

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 5, 2013

Ms. Mary Pappas, Administrator
King's Daughters Home, Inc.
10 Rugg Street
St Albans, VT 05478

Provider #: 0056

Dear Ms. Pappas:

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED 10/16/2013
--	--	---	--

NAME OF PROVIDER OR SUPPLIER KING'S DAUGHTERS HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 10 RUGG STREET ST ALBANS, VT 05478
---	--

(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 onsite Re-Licensing Survey was conducted by the Division of Licensing and Protection on 10/16/13. Based on information gathered, regulatory violations were cited as follows:	R100	<i>Plan of Correction: The Resident Assessment will be utilized as a screening tool to determine if the person does or does not meet level of care for this facility.</i>	
R101 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1. Eligibility</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, in a sample of five residents reviewed, the home admitted a resident whose care needs exceeded their ability to safely and appropriately provide (Resident #4). Findings include:</p> <p>1. Per record review of Quarterly Level Of Care Variance, King's Daughter's Home has four (4) preapproved variances that are assigned, none of which included Resident #4.</p> <p>Per medical record review on 10/16/13, Resident #4 was admitted from Fletcher Allen Health Care on 7/24/13. Per administration file dated 7/24/13, hand written documents identify that the resident is a higher level of care than the facility is licensed to provide.</p> <p>Per record review Resident #4 was admitted on 7/24/13 with diagnoses to include osteoarthritis,</p>	R101	<p><i>Another tool to be used for screening residents is to refer to the facilities policy for admission criteria and/or functional status discharge policy which are enclosed for your review. The RN will accompany the manager to interview prospective resident also. If it is determined that the client's needs exceed what we are licensed to provide but falls within our ability to care for the client, a variance request will be submitted with plans how level of care will be met. Client will not be admitted without prior written approval for level of care variance.</i></p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maury J. Pappas

TITLE

Manager

(X6) DATE

10-31-13

R101 + R302 POC's accepted 11/4/13 mbertranden/pme

pme

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING'S DAUGHTERS HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 10 RUGG STREET ST ALBANS, VT 05478
--	--

(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
R101	<p>Continued From page 1</p> <p>left lower leg thrombosis, increased weakness with ambulation and depression.</p> <p>Per record review an admission assessment (dated 7/24/13 and signed by the Registered Nurse (RN) on 7/27/13) identifies that the resident required 1-2 assistants with a gait belt to move about indoors, and his/her mobility in bed requires oversight and cueing as well as physical help. The resident required extensive assistance with transfer with two (2) person support utilizing a gait belt, and during ambulation a chair would accompany the resident to allow for rest periods, due to shortness of breath. Further, 1-2 assists were required for all activities of daily living (ADL's). A walker was utilized for toilet use along with extensive assistance by care givers. The resident was transferred to the upper level via stair-glide accompanied by 1-2 staff members for safety. Assessment identifies that the RN hopes that rehabilitation potential for increased endurance is possible. A Choices For Care Clinical Coordinator evaluated Resident #4 on 9/26/13 and determined that s/he meets a High Need status, qualifying the resident for the Enhanced Residential Care Program. At 2 PM on 10/16/13 the administrator confirmed the above information as accurate and that a level of care variance has not been requested to date.</p>	R101		
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		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING'S DAUGHTERS HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 10 RUGG STREET ST ALBANS, VT 05478
--	--

(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
R302	<p>Continued From page 2</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to conduct fire drills on at least a quarterly basis in the past year, and the drills conducted did not rotate through times of day among afternoon, evening and night. Findings include:</p> <p>1. During review of the home's fire drill records on 10/16/13, there was no evidence provided to indicate that fire drills had been conducted between 10/26/12 and 4/16/13. Additionally, the fire drills which were conducted during the three quarters represented were all conducted during the morning hours. There were no fire drills conducted during the afternoon, evening or night time periods. During an interview at 10:30 AM on 10/16/13, the Administrator confirmed that there were no fire drills conducted between 10/26/12 and 4/16/13, and that the fire drills which were conducted did not rotate through the afternoon, evening and night periods.</p>	R302	<p><i>Plan of Correction: The St. Albans Fire Dept. was contacted and a schedule for fire drills was developed.</i></p> <p><i>Quarterly fire drills will be conducted by the St. Albans Fire Dept. and shall be rotated among, morning, afternoon, evening and night.</i></p> <p><i>The first quarter will start November 5th with evening drill and then every Tuesday of the month rotating morning, afternoon and night. The next quarter will be conducted on Tuesdays in January, April + July. + so forth. In the event, the St. Albans Fire Dept. can not be available for a drill, the home shall conduct the fire drill. And log the time + staff who participated.</i></p>	

King's Daughters Home

Admission Criteria

The King's Daughters Home provides care to persons unable to live wholly independently but are not in need of the level of care and services provided in a nursing home.

Any person with a serious, acute illness requiring the medical, surgical or nursing care of a general or special hospital shall not be admitted as a resident.

A person under eighteen (18) years of age shall not be admitted to the King's Daughters home except by permission of the licensing agency.

The King's Daughters Home is a smoke-free facility and does not accept or retain residents who do so.

Pets are not allowed to stay at the facility, but may visit for short periods of time.

**King's Daughters Home
Functional Status Discharge Policies**

Involuntary discharge may occur if you are found to be unable to evacuate with "hands off "assistance within the state required time frame of three minutes. We are unable to guarantee your safety after this time, since we are not a sprinklered facility.

Other causes for discharge are:

- 1. When a resident's cognitive status deteriorates to the point where the resident can no longer respond to cuing and can not formulate how to assist with activities of daily living.**
- 2. When a resident's cognitive status is severely impaired and can never or rarely make decisions.**
- 3. When a resident's awareness of and judgement deteriorates to the point that the resident does not understand those needs that must be met for self care and will not cooperate even though given direction or explanation.**
- 4. When a resident's behavioral demands on others include attitudes, disturbances, and emotional states which create consistent difficulties that are not modifiable to manageable levels with existing residence staff, even given staff training.**
- 5. When a resident becomes a danger to self or others by becoming disruptive , combative and/or aggressive either physically or verbally.**
- 6. When a resident's sleep pattern is such that the resident is up wandering for all or most of the night.**
- 7. When a resident's has sleep cycle issues which disruptes the other residents' sleep on a continual basis.**
- 8. When a resident wanders outside and health and safety becomes jeopardized.**
- 9. When a resident's communication becomes highly impaired and ability to understand becomes rare.**

10. **When a resident's physical functioning requires extensive assistance and or total dependence which requires full staff performance of activities daily.**
11. **When a resident's bed mobility, transfer, and locomotion in or outside of residence requires two person assistance.**
12. **When a resident becomes bedfast most of the time.**
13. **When devices and restraints become required on a daily basis.**