



VERMONT

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

December 20, 2010

Ms. Jennifer Bibeault, Administrator  
Brookwood  
2 School Street  
North Springfield, VT 05150

Dear Ms. Bibeault:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite licensing survey conducted on **November 16, 2010**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN". The signature is written in a cursive style.

Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure: As noted above.



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150</b>
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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
R100	Initial Comments:  An unannounced onsite licensing survey was completed on 11/16/2010 by the Division of Licensing and Protection.	R100		
R167 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</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>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, no written plan for the use of a PRN (as needed) psychoactive medication for 2 of 3 applicable residents ( Resident #1, and Resident #2) was available to direct unlicensed staff on when to administer the medication or to assist unlicensed staff identify what behaviors to monitor for. There was also no educational material on what desired effects or undesired side effects the staff must monitor for. Findings include:</p> <p>1) Per record review on 11/16/10, for Resident #1</p>	R167	<p><i>The RN will implement a behavior plan for all residents on psychoactive medications. The plan will include specific behaviors to watch for, and desired and undesired side effects. The RN will also develop a PRN Policy for all</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jennifer Bibeault RN Manager* TITLE *Manager* (X6) DATE *12/12/10*

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R167	Continued From page 1  there was a physician order for Haloperidol 0.5 mg 2 tabs by mouth as needed. During an interview with the Manager on 11/16/10, it was confirmed that there was no written plan developed by the nurse to address what specific behaviors the medication was intended to correct /address or what circumstances indicated the administration of the drug.  2) Per record review on 11/16/10, for Resident #2 there was a physician order for Seroquel 25 mg 1 tab by mouth every 6 hours as needed for agitation. The Manger of the Home confirmed on 11/16/10 that there was no written plan developed by the nurse to address what specific behaviors the medication was intended to correct /address or what circumstances indicated the administration of the drug.	R167	<i>Staff to refer to in our medication resource book. The RN will monitor all medication orders to ensure physicians write what they want a PRN medication used for. This <del>will</del> order has been re written and sent to MD for signature. All above will be completed by 12/23/10.</i>	
R181 SS=D	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	R181	<i>R167 12-20-10 poc accepted Sent out RW</i>	

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R181	Continued From page 2  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.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that all prospective employees pass a the abuse registry background check for 1 of 3 staff reviewed. Findings Include:  1) Per record review on 11/16/10, 1 of 3 current employees had no evidence in their employee records of an abuse registry check. The Manager confirmed by interview on 11/16/10 that the employee did not have the required background check completed.	R181	- The abuse check was sent to the registry and returned to Brookwood. Employee Not Found on Registry - The manager has developed a check list in employee record which includes abuse check completion. - ONCE ORIENTATION has been completed the manager will review the check list to ensure all items (abuse check) has been completed. The file will not be with active employees until checklist complete. - effective 12/10/10 R181 12-20-10 poc accepted [signature]	
R247 SS=C	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that frozen foods were stored at the proper temperatures. Findings Include:  1) Per observation on 11/16/10, during inspection of the kitchen and storage areas, there were no thermometers in 3 of 3 freezers used for resident food storage. This was confirmed on 11/16/10 by	R247	All freezers have working thermometers. 11/17/10 Kitchen staff are required to check freezer temperatures 2x a day and record. If temperature is not within desired range instructions are on record sheets to report to manager. If thermometers are broken or missing staff will report to manager. Kitchen supervisor ensures that staff are documenting temperatures 2x a day effective 11/17/10	

R247 2-20-10

poc accepted

[signature]

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R247	Continued From page 3 a staff member and the Manager.	R247		