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) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 31, 2013

Ms. Morgan Ouellette, Administrator
Brownway Residence
328 School Street
Enosburg Falls, VT 05450

Provider #: 0118

Dear Ms. Ouellette:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 15, 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

RECEIVED
Division of Licensing and Protection
JAN 30 13

PRINTED: 01/18/2013
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	0118		C 01/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNWAY RESIDENCE	328 SCHOOL STREET ENOSBURG FALLS, VT 05450

(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 on-site complaint investigation was conducted by the Division of Licensing and Protection on 1/15/13. The following regulatory deficiencies were identified.	R100		
R153 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (10) Monitor stability of each resident's weight; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure ongoing monitoring to assure weight remained stable for 1 of 4 applicable residents in the sample (Resident #2). Findings include: Per record review Resident #2 had a weight loss of 32.5 pounds in a 6 month period between his/her admission to the facility on 6/26/12 and December of 2012 that was not consistently monitored or assessed by staff. The resident, whose medical problems included Epilepsy, Diabetes, Hypertension and persistent mental disorder, was identified, on the most current service plan as independent with eating. The goal of the plan stated that the resident "Will be adequately hydrated and maintain baseline nutritional status as evidenced by weight maintenance." Interventions to assure the goal included "monitor weight monthly." The resident's admission weight was 210 pounds, and the most current weight, documented in December of 2012 was 177.5 pounds signifying a loss of 32.5 pounds.	R153		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Executive Director — (X6) DATE 1/28/13

PMC

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER BROWNWAY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450		

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R153	Continued From page 1 There was no indication of whether or not the weight loss had been identified or evaluated and records of past weights were not readily accessible for review to determine when the loss occurred. The resident was hospitalized overnight on 10/29/12 related to seizure activity and returned to the facility on 10/30/12. A nurse's note, dated 11/2/12 stated; "res has fluctuating levels of strength and mental alertness since returning from (his/her) hospital stay...at times very alert and conversive other times (s/he) seems to look right through you and will not respond....has been noted to be shaky at times (s/he) has needed much cueing with meals often (s/he) seems like (s/he) does not know or remember how to feed self." The resident was seen by his PCP (Primary Care Provider) on that date for evaluation. A subsequent nurse's note, dated 11/8/12 indicated the patient had been seen by PCP earlier in the week and "If lethargy continues may get PT eval". The resident's weight, of 177.5 pounds, was obtained during survey, and revealed stability of weight for the past month. The Executive Director stated, during interview at 4:35 PM on 1/15/13, that s/he had not been aware of the extent of Resident #2's weight loss and that currently there was no formal process in place for tracking weights. S/he stated s/he is working towards documentation of all weights in the Electronic Medical Record for ease of tracking. LPN #1 stated, during interview at that time, that s/he had been aware that the resident had some weight loss but s/he had failed to document that well. S/he further stated that s/he was aware of concerns regarding self feeding, following the resident's hospitalization, and stated that the resident seemed to recover very quickly	R153		

Division of Licensing and Protection

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R153	Continued From page 2 from those issues. Both the Executive Director and the LPN agreed that there should be a better process in place for tracking weights to assure stability.	R153		
R251 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to store all food in a manner to protect from potential contamination. Findings include: Per observation, during tour of the kitchen at 10:05 AM on 1/15/13, the interior of the freezer, located in the basement and used for resident food storage, was heavily frosted and contained an open bag of frozen bread loaves, some of which had spilled out into the freezer, and an open bag of frozen pizza dough. The observation was confirmed by the Executive Director, at the time, who was present during the tour.	R251		
R252 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment	R252		

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R252	Continued From page 3 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to assure that all areas used for storage of food, drink, equipment and utensil was kept clean. Findings include: During tour of the kitchen with the Executive Director, at 10:05 AM on 1/15/13, and again, by the surveyor, at 4:10 PM, respectively, the following observations were made: a. There was a build up of wax and grime on the kitchen floor along the wall edges and in corners b. The floor of the walk in refrigerator had a heavy build up of dirt and grime along the walls and in corners and was littered with food crumbs and small amounts of food including a carrot, tomato and potato. The metal shelving unit on which food was stored had shelves heavily soiled with a dried-on white substance and other food debris. c. The bottom shelf of the upright freezer, located in the kitchen, was soiled with dried on liquid spills and food debris. These observations were confirmed by the Executive Director at the time of tour.	R252		
R258 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment	R258		

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R258	Continued From page 4 7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to store trash and garbage in a sanitary manner. Findings include: During tour of the kitchen with the Executive Director, at 10:05 AM on 1/15/13, and again, by the surveyor, at 4:10 PM, respectively, the following observations were made: There were 2 uncovered trash receptacles whose bags were overflowing with trash and garbage located next to the hand washing sink at 10:05 AM, and 2 uncovered receptacles overflowing with garbage and trash located near the food prep area at 4:10 PM. The morning and afternoon observations were confirmed by the Executive Director and the a dietary staff member, respectively, at the time of each observation.	R258		

R153

5.9.c Monitor stability of each resident's weight;

1. Action to correct the deficiency

Completed weight change note in the record, for resident #2, documenting the anticipated weight loss, notify MD, begin weekly weights and monitor for weight stabilization.

Expected completion date: Completed (1/23/13) - weekly weights ongoing

2. Measures to assure that it does not recur

All significant changes on the monthly weights will be reviewed and documented by nursing by the 20th of every month using the "weight and vitals exception" report in Point Click Care. All weights with a significant change, even if anticipated, will have a note written in the record and faxed to the MD. Follow up will occur as necessary.

3. How corrective actions will be monitored

Monthly weights will be entered into the EMR on the 15th by the Executive Director and the "weight and vitals exception" report will be run immediately following the data entry for the month. The significant change report will be forwarded to nursing and within 5 days, nursing will have completed adequate follow up on all significant weight changes. This will be double checked by the Executive Director on the 20th of every month until the documentation shows a consistent pattern of follow up.

R251

7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.

1. Action to correct the deficiency

Freezer has been defrosted and thoroughly cleaned to correct the findings. Bread dough and pizza dough bags were tied adequately on 1/15/2013 to immediately meet regulation 7.3.a.

Expected completion date: Completed (1/16/2013)

2. Measures to assure that it does not recur

The freezer located in the dry storage area has been added to the routine kitchen cleaning schedule to be defrosted monthly and as needed. Staff have reviewed and received education on all regulatory guidelines associated with cleanliness in all kitchen areas. Bread and pizza dough, which is delivered in a bag, will be individually wrapped to meet regulation 7.3.a. and ensure it is protected from potential contamination.

3. How corrective actions will be monitored

Dry storage area and freezers will be audited every Thursday, on delivery days, by the kitchen supervisor.

R252

7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean.

1. Action to correct the deficiency

Walk in cooler was deep cleaned to include all walls and floors and all wire storage racks were removed and bleached. Upright freezer was thoroughly cleaned to meet regulation 7.3.b.

Expected completion date: Completed (1/16/2013)

2. Measures to assure that it does not recur

Cleaning schedule was edited to reflect the walk-in and upright cooler and freezer cleaning day to be on Wednesday prior to food delivery on Thursdays. This change will allow for staff to do more thorough cleaning as the coolers/freezers will not be full of inventory. Staff have reviewed and received education on all regulatory guidelines associated with cleanliness in all kitchen areas.

3. How corrective actions will be monitored

Walk-in and upright cooler and freezer will be audited every Thursday, on delivery days, by the kitchen supervisor.

R258

7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers.

1. Action to correct the deficiency

After review, it was determined that the receptacles were not appropriately sized to the amount of garbage/waste from the kitchen/dining area. Covers were removed by staff to accommodate meal time waste in the morning (10:05A) and prep waste prior to the evening meal (4:10P). Larger receptacles were purchased and put in place.

Expected completion date: Completed (1/25/2013)

2. Measures to assure that it does not recur

The larger capacity garbage receptacle will allow for staff to keep the covers on during high waste times (meal and prep times). Daily assignments have been edited to reflect trash disposal following each meal and as needed. Staff have reviewed and received education on all regulatory guidelines associated with cleanliness in all kitchen areas.

3. How corrective actions will be monitored

Audits will be done ad lib by kitchen supervisor to ensure that staff are following regulation to keep trash receptacles covered at all times.

R153, R251, R252 + R258 POC's accepted 1/31/13
BHowe RN | PMC