

Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury, VT 05671-2060  
<http://www.dail.vermont.gov>  
Survey and Certification Voice/TTY (802) 241-0480  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line: (888) 700-5330  
To Report Adult Abuse: (800) 564-1612

June 29, 2016

. Janebeth Smith, Administrator  
Frances Atkinson Residence For The Retired  
4717 Main Street  
Newbury, VT 05051

Dear . Smith:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 6, 2016. 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

Division of Licensing and Protection

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>0004 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>06/06/2016 |
|--|--|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>FRANCES ATKINSON RESIDENCE FOR THE R | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4717 MAIN STREET<br>NEWBURY, VT 05051 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

R100 Initial Comments: R100  
An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 6/6/16. The following regulatory findings were identified.

R112 V. RESIDENT CARE AND HOME SERVICES SS=D R112  
5.2 Admission  
5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable.  
  
This REQUIREMENT is not met as evidenced by:  
Based on record review and staff interview, the home failed to ensure that a newly admitted resident had an accompanying physician's statement that included medical diagnoses, for one resident sampled (Resident #1). Findings include:  
  
Resident #1 was admitted on 5/2/16 from a private home setting. Per review of the medical record, there was no physician's admitting statement that included the resident's diagnoses, diet orders, or medication list. Per interview on 6/6/16 at 3:20 PM, the Registered Nurse of the home confirmed that they had not acquired a written physician's statement upon admitting this resident.

*Please see attached information*

R162 V. RESIDENT CARE AND HOME SERVICES SS=D R162

|   |       |           |
|---|-------|-----------|
| Division of Licensing and Protection<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

STATE FORM 6899  
*Jane Beth A. Smith*  
6/25/16  
Director

NF4Z11

R112 - R291 POCs accepted 6/29/16 K Camporeale/pmc

Division of Licensing and Protection

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>0004 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>06/06/2016 |
|--|--|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>FRANCES ATKINSON RESIDENCE FOR THE R | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4717 MAIN STREET<br>NEWBURY, VT 05051 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

R162 Continued From page 1

5.10 Medication Management

5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the home failed to ensure that a written signed physician's order was present on file for unlicensed staff administering medications for one resident (Resident #1). Findings include:

Per record review, Resident #1 had two psychoactive medications being administered by unlicensed staff, for which there was no MD order on file. The first, Lorazepam 0.5 mg. daily PRN for 4 days. This medication was continued as an as needed anti-anxiety treatment, however there was no order from the physician in the record to reflect the continued use of the medication past the 4 day order. Also prescribed for Resident #1 was the antipsychotic Seroquel 25 mg. 1-2 tabs PO TID PRN for 10 days. Per review of the record, the resident still had the order on file as a current PRN, with no evidence that the doctor had ordered it to be continued past the 10 days. Per interview on 6/6/16 at 3:25 PM, the Registered Nurse confirmed that the doctor did give the nurse a telephone order to continue these medications, however was not able to locate the actual order.

R162

R164 V. RESIDENT CARE AND HOME SERVICES  
SS=D

R164

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

0004

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY COMPLETED

C  
06/06/2016

NAME OF PROVIDER OR SUPPLIER

FRANCES ATKINSON RESIDENCE FOR THE R

STREET ADDRESS, CITY, STATE, ZIP CODE

4717 MAIN STREET  
NEWBURY, VT 05051

| (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 |
|--------------------|---|---------------|---|--------------------|
| R164               | <p>Continued From page 2</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and staff interview, the home failed to ensure that the Registered Nurse delegated the administration of medications to all unlicensed staff. Findings include:</p> <p>Based on observation and staff interview, the staff person working during the day on 6/6/16 was noted to be administering pills to residents, and setting up a nebulizer treatment also. Per interview with the unlicensed staff person at 11:20 AM, they stated that they were shown by the other unlicensed staff how to do the nebulizer treatment, and that the med-delegated morning staff pre-pours the medications to be given at 1 and 2. This staff person stated that they had taken some of the medication administration training, however had not been trained by the nurse yet, and was not delegated to administer yet. Per interview on 6/6/16 at 3:25 PM, the Registered Nurse confirmed that the staff person passing medications and doing breathing treatments had not been delegated by the nurse yet, however did have the task of administering the mid day medications to residents that had been set up by the med-delegated staff earlier in the day.</p> | R164          |   |                    |

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

0004

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY COMPLETED

C

06/06/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRANCES ATKINSON RESIDENCE FOR THE R

4717 MAIN STREET  
NEWBURY, VT 05051

(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

R171 Continued From page 3

R171

R171 V. RESIDENT CARE AND HOME SERVICES  
SS=D

R171

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.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the home failed to ensure that staff giving PRN (as needed) medications documented the details of administration for one resident sampled (Resident #1). Findings include:

Per record review, Resident #1 had medications being administered by unlicensed staff. The MD prescribed Seroquel 25 mg. 1-2 tabs PO TID

Division of Licensing and Protection

|  |  |  |   |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>0004 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>06/06/2016 |
|--|--|--|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>FRANCES ATKINSON RESIDENCE FOR THE R | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4717 MAIN STREET<br>NEWBURY, VT 05051 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

R171 Continued From page 4  
PRN for 10 days. Per review of the record, the staff had given the resident a dose of Seroquel on 5/26/16, however had not documented the time, reason to give, or the effectiveness of the treatment. Also there was no indication as to whether the resident was given 1 or 2 pills. Per interview on 6/6/16 at 3:25 PM, the Registered Nurse confirmed that there was no documentation on the back of the Med Administration sheet or in the notes to indicate how many, when it was given, and why this medication was administered.

R181 SS=E V. RESIDENT CARE AND HOME SERVICES  
5.11 Staff Services  
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.

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

0004

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY COMPLETED

C  
06/06/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRANCES ATKINSON RESIDENCE FOR THE R

4717 MAIN STREET  
NEWBURY, VT 05051

(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

R181

Continued From page 5

R181

This REQUIREMENT is not met as evidenced by:  
Based on personnel record review and staff interview, the home failed to ensure that background checks were completed for 2 of 4 employees reviewed. Findings include:  
  
Per review of Employee #1, hired in the last 6 months, there was no result of a criminal background check for Vermont on file, and no evidence of a Child Abuse Registry check. For employee #2, hired in February 2016, there was no evidence of either Child or Adult Abuse Registry checks, or a Vermont criminal background check on file. Per interview on 6/6/16 at 1:40 PM, the Administrator of the home stated that these were not available in the files, and that there were no copies anywhere to show evidence they had been obtained prior to them providing direct care to residents.

R291  
SS=E

IX. PHYSICAL PLANT

R291

9.6 Plumbing

9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.

This REQUIREMENT is not met as evidenced by:  
Based on observation and staff interview, the home failed to ensure that hot water temperatures remained within safe limits.  
Findings include:

Per observation of hot water temperatures in resident areas, there were a few areas reading over 120 degrees F. The hottest temperature

Division of Licensing and Protection

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>0004 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>06/06/2016 |
|--|--|---|---|

NAME OF PROVIDER OR SUPPLIER  
**FRANCES ATKINSON RESIDENCE FOR THE R**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4717 MAIN STREET  
NEWBURY, VT 05051**

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

R291 Continued From page 6  
recorded was at 9:55 AM, 126 degrees F. in a downstairs bathroom used by residents. Per interview on 6/6/16 at 10:00 AM, the home's Administrator confirmed the temperature reading was over 120 degrees, and the hot water temperature was lowered for the entire building.

R291

Plan Of Correction (POC)

| ID PREFIX TAG | What action to correct?  | What measures or systemic changes to prevent recur?   | Corrective Actions  | Dates Action will be complete.  |
|---------------|--|---|---|---|
| R112          | To assure that required documentation is received from physician prior to admission.   | Paper audit by the nurse and the director to verify that all paper work is in place prior to admissions.  | Please see attached form attachment one (A1) that has been created to assure that required documentation is received from physician prior to admission.   | 6/15/16 for new admissions for CF due to be admitted 7/1/16. See example 1 (E1) |
| R162          | 5.10.c Institute Weekly audit by RN to ascertain and maintain compliance with admission policy and compliance with written Doctor orders.  | Letter of notification will be sent to all participating providers referencing new admission format week of June 27, 2016 including notification that no sliding scale as | Telephone order taken only by RN and then written into resident's record, RN will follow up to make sure written, signed order is obtained.   | 6/27/2016   |
| R164          | Each staff member will, take a medication pre-test upon employment and then read the medication manual complete the post test.   | Upon achieving 85% or greater the delegated staff member will be instructed in the procedure for medication administration for 2 hours,                                   | Beginning Monday 6-27-16. All current delegated staff will be updated with this process as well, over the month of July.  | 6/27/2016   |
| R171          | It is policy that any medicine not administered for what so ever reason, will be documented on the back side of the sheet, the amount given (ie. one tablet or two) will be documented on the front of the MAR sheet in addition to where initials are signed. | The RN will do twice weekly audits of as needed medicines on a random basis. This will be documented with a monthly graph showing the percentage of staff compliance.     | Additionally, documentation of the reason for administration and effectiveness will also be monitored in the twice weekly audit, and included on graphic representation of performance. This will be ascertained by auditing back of med sheets and or by checking the care notes for this documentation. | 7/7/2016  |

*JaneBeth C. Smith Director*  
 6/25/16

| ID PREFIX TAG | What action to correct?  | What measures or systemic changes to prevent recur?  | Corrective Actions  | Dates Action will be complete. |
|---------------|--|--|---|--------------------------------|
| R181          | To assure that required documentation is on file prior to personnel providing direct care to residents.  | After calling and speaking with Tina Healy the Criminal Record Specialist from VCIC we were not getting the results from the background check because we were using the same email from the previous director. Please see A2 that documents we are able to obtain records. | It appears that documentation for Employee #2 was missed filed for Child or Adult Abuse I will recheck other employees files to locate and contact the appropriate office to see if the can resend. Please see A3 for Employee #1 to verify that it is the required checks that are needed. | 6/30/2016                      |
| R291          | The Plumber was called to inspect the water heater that showed the temp was set at 118 degrees in the basement. He lowered the water heater temp and took temps in every room. Pattens Gas was also called because a reading on the Broiler was F09. | Daily water monitoring in random rooms to assure water temp is below 120 degrees. See A4 for daily log.  | Both the Plumber and Patten's gas were called and made repairs to the system. See A4.a and A4.b   | 6/20/2016                      |

AI.

Vermont Congregational Home, Inc.  
dba Frances Atkinson Residence for the Retired  
4717 Main Street  
Newbury, Vermont 05051  
(802) 866-5582 phone; (802) 866-5585 fax  
director.atkinson@gmail.com

**Doctor Admission Order**

As per section V. Resident Care and Home Services 5.2

**Instructions for Doctor- Please complete before resident is admitted to Atkinson Residence for the Retired.**

Resident Name: \_\_\_\_\_ DOB \_\_\_\_\_

Physician's Statement including Medical Diagnosis  
(5.2.b)

Physician's Psychiatric Diagnosis

Medication Allergies

Dietary restrictions (5.5.c)

Address whether or not resident is able to go up 15 stairs    Yes                  No

Address whether or not resident is able to go down 15 stairs    Yes                  No

Please include up-to-date list of all active medicines, as well as over the counter meds.

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident or Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Atkinson Residence

\_\_\_\_\_  
Date

AY

June 2016

| DATE   | Location | Temperature (F) | Comments |
|--------|----------|-----------------|----------|
| 6/6/16 | 1        | 108             | Pumper   |
| 6/6/16 | 2        | 106             | adjusted |
| 6/6/16 | 3        | 106             | Temp     |
| 6/6/16 | 4        | 110             |          |
| 6/6/16 | 5        | 112             |          |
| 6/6/16 | 6        | 114             |          |
| 6/6/16 | 7        | 103             |          |
| 6/6/16 | 8        | 104             |          |
| 6/6/16 | 9        | 111             |          |
| 6/6/16 | 10       | 112             |          |
| 6/6/16 | 11       | 118             |          |
| 6/6/16 | 12       | 116             |          |
| 6/6/16 | 13       | 117             |          |
| 6/6/16 | Bathroom | 101             |          |
| 6/6/16 | Kitchen  | 118             |          |
| 6/7    | 1        | 118             |          |
| 6/8    | 6        | 110             |          |
| 6/9    | 8        | 109             |          |
| 6/10   | 9        | 106             |          |
| 6/12   | 11       | 110             |          |
| 6/13   | 12       | 111             |          |
| 6/14   | 2        | 104             |          |
| 6/14   | 8        | 110             |          |
| 6/15   | 13       | 111             |          |
| 6/16   | 7        | 116             |          |
| 6/17   | 3        | 114             |          |
| 6/18   | 5        | 114             |          |
| 6/19   | 8        | 116             |          |
| 6/20   | 4        | 118             |          |
| 6/21   | 11       | 110             |          |
| 6/22   | 9        | 108             |          |
| 6/23   | 6        | 118             |          |