

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

September 11, 2012

Ms. Lynne Stratton, Administrator  
Emeritus At Fillmore Pond  
300 Village Lane  
Bennington, VT 05201-9041

Dear Ms. Stratton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 24, 2012**. 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:jl



AUG 21 2012

PRINTED: 08/08/2012  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/24/2012
NAME OF PROVIDER OR SUPPLIER  EMERITUS AT FILLMORE POND		STREET ADDRESS, CITY, STATE, ZIP CODE 300 VILLAGE LANE BENNINGTON, VT 05201		
(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 State Licensure survey and complaint investigation were conducted by the Division of Licensing and Protection on 07/23 & 7/24/2012. The following regulatory deficiencies were identified during the survey:	R100		
R107 SS=B	V. RESIDENT CARE AND HOME SERVICES  5.2 Admission  5.2.a  (4) If the home agrees to accept SSI or ACCS payments and allows the resident to remain in the home when the resident's financial status changes, the home must provide the resident with a new admission agreement as provided to all ACCS participants.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure, for 4 of 4 selected residents (Residents #5, 6, 11, & 12), that new admission agreements were provided to all ACCS participants whose financial status had changed. Findings include:  Based on record review, the facility failed to provide a new admission agreement for Resident #5, whose financial status changed and who is now cared for under an ACCS agreement. In further record review three additional residents (Residents #6, #11, and #12), being cared for under ACCS agreements, had an addendum to the admission agreement in place which did not contain the information required by regulation.	R107	Please see attached POC.	8/29/12

Division of Licensing and Protection

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

*Lynne Stratton*

TITLE

*Executive Director*

(X6) DATE

*8/20/12*

STATE FORM

6899

FEZN11

If continuation sheet 1 of 6

PLAN OF CORRECTIONS ACCEPTED 9/6/12 Margaret Higgins RN

*PMC*

EMERITUS AT FILLMORE POND

R107

**V. RESIDENT CARE AND HOME SERVICES**

5..2 Admission

5.2a

(4) If the home agrees to accept SSI or ACC5 payments and allows the resident to remain in the home when the resident's financial status changes, the home must provide the resident with a new admission agreement as provided to all ACC5 participants.

Plan of Correction:

Residents currently residing at Fillmore Pond that receive ACC5/ERC services will sign new Residency Agreements. The new Emeritus Resident Agreements have now been approved by the State of Vermont. Residents #5, 6, 11 and 12 have new residency agreements in place, with the information required by regulation. The Executive Director will ensure that ACC5/ERC residents will have new residency agreements in place by October 1, 2012. Any resident that has a change in financial status and becomes ACC5/ERC, will sign a new residency agreement within 14 days of receiving notification of the ACC5/ERC status. An audit will be conducted by the Executive Director quarterly to ensure compliance with this regulation. Results of all audits will be reported at Quality Assurance meeting held monthly.

9/6/12  
ACCEPTED  
Margaret Hyman RN

Division of Licensing and Protection

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R107	Continued From page 1  The Facility Administrator confirmed in an interview on 7/24/12 at 2:43 PM that there was no new agreement for Resident #5 and that the provided agreements were intended as the addendum for any residents who were changed to ACCS status.	R107		
R179 SS=E	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 staff interview, the	R179	Please see attached P.O.C.	8/20/12

EMERITUS AT FILLMORE POND

R179

**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.

Plan of Correction:

In 2012, the Fire Safety and Emergency Evacuation inservice was provided on April 24<sup>th</sup>. Staff #1, 3, and 4 attended on April 24<sup>th</sup>. Staff #5 has completed Fire Safety and Emergency Evacuation on 8/17/12, and First Aid and Heimlich on 8/20/12. Staff #2, who had not attended all mandatory inservices has since been terminated for an unrelated reason. An audit of inservice attendance will be conducted by the Business Office Director by September 15, 2012, to ensure compliance with state regulation of seven mandatory inservices, and a total of twelve hours per year for each staff member. Staff files will include an Individual Inservice Training Record. The Business Office Director will track staff compliance with inservice trainings, conduct monthly audits to ensure compliance, and report findings to Executive Director and report to Quality Assurance meeting held monthly. The Executive Director and Department Heads will be responsible for ensuring all outstanding inservices are completed by October 1, 2012.

ACCEPTED  
Margaret Hyman RL

Division of Licensing and Protection

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R179	Continued From page 2  facility failed to assure that annual training for direct staff was provided and included the seven mandatory topics and twelve hours per year for each staff member. Findings include:  Per record review for five randomly selected staff, for the year 2011, all staff were missing documentation of attendance at the required inservices as follows:  1). The facility failed to provide the required Fire Safety and Emergency Evacuation inservice. No direct staff in the sample attended the inservice.  2). Staff #2 attended 5 inservices in 2011 which included only one mandatory (of seven) which was Infection Control.  3). Staff #5 attended nine inservices, including all mandatory topics except the above mentioned Fire Safety and the Emergency Response and First Aid mandatory topics.  4). Staff #1, 3, and 4 attended 10 inservice offerings which appear to total 12 hours of total inservice time and include all but the Fire Safety and Emergency Evacuation mandatory.  In an interview on 7/23/12 at 4:20 PM both the Administrator and Director of Nurses stated that the information provided regarding 2011 inservices is the only information available. The facility tracks employee inservices attendance by calendar year.	R179			
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services	R181			

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R181	<p>Continued From page 3</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that there were no individuals on staff who have been convicted of a crime or who have had a charge of abuse, neglect or exploitation substantiated against him or her for 5 of 5 selected staff hired in the past year. Findings include:</p> <p>Per record review for five staff hired in the past year the following was found</p> <p>1). Staff 1B, hired 12/16/11, had a Criminal Record check completed before hire but had no Abuse Registry checks completed.</p> <p>2). Staff 2B, hired 10/13/11, had a Criminal Record check completed 7/23/12 (the first day of survey) and had no Abuse Registry checks</p>	R181	<p>Please see attached P.O.C.</p>	8/17/12

EMERITUS AT FILLMORE POND

R181

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.

Plan of Correction:

Staff #1B, 2B, 3B, 4B and 5B Adult Abuse Registry checks have been completed at this time. A variance was immediately requested, and granted, for Staff 3B and is in the employee record.

An audit of employees hired since July, 2011, was completed on July 25<sup>th</sup>, 2012 and those employees are in compliance. Moving forward, an audit of remaining employee records will be completed by September 7, 2012, to ensure that all required background checks are on file. The Executive Director will ensure that all employees hired by Emeritus at Fillmore Pond will not begin employment until the required background checks are complete and on file.

9/6/12  
ACCEPTED  
M. Carfant  
Hjuno RN

Division of Licensing and Protection

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R181	Continued From page 4 completed.  3) Staff 3B, hired 10/28/11, had a Criminal Record check completed 7/23/12 (the first day of survey) that revealed a criminal record.  4). Staff 4B, hired 12/12/11, had a Criminal Record check completed before hire but had no Abuse Registry checks completed.  5). Staff 5B, hired 8/19/11, had a Criminal record check completed before hire but had no Abuse Registry checks completed.  In an interview on 7/23/12 at 1:45 PM the Administrator confirmed that the above missing background checks were not available for the selected staff sample.	R181		
R249 SS=E	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.  This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to assure that food handling techniques are consistent with safe food handling practices. Findings include:  Per observation on 7/23/12 at the noon lunch meal, several staff members on the Memory Care Unit were observed feeding residents, clearing used dishes, serving the next course of food, and touching multiple residents without washing or sanitizing hands between resident contact or	R249	<i>Please see attached P.O.C.</i>	<i>8/24/12</i>

EMERITUS AT FILLMORE POND

R249

**VII. NUTRITION AND FOOD SERVICE**

7.2 Food Safety and Sanitation

7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.

Plan of Correction:

An inservice on Safe Food Handling and Sanitation will be held on August 24, 2012 by the Dining Services Director and the Resident Care Director for all Memory Care staff. Audits will be conducted three times per week for 90 days, at random, to include all mealtimes by the Dining Services Director and the Resident Care Director to ensure safe food handling and sanitation practices are appropriately displayed. Results of all audits will be reported at Quality Assurance meetings held monthly.

9/6/12  
ACCEPTED  
Margaret [Signature]

Division of Licensing and Protection

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R249	Continued From page 5 contact with utensils used by residents.  Reference: <a href="http://healthvermont.gov/enviro/food_lodge/food_safety.aspx">http://healthvermont.gov/enviro/food_lodge/food_safety.aspx</a>	R249			