

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

October 15, 2013

Ms. Catherine Rooney, Administrator
Harvey House Ltd
1997 Main Street
Castleton, VT 05735

Provider #: 0380

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site re-licensing survey conducted on **September 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



PRINTED: 09/18/2013
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2013
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NAME OF PROVIDER OR SUPPLIER HARVEY HOUSE LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 1997 MAIN STREET CASTLETON, VT 05735
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R100	Initial Comments: An unannounced on-site re-licensing survey was conducted on 09/10/13 by the Division of Licensing and Protection. The following are Residential Care Home regulatory violations.	R100		
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104		

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

[Signature]

TITLE: *Manager*

(X6) DATE: *10/1/13*

STATE FORM 6609 UWCGH If continuation sheet 1 of 17

Plan of correction accepted 10/10/13 Semmons RN/pmc

pmc

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R104	<p>Continued From page 1</p> <p>the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for 1 of 3 resident records reviewed, the Residential Care Home (RCH) failed to assure that a written admission agreement describing daily, weekly, or monthly rates and/or other required information was provided to residents or their legal representative (Resident #1). Findings include:</p> <p>1. Per record review on 09/10/13, Resident #1 had been living at the RCH since 12/20/12, and no signed admission agreement was found for this resident. The Manager, during interview at 5:05 PM, stated "[the resident] has the mother as the DPOA...I guess we didn't get it back yet". The Manger confirmed that there was no Admission agreement signed for this resident.</p>	R104	<p><i>Checked w/ mother & she did have agreement. It is now in residents file completed 9/20/13</i></p>	
R134 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7 Assessment</p> <p>5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.</p> <p>This REQUIREMENT is not met as evidenced</p>	R134		

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R134	<p>Continued From page 2</p> <p>by: Based on record review and staff interview, the RCH failed to complete an assessment for 1 of 3 residents in the sample (Resident # 1). Findings include:</p> <p>Per record review on 09/10/13 at 2:51 PM, the initial assessment was not completed by the nurse within 14 days. Resident #1 was admitted to the RCH on 12/20/12 with the initial assessment completed on 01/28/13. Per interview at 5:05 PM the Manager stated "the holidays played a part in not getting it done" and confirmed the assessment was not completed in 14 days.</p>	R134	<p><i>The nurse will complete the assessment on any new admission within the 14 days completed</i></p>	
R145 SS=E	<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 record review and staff interviews, the facility failed to assure the development of a care plan which describes the care and services needed to assist the resident to maintain independence and well-being for 3 of 3 residents in the sample (Resident #1, #2, #3) Findings include:</p> <p>1). Per record review on 09/10/13 for Resident #1</p>	R145		

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HARVEY HOUSE LTD 1997 MAIN STREET
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R145	Continued From page 3 there is no care plan for the use of psychotropic medications, no care plan to address behaviors related to psychotropic medication use, and no care plan to address diet needs related to diabetes. For Residents #2 and #3 who also are prescribed psychotropic medication for behaviors there are no care plans for the use of the medications or other non-pharmacological interventions to be used in a behavior plan. Per Interview on 09/10/13 at 1:30 PM, the nurse acknowledged that the care plans were limited in describing the activities of daily living for care and services. S/he confirmed the lack of care planning for the residents' behaviors, medication use or diabetic diet.	R145		
R156 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility Nurse failed to assure that staff performance in the administration of medications was in accordance with facility policies and procedures. This has the potential to effect all residents. Findings include: Per record review on 09/10/13, the RCH policies and the training program for medication	R156	<i>seperate sheet attached</i>	

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R155	<p>Continued From page 4</p> <p>adminlstration contained information regarding pouring and signing off medications at time of adminlstration (not pre-pouring, or pre-signing off)and the narcotic count. Per observation of the medication administration at 2:00 PM, the nurse surveyor observed the un-licensed staff hand a resident 2 tablets from a small paper medicine cup. One of the tablets fell on the couch, and the staff member proceeded to pick up that tablet via the paper cup and hand it back to the resident. The nurse surveyor also observed other small paper medicine cups situated in an egg carton in the top drawer of the kitchen. When asked about other residents medication administrations, especially the noon medications, the unlicensed staff stated at 2:15 PM that it was already given, although the nurse surveyor did not observe the medication pour. The staff then stated that the medications for noon were poured at approximately 8:00 AM, at the beginning of the shift, and stored in the drawer and already signed off.</p> <p>Additionally, the change of shift narcotic count was signed off by this staff person prior to the shift change. The on-coming staff person during interview at 3:30 PM confirmed that that narcotic count is supposed to be with two staff and this did not happen.</p> <p>Per interview at 1:30 PM the Nurse stated that the expectation is not to pre-pour medications and store them in the kitchen, medications that fall should be wasted, and the narcotic count should be with two staff to verify the count. S/he confirmed that the above observations are against policy and best practice.</p>	R155		
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R165 R165 SS=F	<p>Continued From page 5</p> <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>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <ul style="list-style-type: none"> i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and <p>Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the RN (Registered Nurse) failed to teach / evaluate 4 staff currently administering medications to residents regarding medication administration. This has the potential to affect all residents. Findings include:</p> <p>1. Per record review on 09/10/13, there was no record indicating that the current RN had conducted training and evaluation for 4 staff members currently administering medication to residents, to assure staff awareness of each</p>	R165 R165	<p>attached</p>	

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R165	<p>Continued From page 6</p> <p>resident's condition, each resident's medication and the potential side effects of those medications. During interview at 11:15 AM the Manager stated s/he hands out the study guide, another un-licensed staff will review and mentor the medication pours and then the nurse who visits on a monthly basis will then delegate staff. Per interview at 1:30 PM the registered nurse confirmed a failure to teach designated staff proper techniques, establishing a process for routine communication and for monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This is also in violation of the Vermont Board of Nursing recommendations regarding delegation of nursing tasks, and in violation of the section of the recommendation titled "Responsibilities of the Delegating Nurse".</p> <p>Reference: Vermont State Board of Nursing - THE ROLE OF THE NURSE IN DELEGATING NURSING INTERVENTIONS POSITION STATEMENT. Last Revised May 2013.</p>	R165		
R179 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p>	R179		

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R179	<p>Continued From page 7</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that the staff education met the regulatory requirements for 5 of 5 staff reviewed. Findings include:</p> <p>Per record review on 09/10/13, the home manager was able to provide only a few hours of training material used for staff education for 3 of 5 staff. Based on the lack of documentation, the home manager could not assure that staff education met the 12 hours per year, as well as the required subject matter as listed in the regulation. Additionally, 2 of 5 new hired staff had no documentation of staff competency or skills they are expected to perform before providing any direct care to residents. Per interview on 08/10/13 at 12:25 PM, the manager confirmed that the education provided to staff did not meet the requirements.</p>	R179	<p><i>All new hire during training process must complete #1 thru #7 before hire and every year as part of yearly education requirement</i></p>	

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R232	Continued From page 8	R232		
R232 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not provide completed menus for the current week. This could affect 6 current residents. Findings include:</p> <p>Per record review on 09/10/13 at 9:30 AM, there were no menus planned for the following week. In addition, there were no food items, only milk, listed for Tuesday's [09/10/13] and Saturday's [09/14/13] lunch meal. During interview that afternoon, the Manager confirmed that the menus are not planned nor written one week in advance.</p> <p>Also see R-234</p>	R232		
R234 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the current's week's regular menu was not posted in a public area. This would affect all 6 residents in the home. Findings include:</p>	R234	<p><i>The weeks menus are now posted in the dining room & kitchen as of 9/12/13</i></p>	

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R234	<p>Continued From page 9</p> <p>1. Per observations on 09/10/13 at 9:30 AM the menu listed for the week 09/08/13 - 09/14/13 was noted on the kitchen refrigerator, not readily accessible to residents and visitors. Additionally, for the lunch menu for Tuesday notes 'leftovers' and no item listed for Saturday's lunch. Per interview at 9:45 AM the staff person stated s/he 'was not sure' what leftovers were going to be served. Later in the morning the nurse surveyor heard a resident (#2) ask the staff person 'what's for lunch today' with a reply "[the Manager] will be here soon and will let us know".</p> <p>Per review of the menus for the three previous weeks no lunch item is noted for Tuesdays' lunch. Per interview at 10:45 AM the Manager stated that "it depends but we always have lots of leftovers".</p> <p>The Manager was not aware of the current week's posting of menu items in a public area. S/he confirmed the above findings.</p> <p>Also see R232</p>	R234		
R240 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1 Food Services</p> <p>7.1.b Meal Patterns</p> <p>The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis</p>	R240		

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R240	<p>Continued From page 10</p> <p>must be given to fluid intake for residents.</p> <table border="0"> <tr> <td style="text-align: center;">Suggested Daily Food Group ServIngs</td> <td style="text-align: center;">What Counts as a Serving</td> </tr> <tr> <td>Bread, Cereal, 6-11 tortilla</td> <td>1 slice bread,</td> </tr> <tr> <td>Rice, Pasta</td> <td>½ bagel, English Muffin</td> </tr> <tr> <td></td> <td>½ hamburger/ hot dog roll, pita</td> </tr> <tr> <td></td> <td>½ cup cooked cereal, rice, pasta</td> </tr> <tr> <td></td> <td>1 oz ready-to-eat cereal 3-4 small or 2 large crackers</td> </tr> <tr> <td>Fruit 2-4</td> <td>¾ cup 100% fruit juice</td> </tr> <tr> <td></td> <td>1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit</td> </tr> <tr> <td></td> <td>¼ cup dried fruit</td> </tr> <tr> <td>Vegetables 3-5 chopped</td> <td>½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice</td> </tr> <tr> <td>Milk, Yogurt, yogurt</td> <td>3 or more 1 cup milk,</td> </tr> <tr> <td>Cheese</td> <td>1 ½ oz natural cheese</td> </tr> <tr> <td>Meat, Poultry, lean</td> <td>2 (total of 2-3 oz cooked</td> </tr> <tr> <td>Legumes, Eggs fish</td> <td>4-5 oz/day) meat, poultry or</td> </tr> <tr> <td>Nuts</td> <td>½ cup cooked legumes</td> </tr> <tr> <td></td> <td>1 egg</td> </tr> </table>	Suggested Daily Food Group ServIngs	What Counts as a Serving	Bread, Cereal, 6-11 tortilla	1 slice bread,	Rice, Pasta	½ bagel, English Muffin		½ hamburger/ hot dog roll, pita		½ cup cooked cereal, rice, pasta		1 oz ready-to-eat cereal 3-4 small or 2 large crackers	Fruit 2-4	¾ cup 100% fruit juice		1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit		¼ cup dried fruit	Vegetables 3-5 chopped	½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice	Milk, Yogurt, yogurt	3 or more 1 cup milk,	Cheese	1 ½ oz natural cheese	Meat, Poultry, lean	2 (total of 2-3 oz cooked	Legumes, Eggs fish	4-5 oz/day) meat, poultry or	Nuts	½ cup cooked legumes		1 egg	R240		
Suggested Daily Food Group ServIngs	What Counts as a Serving																																			
Bread, Cereal, 6-11 tortilla	1 slice bread,																																			
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Vegetables 3-5 chopped	½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice																																			
Milk, Yogurt, yogurt	3 or more 1 cup milk,																																			
Cheese	1 ½ oz natural cheese																																			
Meat, Poultry, lean	2 (total of 2-3 oz cooked																																			
Legumes, Eggs fish	4-5 oz/day) meat, poultry or																																			
Nuts	½ cup cooked legumes																																			
	1 egg																																			

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NAME OF PROVIDER OR SUPPLIER HARVEY HOUSE LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 1997 MAIN STREET CASTLETON, VT 05735
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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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R240	<p>Continued From page 11</p> <p style="padding-left: 40px;">2 tablespoons peanut butter 1/3 cup nuts</p> <p>Fluids 8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea</p> <p>At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day. At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that menus provide 100% of the recommended daily allowance of all foods, to include at least one serving of fruit or vegetables rich in Vitamin A and Vitamin C.</p> <p>Per review the menus for a four week period, daily menus did not reflect 3-5 servings of vegetables on each day nor at least one serving of citrus fruit of other fruits and vegetables rich in Vitamin C such as oranges, grapefruit, green or red sweet peppers, kiwi, cantaloupe, or Brussels sprouts. Further, there were not fruits or vegetables rich in Vitamin A, such as apricots, cabbage, cantaloupe, leaf or romaine lettuce, mango, sweet potato, and/or watermelon, included on most days. Per the interview 09/10/13 at 3:45 PM the Manager stated the "It is hard to get the residents to eat fruit or veggies and so I try to hide it in casseroles". S/he was unable to produce or show recipes that were consistently used nor the amounts for each serving and confirmed the above.</p>	R240	<p><i>The menu posted will show all ingredients (fruits/veg) that are included in the meal or the recipe for</i></p>	
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R247 R247 SS=E	<p>Continued From page 12</p> <p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that all perishable food and drink are held at proper temperatures. Findings include:</p> <p>Per observation during the initial tour on 09/10/13 at 10:58 AM, four freezers on the porch of the off site building used for storing resident's food, and the refrigerator/freezer in the main kitchen had no thermometers present or temperature logs to assure foods were stored and maintained at appropriate temperatures. During interview on the initial tour, the Manager confirmed that thermometers were missing in these appliances and that no temperature logs had been kept.</p> <p>Also see R-249</p>	R247 R247	<p><i>There are now a calendar on reflog & temp is marked daily</i></p>	
R248 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and</p>	R248		

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NAME OF PROVIDER OR SUPPLIER HARVEY HOUSE LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 1997 MAIN STREET CASTLETON, VT 05735
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R248	<p>Continued From page 13</p> <p>stored properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and observation, the home failed to assure that cooking equipment is cleaned after each use. Findings include:</p> <p>1. Per observation during the initial tour on 09/10/13 at 10:58 AM, the counters were cluttered with non-food items. The range oven was also soiled with baked on splatters as well as on the floor. A dog bed which was noted to have hair and dander was also in the food preparation area. The utensils for serving and preparing food were stored above the dog food/water dishes. There was no cleaning schedules for the food prep area. The Manager confirmed the conditions of these cooking appliances and surfaces.</p> <p>Also see R-249 & R-312</p>	R248	<p><i>All cooking is now done on site.</i></p>	
R249 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the home failed to assure that food handling and storage areas were maintained in a sanitary manner in accordance with accepted safe food handling practices. Findings include:</p>	R249	<p><i>All cooking is now done on site - The only items stored</i></p>	

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NAME OF PROVIDER OR SUPPLIER
HARVEY HOUSE LTD

STREET ADDRESS, CITY, STATE, ZIP CODE
**1997 MAIN STREET
CASTLETON, VT 05735**

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R249	<p>Continued From page 14</p> <p>During a tour of the home's food preparation and food storage areas on the morning of 09/10/13, the following concerns were noted:</p> <p>a. the storage area in the pantry area storing dry goods had boxes of cereal, cookies and pasta stored on the floor that was dusty and dirty;</p> <p>b. the home failed to consistently record refrigerator and freezer temperatures to assure that perishable foods were maintained and stored at the proper temperatures for the 4 freezers and 1 refrigerator off site and the one refrigerator/freezer on-site. The 4 freezers were noted to have a build up of ice in each and rust inside the small chest freezer.</p> <p>c. the food prep counter was cluttered with non-food items such as magazines and papers.</p> <p>d. the utensils used for serving and preparing food were stored above the dog food/water dishes near the sink.</p> <p>These concerns were confirmed with the Manager who accompanied the surveyor on the tour.</p> <p>Also see R-247 & R248</p>	R249	<p><i>off site are The #10 cans of vegetables puddings & home pickles</i></p>	
R302 SS=E	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>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</p>	R302		

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NAME OF PROVIDER OR SUPPLIER HARVEY HOUSE LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 1997 MAIN STREET CASTLETON, VT 05735		
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R302	Continued From page 15 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 conducted at varying times of the day, including morning, afternoon, evening and nights and failed to document staff who were present. This affected all 6 Residents in the current census. Findings include: Review of the fire drill records on 09/10/13 noted only day and afternoon fire drills for the last year. Although fire drills were held quarterly, no night fire drills were conducted from January 2012 through December 2012 and no nights nor evening fire drills from January 2013 to present day. These drills were conducted between 9:00 AM until 4:30 PM only. Per interview at 1:17 PM the Manager confirmed that the fire drills were not rotated among all shifts.	R302	<i>Fire drills will now include early morning 5am mid morning 10am early evening 4-6pm late nite 10-11pm</i>	
R312 SS=E	X. PETS 10.2.f The home shall maintain a separate area for feeding cats and dogs other than the kitchen or resident dining areas. This REQUIREMENT is not met as evidenced	R312		

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R312	<p>Continued From page 16</p> <p>by: Based on observation the facility failed to maintain a separate area for feeding dogs other than the kitchen preparation area. Findings include:</p> <p>During observations of the kitchen used for preparing resident's meals, two dog dishes, [water/ food], as well as a dog bed, currently being used, were observed in the preparation area on 09/10/13 at 10:58 AM. This was confirmed by the Manager.</p> <p>Also see 248</p>	R312	<p>All cooking is done on site and the home does not keep any pets.</p>	

5.9. C (2) written plan of care for psychotropic medication and diabetic diet:

The Registered Nurse will revise current written care plans to include a behavioral plan for use of psychotropic medications. Teaching sheets for all medications will be included in the MARS for all residents. Starting 9/24/13 Diagnosis will also be included on the Mars and The Registered nurse will counter sign MARS on all residents monthly.

Resource material will be provided and kept at the RCH for future reference including a list of psychotic meds and generic medication teaching sheets.

Re-education and training regarding use of psychotropic meds will be done with all RCH staff. A competency assessment will be developed and completed. Observation of compliance will be made by the Registered Nurse during RCH visits

Completion date: December 1, 2013

The Registered Nurse will revise written care plan to include diet needs related to diabetes.

Teaching sheets for Diet needs and Diabetes Educational Material will be placed in appropriate Residents Medical record. Diagnosis will also be included on the Mars. Resource material will be provided and kept at the RCH for future reference including dietary needs and Disease Process Management .

Observation of compliance will be made by the Registered Nurse during RCH visits

5.9. C (12)

The Registered Nurse will develop a Training manual with all resource material used for Medication Administration. The Training manual will include but not limited to, a procedure for pouring, signing the medication administration records, counting of narcotics and Infection control.

Re-education and training regarding use of these procedures will be done with all RCH staff. A competency assessment will be developed and completed for all staff. Observation of compliance will be made by the Registered Nurse during RCH visits

Completion date: December 1, 2013

5.10 Mediation Management

The Registered Nurse will develop a Training manual with resource material used for Medication Administration/ Delegation. The Training manual will be kept at the facility and will include but not limited to, the process for teaching, resource material, deliberate practice/mentoring of new staff, the procedure for initiate delegation, routine communication and annual re-evaluation process. The registered Nurse will review and countersign the house log during RCH visits starting 9/24/13. Observation of compliance and staff interview will be made by the Registered Nurse during RCH visits

Completion date: December 1, 2013