan of correction is already in place. R266 1-26-2010 POC accepted as written. Cindy Laramy, RD

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R266 . Continued From page 8

2009. Additionally, as dishwasher wash and rinse temperatures are taken only once per day, the home has no process in place to assure that adequate wash and rinse temperatures are achieved for any meal except the lunchtime service. During interview on the morning of 12/29/09, the food service worker assigned to monitor dishwasher wash and rinse temperatures confirmed that temperatures are monitored only on days of this employee's work and only during the lunch meal service.

R266

R302 IX. PHYSICAL PLANT
SS=D

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.

R302

This REQUIREMENT is not met as evidenced by:
Based on record review and interview the home did not perform required afternoon fire drills during the prior 12 month period. Findings include:

- 1) Per record review on 12/27/09, fire drills were completed as follows: 2/27/09 at 2:54 PM; 3/15/09 at 1:30 PM; 4/17/09 at 10:00 AM; 4/23/09

→ Afternoon Fire Drills
+ Evening

We are now clear that there are 4 time periods for fire drills vs. a fire drill on each shift. We will have the evening fire drill by 2/15/10, conducted by the maintenance director. The VP of maintenance will ultimately be responsible for this.

R302 1-26-2010

POC accepted as written.

_____ Cindy Leamy, RW _____

Division of Licensing and Protection

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R302 Continued From page 9

at 06:00 AM; 5/8/09 at 10:15 AM; 6/5/09 at 3:11 PM; 7/6/09 at 2:10 PM; 8/7/09 at 1:27 PM; 9/8/09 at 1:38 PM; 10/6/09 at 9:45 AM; 11/5/09 at 9:38 AM and 12/17/09 at 5:05 AM. During interview with the Maintenance Director on 12/27/09 at 10:57 AM, it was confirmed that there were no drills completed during evening hours.

R302