

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

November 14, 2013

Ms. Ann Bouza, Administrator
Equinox Terrace
324 Equinox Terrace Road
Manchester Center, VT 05255

Provider #: 0127

Dear Ms. Bouza:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensure survey conducted on October 15, 2013 and **October 16, 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

NOV 14 2013

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/16/2013
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NAME OF PROVIDER OR SUPPLIER EQUINOX TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 324 EQUINOX TERRACE ROAD MANCHESTER CENTER, VT 05255
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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted on 10/15 & 10/16/2013. The following regulatory deficiencies were identified during the survey:	R100		
R144 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c.(1) Complete an assessment of the resident in accordance with section 5.7; This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that a resident assessment was conducted for one resident Resident #5 (R#5), in a sample of seven, following a significant change. Findings include: Per record review R#5 experienced a fall on 8/12/13, which resulted in a fractured Left Femur. The resident was returned to the facility in a splint, not considered a candidate for surgery. S/he remains non-ambulatory, in the splint at the time of survey. In the record review there is no significant change assessment for the resident following this event. In an interview on 10/16/13 the Health Services Director (HSD) and the RN Administrator confirmed that a Significant Change assessment had not been conducted for this resident.	R144	<ul style="list-style-type: none"> • A significant change of assessment and service plan has been completed on Resident #5. • A significant change of assessment and service plan will be completed as per significant change occurrence • RN will REVIEW all RESIDENTS current status weekly 	11/8/13 11/8/13 + ongoing 11/8/13
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

[Handwritten Signature] RN

R144, R145, R148, R164, R179, R246, R253, R291, R310, R311 POC's accepted 11/14/13 mtg gms RN/pml

[Handwritten initials]

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R145	<p>Continued From page 1</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 record review and staff interview the facility failed to assure that the written plan of care for 1 of 7 reviewed residents, R#5, described the care and services necessary to maintain well-being. Findings include:</p>	R145	<ul style="list-style-type: none"> • A care plan & service plan has been completed on resident #5 	11/8/13
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	<p>Per record review R#5 experienced a fall on 8/12/13, which resulted in a fractured Left Femur. The resident was returned to the facility in a splint, not considered a candidate for surgery. S/he remains non-ambulatory, in the splint at the time of survey. In a review of the resident's care plan there is no update or additional information regarding the changes associated with the fall and the new interventions. In an interview on 10/15/13 the Facility HSD and the RN Administrator confirmed that there are no updates for that incident or for three previous falls in May and July.</p>		<ul style="list-style-type: none"> • A service plan will be developed for any resident who has a plan of care requiring intervention based on abilities and needs. Updates will be added to address care needs 	11/8/13 * ongoing
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R148 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (5)</p> <p>Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem;</p>	R148	<ul style="list-style-type: none"> • RN will review all residents current status weekly 	12/1/13
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R148	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that medications are reviewed periodically and that medications have either a supporting medical diagnosis or problem. This affects all residents in the sample. Findings include:</p> <p>Per record review there is no evidence of regular review of all the medications by the resident's physician. Additionally there are not supporting diagnoses for all medications for each resident reviewed. In an interview with the Health Services Director on 10/15/13 at 4PM s/he confirmed that the facility does not have a system for assuring that the physician periodically reviews the residents' medications and that there are supporting diagnoses for all medications in the record.</p>	R148	<p>• All medication orders will be reviewed annually by the residents licensed provider</p> <p>• Periodic review by licensed provider will be met by utilizing facility Medication Record (MAR) which will include medications with supporting diagnoses.</p> <p>• Health Services Director will</p>	12/1/13
R164	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to</p>	R164	<p>utilize a tracking tool to assure annual review</p> <p>• Our delegation program is the responsibility of the registered nurse</p> <p>• Currently and ongoing the</p>	12/1/13

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R164	Continued From page 3 assure that the registered nurse (RN) delegates responsibility for the administration of specific medications to designated staff for designated residents. Findings include: Per staff interview with the Health Service Director (HSD) on 10/16/13 s/he is responsible for the delegation of medication administration to unlicensed staff. S/he is an LPN according to the interview, however she is attending school to get her RN. In an interview with the HSD and the Administrator (who is an RN) they confirmed that a substantial portion of the delegation program rests with the LPN.	R164	(cont.) the registered nurse will participate in review and training of unlicensed staff for medication administration with initial training and yearly review	12/1/13
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	R179	The Medication Technician Record will indicate that the registered nurse will delegate responsibility of administration of medications to designated staff for designated residents. We will have education / inservices training on emergency response procedures; respectful and	12/1/13

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R179	<p>Continued From page 4</p> <p>limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that direct care staff had completed the seven mandatory inservices in regulation each year. Findings include:</p> <p>Per review of inservices for five randomly chosen staff in the year 2012 the facility failed to provide all of the specifically required inservices to direct care staff . There were no inservices on Resident Emergency Response procedures, Respectful and Effective Interaction with residents, and General Supervision and Care of Residents provided for the year 2012.</p>	R179	<p>(cont) effective</p> <ul style="list-style-type: none"> • Interaction with residents and general supervision and care of residents • WE will demonstrate that we will provide the skills & techniques to perform direct care to our residents • WE will follow Terrace Communities policy on employee training and document inservice training in our Inservice Recordbook 	12/31/13
R246 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the</p>	R246	<ul style="list-style-type: none"> • Dented cans have been identified and removed and have been returned to supplier 	11/30/14 10/21/13

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R291	Continued From page 6	R291	(cont.) until repair was completed.	10/16/13
R291 SS=E	IX. PHYSICAL PLANT	R291	• A weekly schedule	
	9.6 Plumbing		will be put in place to monitor	
	9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.		ICE machine function. In addition an alert light will indicate when ice machine requires de-liming	11/11/13
	This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain safe hot water temperatures in resident areas as evidenced by the following:			
	On October 16, 2013 at 9:00AM during a facility tour the water temperatures were tested in two (2) resident rooms, #45 which presented at 135 degrees and room #53 which presented at 135.1 degrees. Confirmation was made by the med tech (trained non licensed medication technician) and confirmed that these rooms were at opposite ends of the hall way. Per interview with maintenance manager, the boiler had recently been adjusted by GSK, a local plumbing company, after the hairdresser voiced concerns that the water wasn't hot enough in the beauty salon. Upon examination of the boiler gauges, h/she confirmed that the temperature was set at 140 degrees.		R253	
			R291	10/16/13
			• Facility shall maintain all hot water temperatures at 120 degrees F. in resident areas.	
			• Plumbing and refrigeration company will repair or replace booster which provides exact water temperature to rooms furthest away from furnace	12/30/13
R310 SS=E	X. PETS	R310		
	10.2.d Pets must be free from disease including leukemia, heartworm, hepatitis, leptos psorisos, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations.			

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R310	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to maintain that pets be current at all times with rabies and distemper vaccination. This was evidenced by the following:</p> <p>On October 16, 2013 it was observed that some residents had full size screen doors and upon inquiring, was informed that it was because some of the residents have cats as pets.</p> <p>Per interview with the executive director at 1:45PM there are six cats in the facility and that the resident or family was responsible for maintaining care for the pet and providing the information to the facility.</p> <p>Review of the pet policy that is signed upon admission or upon request for a pet, the pets must be vaccinated and care maintained by the resident or the facility. Upon request for vaccination records, the executive director was only able to provide evidence of vaccination records and health exams for one of six pets, h/she was only able to produce one record for vaccination for rabies feline Purevax that was dated February 4, 2011 and was good for only one year. The executive director stated that she sends letters to request families follow up, but does not always get a response.</p>	R310	<p><i>R291</i></p> <ul style="list-style-type: none"> • (cont.) All resident areas will have temperatures to hot water checked on a monthly schedule and periodically to ensure hot water does not exceed 120° F. • Facility will ensure that all pets will be current with vaccinations and be free from disease • Facility will maintain a record to show that all pets are up to date yearly with veterinarian statements of good health and vaccination reports. • Facility will 	12/30/13
R311 SS=E	<p>X. PETS</p> <p>10.2.e Pet health records shall be maintained by the home and made available to the public.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	R311	<ul style="list-style-type: none"> • Facility will 	12/15/13

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R311	<p>Continued From page 8</p> <p>Based on observation, record review and staff interview the facility failed to maintain that pets be current at all times with rabies and distemper vaccination. This was evidenced by the following:</p> <p>On October 16, 2013 it was observed that some residents had full size screen doors and upon inquiring, was informed that it was because some of the residents have cats as pets.</p> <p>Per interview with the executive director at 1:45PM there are six cats in the facility and that the resident or family was responsible for maintaining care for the pet and providing the information to the facility.</p> <p>Review of the pet policy that is signed upon admission or upon request for a pet, the pets must be vaccinated and care maintained by the resident or the facility. Upon request for vaccination records, the executive director was only able to provide evidence of vaccination records and health exams for one of six pets, h/she was only able to produce one record for vaccination for rabies feline Purevax that was dated February 4, 2011 and was good for only one year. The executive director stated that she sends letters to request families follow up, but does not always get a response.</p>	R311	<p>(cont)</p> <p>• Create a binder to utilize a tracking worksheet to ensure all pets are up to date with vaccinations and record of good health. This will be monitored monthly.</p>	11/11/13
		R310	<p>• Facility will create a tracking worksheet to ensure that all pets are up to date with all vaccinations and records of good health for each pet</p> <p>• Families / residents or veterinarian will be notified directly when pet review is required annually</p>	11/11/13 12/15/13

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R311	<p>Continued From page 8</p> <p>Based on observation, record review and staff interview the facility failed to maintain that pets be current at all times with rabies and distemper vaccination. This was evidenced by the following:</p> <p>On October 16, 2013 it was observed that some residents had full size screen doors and upon inquiring, was informed that it was because some of the residents have cats as pets.</p> <p>Per interview with the executive director at 1:45PM there are six cats in the facility and that the resident or family was responsible for maintaining care for the pet and providing the information to the facility.</p> <p>Review of the pet policy that is signed upon admission or upon request for a pet, the pets must be vaccinated and care maintained by the resident or the facility. Upon request for vaccination records, the executive director was only able to provide evidence of vaccination records and health exams for one of six pets, h/she was only able to produce one record for vaccination for rabies feline Purevax that was dated February 4, 2011 and was good for only one year. The executive director stated that she sends letters to request families follow up, but does not always get a response.</p>	R311	<p><i>(cont.)</i></p> <p>• Pet records will be maintained by facility and will be available to the public upon request 12/15/13</p>	
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