

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

August 22, 2013

Ms. Carrie Jewell, Administrator
Davis Home
45 State Street
Windsor, VT 05089

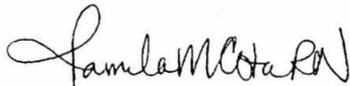
Provider #: 0021

Dear Ms. Jewell:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 10, 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED C 07/10/2013
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NAME OF PROVIDER OR SUPPLIER DAVIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 45 STATE STREET WINDSOR, VT 05089
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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
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R100	Initial Comments: An unannounced onsite complaint investigation was conducted on 07/10/13 by the Division of Licensing and protection. The following are Residential Care Home findings.	R100		
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on information gathered, the home failed to develop a written plan of care for 1 of 3 residents in the sample that describes the care and services necessary to assist the resident to maintain independence and well-being. (Resident #1) Findings include;</p> <p>Per observation on 07/10/13 at 10:00 AM Resident #1 had a call light out of reach on a small table near the door. During interview at that time the resident stated that s/he had had several falls recently and that is why they have a call bell, although would prefer 'lifeline' since s/he is not always able to reach the call bell cord. Per review on 07/10/13 of the resident's chart the Assessment dated 02/11/13 notes supervision for bed mobility, dressing, eating, toilet use and locomotion. Limited assistance is needed for transferring and one person limited assistance for</p>	R145	<p>This residents care plan has been updated to reflect the use of the call-bell. Additionally the manager and/or nursing will ensure all interventions are recorded on all resident care plans?</p>	7/30/13

Division of Licensing and Protection

Camillewell

TITLE *administrator* (X5) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

7/30/13

STATE FORM

6899

ZAFH11

If continuation sheet 1 of 3

*R145, R302 POC's accepted 8/8/13
SemmonsRW*

pmc

Division of Licensing and Protection

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R145	Continued From page 1 bathing and hygiene. Review of progress notes shows the resident had fallen on 04/24/13, 05/22/13 and 06/21/13. The care plan developed upon admission in February 2013 noted "functional limitation but mostly independent needs shower shampoo weekly & as needed, unsteady gait uses walker, glasses, independent for toileting." There is no care plan for the use of the call bell nor any new intervention regarding the falls. Per interview at 2:41 PM the Administrator stated "I can't tell you when that [call bell use] happened" and confirmed the care plan was not updated to reflect what new interventions were put into place after the falls or the use of the call bell.	R145			
R302 SS=C	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 review of fire drill records and interview, the facility failed to ensure that fire drills were	R302			

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R302	Continued From page 2 conducted at varying times of the day, including morning, afternoon, evening and nights and failed to document staff who were present. This affected all 12 Residents in the current census. Findings include: Review of the fire drill records on 07/10/13 noted that two fire drills had been conducted in the previous 7 months. During the first quarter on 01/08/13 at 9:00 AM and on 03/15/13 at 11:00 AM. it is noted that 3 and 2 staff were present respectively, however the names of participating staff members were not documented. There were no fire drills held for the second quarter. Per interview at 1:17 PM the Administrator stated " it is our policy to hold fire drills every other month". S/he confirmed at that time that the fire drills were not held quarterly nor on different shifts and the names of the participating staff were not documented.	R302	A Fire drill was conducted on 7/15/13. The manager will ensure that fire drills are conducted timely, at least quarterly and six times per year, at varying times morning, day, night and evening.	7/15/13