



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 16, 2010

Ms. Mary Johnson, Administrator
Johnson's Care Home
919 Vt Route 100
Hancock, VT 05748

Dear Ms. Johnson:

Enclosed is a copy of your acceptable plans of correction for the licensing survey conducted on **February 9, 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

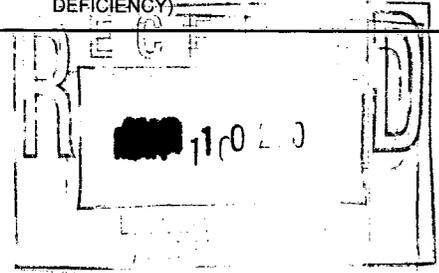


Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2010
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NAME OF PROVIDER OR SUPPLIER JOHNSON'S CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 919 VT ROUTE 100 HANCOCK, VT 05748
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R100	Initial Comments: An unannounced onsite complaint and licensing survey was conducted on 2/9/2010.	R100			
R145 SS=D	<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 interview, the home did not develop a plan of care for 1 of 3 applicable residents (Resident #1). Findings include:</p> <p>1) Per record review on 2/9/2010, Resident #1 had no written plan of care directing staff regarding care and services. During interview at 1:01 PM, the Administrator confirmed that there was no plan of care written for this resident.</p>	R145		<p><i>Nurse has a list of steps she must follow that she can check off when admitting someone to avoid a further mistake - Copy of care plan enclosed</i></p> <p>R.145 3/15/2010 POC accepted. — C. Laraway, RN</p>	
R179 SS=F	<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</p>	R179			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary Johnson, Owner/manager</i>	TITLE <i>Owner/manager</i>	(X6) DATE 3-8-10
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STATE FORM 6899 04F711 If continuation sheet 1 of 6

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R179	<p>Continued From page 1</p> <p>residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (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>This REQUIREMENT is not met as evidenced by: Based on record the home did not assure that 5 of 5 staff members received all required annual training. Findings include:</p> <ul style="list-style-type: none"> 1) Per record review on 2/9/2010, no staff member had received training on the required topics of Fire Safety, Emergency Response / First Aid, Abuse / Neglect / Exploitation, and Respectful Effective Communication. One of 5 staff members was lacking required training about General Care and Supervision. No staff member had a total of 12 hours of required annual education. During interview on the morning of 2/9/2010, the Administrator confirmed that staff member had not received required education. 	R179	<p><i>Nurse has agreed to incorp- rate 1 hour per mo. on a training program. She will call a meeting if a resident has a special need so as to inform staff of proper care an procedures.</i></p> <p>R179 3/15/2010 POC accepted. — C. Laramy, RN</p>
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES	R181	

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R181	<p>Continued From page 2</p> <p>5.11 Staff Services</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 interview, the home did not complete required background checks for 5 of 5 employees. Findings include:</p> <p>1) Per record review on 2/9/2010, 5 of 5 employees had no evidence of criminal background checks. Per interview that morning the Administrator confirmed that there were no criminal background checks and stated she was unaware of this requirement.</p>	R181	<p><i>E-Mail up + running</i></p> <p><i>Criminal checks completed on 3-8-10</i></p> <p><i>Copy of application is enclosed</i></p> <p><i>R181 3/15/2010</i></p> <p><i>POC accepted with addendum per TC with Mary Johnson 3/15/2010 @ 12:13 PM stating: "All future employee checks will be done at time of hire."</i></p> <p><i>C. Laraway, RN</i></p>
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures	R200	

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R200	<p>Continued From page 3</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not develop a written policy and procedure governing catheter care for 1 applicable resident (Resident #1). Findings include:</p> <p>1) Per record review on 2/9/2010, Resident #1 was admitted with a catheter. Per review of the home's policies and procedures, there was no available direction available to staff regarding the care and maintenance of a catheter. During interview that afternoon, the Administrator confirmed that no policy and procedure was available.</p>	R200	<p><i>I will make sure resident comes with written instructions for catheter care or for special needs.</i></p> <p><i>Copy of Bayda Nurses notes clearly notes. Care plan enclosed</i></p> <p><i>R200 3/15/2010</i></p> <p><i>POC accepted. — C. Lanning, RN</i></p>
R247 SS=D	<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 did not assure that perishable food and drink was held at proper temperatures. Findings include:</p> <p>1) Per observation on 2/9/2010, the small refrigerator / freezer in the washroom had no</p>	R247	

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R247 Continued From page 4
thermometer in either the refrigerator or freezer compartments. Per interview with the Administrator at the time of the observation, it was confirmed that no thermometers were present and that temperatures for this refrigerator, which stored resident food and drink, were not monitored / recorded.

R247
enclosed a receipt for thermometers purchased + are in place also policy for refrigerator, freezer + hot water testing
R247 3/15/2010
POC accepted. — C. Laraway, RN

R302 SS=E IX. PHYSICAL PLANT
9.11 Disaster and Emergency Preparedness
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 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.

R302
I talked with the Fire Marshal couldn't give me a hour time which would classify night. The hour is not specified in the regulations I had a drill at 10⁰⁵ pm in Feb.
R302 3/15/2010
POC accepted with following addendum authorized by Mary Johnson on 3/15/2010 at 12:15 PM: The administrator will ensure that 2 night-time fire drills are conducted yearly
C. Laraway, RN

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the home did not complete all required fire drills for the prior year. Findings include:
1) Per record review on 2/9/2010, fire drills were conducted on the following dates / times:
2/13/2009 at 11:30 AM, 3/16/2009 at 8:00 AM, 4/30/2009 at Noon, 5/22/2009 at 10:30 AM, 6/27/2009 at 9:00 AM, 7/31/2009 at 11:50 AM, 8/24/2009 at 10:30 AM, 9/24/2009 at 3:00 PM, 10/22/2009 at 10:15 AM, 11/27/09 at 11:50 AM, 12/31/2009 at Noon, and 1/27/2010 at 6:55 PM.

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R302	Continued From page 5 The Administrator confirmed during interview on 2/9/2010 at 9:45 AM that no night time drills had occurred during the prior 12 months.	R302		