

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
[http //www dail.vermont.gov](http://www.dail.vermont.gov)  
Voice/TTY (802) 871-3317  
To Report Adult Abuse (800) 564-1612  
Fax (802) 871-3318

April 26, 2013

Ms Annette Halasz, Administrator  
Four Seasons Care Home  
135 South Main Street  
Northfield, VT 05663

Provider #. 0129

Dear Ms Halasz

Enclosed is a copy of your acceptable plans of correction for the investigation into two self-reported incidents and one complaint conducted on **March 26, 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

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Enclosure



Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>0129   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/26/2013   |
| NAME OF PROVIDER OR SUPPLIER<br><br>FOUR SEASONS CARE HOME |  | STREET ADDRESS CITY, STATE, ZIP CODE<br>135 SOUTH MAIN STREET<br>NORTHFIELD, VT 05663 |   |
| (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) |
| R100   | Initial Comments.<br><br>An unannounced onsite investigation into two self-reported incidents and one complaint was conducted by the Division of Licensing and Protection on 3/26/13. There were regulatory findings.  | R100  |   |
| R126<br>SS=D   | V RESIDENT CARE AND HOME SERVICES<br><br>5.5 General Care<br><br>5.5 a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, observation, and staff interview, the home failed to provide care as directed by the care plan, to meet the nursing and safety needs of one of two residents sampled (Resident #1). Findings include:<br><br>1. Per record review on 3/14/13, Resident #1 had diagnoses which included dementia with aggressive behaviors, wandering, and an unsteady gait. She was care planned as a high risk of falls and poor safety awareness. Per the care plan, the resident was noted to be a fall risk, with the entry "Do not leave alone in the bathroom." Per review of the record, on 2/12/13 at 6:30 PM, the resident was brought to the bathroom and then left unsupervised while the caregiver went to get supplies for the resident. The resident fell while unsupervised, no injury. | R126  |   |

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TITLE (X6) DATE

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

*Annette Halasz 2 RVCDE  
adminstrator 4/12/13*

*PMU*

Division of Licensing and Protection

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|--------------------|--|---------------|---|--------------------|
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|              |  |      |   |  |
|--------------|--|------|---|--|
| R126         | Continued From page 1<br>resulting Per interview on 3/26/13 at 1:45 PM, the home Administrator confirmed that the staff person did not follow the safety care plan for Resident #1, and left the resident unsupervised in the bathroom   | R126 | R126 POC accepted 4/25/13<br>Karen Campos RN<br>(see POC) next page |  |
| R266<br>SS=D | IX. PHYSICAL PLANT<br><br>91 Environment<br><br>91 a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment<br><br>This REQUIREMENT is not met as evidenced by.<br>Based on observation and staff interview, the home failed to provide a safe environment for residents with cognitive impairment in 2 bathrooms of the home Findings include<br><br>1 Per observation during the initial tour of the home on 3/26/13 at 9:30 AM, the bathrooms used by residents on the first floor on either side of the dining room contained shelves with cleaning products stored on them unlocked and within reach of residents Bathroom #1 contained a disinfectant in a spray bottle stored on the shelf Bathroom #2 on the other side of the dining room contained a spray bottle of disinfectant and a can of Lysol spray disinfectant This observation was confirmed by the home Administrator at the time of the observation | R266 | R 266 POC accepted 4/25/13<br>Karen Campos RN                       |  |

Annette Hulasz RN COE 4/26/13  
administrator

## Response to DLP Investigation of 3/26/2013 Plan of Correction

### #R126 Resident and Home Care Services

This complaint was Self-Reported by Four Seasons on the date of occurrence. It reports a fall of a resident with Dementia on 2/12/13. At the time of the occurrence not only was the State notified but also immediate steps were taken and reported as well to the State DLP. This resident had clearly marked on her Plan of Care not to be left unattended while in bathroom. An unlicensed aide briefly left this resident unattended at which time she slide off the toilet seat. This aide and all staff immediately underwent full re-inservicing on Care Plans, Fall Care Plans, and Dementia. A full report of these inservices and staff counseling was presented to DLP at the time of the occurrence. All recommendations from DLP and Abuse and Protection were followed to their satisfaction.

Plan of Correction: Continued Follow up by Manager and RN occurs daily on all shifts. Staff is inserviced in Care Plans and Fall Risk Plans quarterly. This is ensured by RN's on staff and administrator. Corrective action occurred by 2/28/2013.

### #R266 Physical Plant

This complaint refers to the use of chemical disinfectants in bathrooms. In bathroom #1 an aide was actively showering a resident and had a bottle of spray disinfectant on an above head height in the corner of the room to be used on the shower unit at the commencement of the shower. In Bathroom #2 there was spray disinfectant on a shelf in the corner as well as above head spray deodorizer/disinfectant hanging in a motion activated wall unit.

#### Plan of Correction:

All motion activated spray deodorizers/disinfectants were removed from the facility at the time the surveyor was present. Use of Solid deodorizers exclusively, has been put into place as of 3/27/2013. All bathrooms were outfitted with hinged & locked plastic receptacles /boxes in which all chemicals are placed. Staff has been inserviced on use of these receptacles at all times. This corrective action occurred by 3/30/2013. This action will be ensured by Administrator.

Annette Halasz RN CDE  
administrator 4/20/13