



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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Voice/TTY (802) 241-2345  
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December 29, 2010

Kathleen Thibodeau, Administrator  
Craftsbury Community Care Center, Inc.  
1784 East Craftsbury Road  
Craftsbury, VT 05826

Dear Ms. Thibodeau:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **October 20, 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, flowing style.

Pamela M. Cota, RN  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>10/20/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRAFTSBURY COMMUNITY CARE CENTER, II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1784 EAST CRAFTSBURY ROAD CRAFTSBURY, VT 05826</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 conducted on October 20, 2010.	R100		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  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:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not assure that 1 of 5 staff members providing direct care received 12 hours of annual training as required. Findings include:	R179  5.11b	we will begin including our housekeeping staff in our nurse aide inservice meetings one a month our first meeting is scheduled for 11-10-10.  For our per diem employees such as the employee reviewed and out of compliance we will meet with them individually during the next year to complete their requirements as they have other jobs and are often unable to attend our inservices. This one or one inservice will be completed by myself and Carol Pothman first  R179 11-16-10 POC accepted  C. Lowery, RN	Initial now completed By 11/16/10

Division of Licensing and Protection

*Kathleen S. Thurston*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*Executive Director*

(X6) DATE  
**11-5-10**

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/20/2010</b>
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R179	Continued From page 1  1. Per record review on 10/20/2010, 1 staff member reviewed had an incomplete education record. During interview that afternoon, the Administrator confirmed that the staff member had not completed all mandatory training nor 12 hours of annual training.	R179			
R266 SS=D	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 observation and interview, the facility failed to maintain a safe environment for all residents. Findings include:  1. On 10/20/10 during the initial tour, a housekeeping cart (which was stocked with bleach disinfectants, toilet bowl cleanser, carpet stain remover and other chemical cleaning agents) was observed in the unlocked, resident laundry room. The Administrator confirmed the presence of unsecured chemical agents.  2. During observation of the room of Resident #1 on 10/20/2010 at 2:00 PM, a box of Frontline flea control medication was stored on the top of the bureau. Per interview, Resident #1 confirmed that this is the usual storage space for this animal medication and stated that the door to the room is not locked when the room is unoccupied.	R266	<i>R266</i> ①  ②	<i>Our maintenance dept. has already made and installed a locked box on top of the cleaning cart to address the issue. Staff have been informed and educated on keeping supplies locked.</i>  <i>we have reviewed the necessity of keeping this type of medication in a locked area with this resident. we will review medication storage and potentially hazardous substances in resident rooms &amp; then do next resident consent meeting @ the end of the month</i>	<i>10-31-10</i>  <i>11-30-10</i>