

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

October 29, 2013

Ms. Karen Crowe, Administrator  
Atkinson Residence  
4717 Main Street  
Newbury, VT 05051

Provider #: 0004

Dear Ms. Crowe:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey and facility-reported incident investigation conducted on **September 30, 2013**. 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:ne

Enclosure



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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____  OCT 24 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED  C <b>09/30/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATKINSON RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4717 MAIN STREET NEWBURY, VT 05051</b>
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R100	Initial Comments:  An unannounced onsite re-licensing survey and facility-reported incident investigation were conducted by the Division of Licensing and Protection on 9/30/13. The following regulatory deficiencies were identified.	R100		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on review of staff education records, the</p>	R179	<p>10/24/13 P.O.C. accepted with addendum as stated on page two. Karen Campos RN</p> <p>See page 2.</p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Karen Cromie</i>	TITLE  <i>Director</i>	(X6) DATE  <i>10/22/13</i>
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R179	Continued From page 1  home failed to assure that all required training of direct care staff was conducted. Findings include:  Per review on 9/30/13, the Home Manager was unable to provide documentation that direct care staff received 12 hours per year of inservice training in the required topics. Per interview on 9/30/13 at 3:40 PM, the Home Manager confirmed that the staff training did not meet the requirement as set in the regulations.	R179	• Quarterly mandatory staff meetings/training sessions will be scheduled every year, and additional sessions as needed, to ensure all direct-care staff receive the at least 12 hours of training in the required topics. The first session is scheduled for Nov. 7, 2013. Additional dates will be set in 2013 until all current direct-care staff here are in compliance for 2013.	12/31/13
R180 SS=C	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training  This REQUIREMENT is not met as evidenced by: Based on review of staff training records and interview, the home failed to assure that staff training was documented. Findings include:  Per review on 9/30/13, staff training documentation was not organized in a manner that showed the required content and hours for each staff person that provides direct care to residents. The home manager produced some evidence that some staff training had occurred, however the documentation was not organized in a manner that hours and content of training could be evaluated. Per interview on 9/30/13 at 4:25 PM, the home manager confirmed that the staff training documentation was not organized, and	R180	Addendum: Per TC with Karen Crowe, 10/24/13 2:20 PM The home director will be responsible for monitoring for compliance for all corrective actions  • The director now has adequate, separate space for organized storage of these important documents. New forms have been created to document all training in a current, easily fallied manner and readily accessible format. Documentation will be current and properly organized by Nov. 15, 2013.	11/15/13

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R180	Continued From page 2  that there was no way to assure that all 12 hours and required content were met for direct care staff.	R180		
R181 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Per staff interview and record review, the home failed to provide evidence that prior to employment, all required background checks were completed for 3 of 5 employees reviewed. Findings include:  Per record review of employee files, five staff members employed at the home who provide</p>	R181	See page 4.	

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R181	Continued From page 3  direct care to residents were reviewed for completion of background checks prior to employment. A child abuse registry check was not done for 3 of the 5 staff members reviewed. Per interview on 9/30/13 at 4:30 PM, the Home Manager confirmed that no written evidence was available to ensure that pre-employment screening was completed on the three staff members for convictions of child abuse.	R181	<i>The employees for whom no child abuse registry checks were done 10.17.13 were hired years ago, prior to my administration. Those have now been done, with no records found. Current pre-employment procedures do include both adult and child abuse registry checks, via the online registry, and this will continue with each new hire.</i>	
R302 SS=F	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 record review and staff interview, the home failed to provide evidence of fire drills conducted on at least a quarterly basis that included drills at night. Findings include:  Per documentation review on 9/30/13 at 4:30 PM, the record of fire drills at the home showed only one drill conducted in 2013 on April 9th during the	R302	<i>See page 5.</i>	

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R302	Continued From page 4  evening. The Home Manager was unable to provide documentation of fire drills at night to assess the evacuation efficiency of residents when they were asleep. Per interview on 9/30/13 at 4:40 PM, the Home Manager confirmed that the drills were not conducted on a quarterly basis or at night. Per Life Safety Code, 6 fire drills must occur annually covering all shifts, with 2 occurring during the night shift.	R302	<i>Fire drills are planned for 12/10/13 Oct. 25, 2013, at 3:00 pm; Nov. 19, 2013, at 6:00 a.m.; and Dec. 10, 2013, at 9:00 pm. The plan for 2014 is to conduct <u>monthly</u> drills, to include all shifts, at least two drills on the night shift.</i>	
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