



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

March 9, 2010

Ms. Michelle Ruggiero, Administrator
Village At Fillmore Pond
300 Village Lane
Bennington, VT 05201

Dear Ms. Ruggiero:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **January 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 cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS
Licensing Chief



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 01/20/2010
NAME OF PROVIDER OR SUPPLIER VILLAGE 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 licensing survey was conducted 1/19/2010 through 1/20/2010.	R100		
R101 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home retained one resident who met level of care eligibility for nursing home admission (Resident #1). Finding include: Per record review, Resident # 1 had assessment data reflecting that the Resident met Nursing home level of care. The assessment dated 12/6/09 assessed Resident #1 to have severely impaired cognition, behaviors, and requiring extensive assist with mobility, transfer, eating, toilet use and bathing. This was confirmed with the Nurse Manger on 1/20/10.	R101	Variance for Resident #1 Sent to State for review. Application then retracted when resident family moved her home. R-101 2/8/2010 POC accepted. — C. Laraway, RN	Moved 1/31/10
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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	R145	Please see attached Care Plan for Resident #2	1/23/10

Division of Licensing and Protection

Michael Ruggieri

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

EX. Director TITLE

2-18-2010 (X6) DATE

Division of Licensing and Protection

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R145	Continued From page 1 necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the nurse failed to assure that the care plan for 1 applicable resident addressed the resident's needs regarding falls/risk of falls (Resident # 2). Findings include: Per record review on 1/20/10 Resident #2 had a history of falls. There were several documented falls over the past three months and four documented falls in the current month of January 2010. The care plan did not address the history of falls or the risk of falls including intervention for fall prevention. This was confirmed with the Nurse Manager on 1/20/10.	R145	Continued... in addition 9hr safety checks added R145 3/8/2010 POC accepted as submitted, C. Laraway, RN	1/23/10
R181 SS=A	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	See attached letter of variance 2/5/10 from State. R181 - 3/8/2010 POC accepted. C. Laraway, RN	

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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 licensee had an employee on staff who had a criminal record. Findings include:

1) Per record review on 1/19/2010, Employee #1 had a positive criminal record. Per interview, that afternoon the Executive Director confirmed that the record indicated a misdemeanor criminal conviction and confirmed that a waiver had not been requested from the Division of Licensing and Protection to employ this person.

R181

R247: VII. NUTRITION AND FOOD SERVICES
SS=D

R247

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 during initial tour of the facility on 1/19/2010, an ice cream freezer in the main kitchen and a refrigerator freezer in the Bistro kitchen on the second floor had no thermometers to assure that perishable foods are held at proper temperatures. The Executive Director confirmed, that afternoon, that the thermometers were not present.

See attached temperature 1/23/10 log

*R247 - 3/18/2010
POC accepted w/ verbal acknowledgment per 3-8-2010 by Michele Ruggiero authorizing addition of "Bistro refrigerator temp JPUV11 Checks will occur bi-weekly"*

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R250 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that damaged canned goods were not stored with undamaged canned goods. Findings include:</p> <p>1) Per observation on 1/19/10 during initial tour of the kitchen, four large cans of pie filling / fruit / vegetables were found dented and were located among shelved foods available for meal preparation. The Executive Director, present during the kitchen tour, confirmed that the cans should not be stored in this area, that they were dented and immediately removed them from the shelves.</p>	R250	<p>See attached updated policy</p> <p>R250 3/8/2010 POC accepted as submitted. C. Laraway, RN</p>	1/23/10
R291 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.6 Plumbing</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that hot water temperatures did not exceed 120 degrees Fahrenheit in resident use areas. Findings include:</p>	R291	<p>See attached letter from Construction Company. Repair occurred on 2/15/10 Temps in areas of concern met requirements. Wkly temp log will be maintained to ensure proper mechanical functioning of valves</p>	2/15/10

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R291	Continued From page 4 1) Per temperature check of hot water at the second floor Bistro kitchenette on 1/20/2010 at 4:08 PM, water temperature exceeded 120 degrees Fahrenheit (128.4). Resident rooms 212 and 204 were tested with readings of 125 degrees and 122.5 degrees respectively. Per interview, following discovery, the Maintenance Director confirmed that water temperatures were greater than 120 degrees.	R291	R291 3/8/2010 POC accepted as submitted, C. Lanning, RN