

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

April 9, 2012

Ms. Kim Russell-Peck, Administrator
Kirby House, Inc.
64 South Main Street
Waterbury, VT 05676-1517

Provider #: 0058

Dear Ms. Russell-Peck:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 19, 2011**. 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, MS
Licensing Chief

PC: ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/19/2011
NAME OF PROVIDER OR SUPPLIER KIRBY HOUSE, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH MAIN STREET WATERBURY, VT 05676		
(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 SS=D	Initial Comments: An unannounced on-site complaint survey was conducted on 12/19/2011 by the Division of Licensing and Protection. There were regulatory findings identified during this survey as follows.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to develop a comprehensive care plan addressing identified behaviors of resident to resident abuse for 3 of 4 residents reviewed (Residents #1, #2, and #3). Findings include: 1.) For Resident #1 the Behavior Care Plan section of the care plan simply states that if the resident becomes physically assaultive call the screeners (WCMH) to move him to an alternative place. When interviewed on 12/19/2011 at 1:45 PM the Facility Manager acknowledged that this move might take some time and that there were no alternative interventions; such as separating residents, distraction, frequent checks and close monitoring of residents included in the care plan although she states that these strategies are used for all residents. 2.) For Resident #2 the Behavior Care Plan	R145	Currently working with delegating RN and WCMH to develop more individualized behavior plans for each resident. RN will review care plans for each resident on a quarterly basis POC ACCEPTED Margaret Hyatt RN	3/12/12

Division of Licensing and Protection

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

Kim Russell-Beck

TITLE

1/31/12

(X6) DATE

2/3/12

me

Division of Licensing and Protection

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R145	Continued From page 1 states that the resident may escalate other residents by her continuous requests/demands for cigarettes. The care plan does not address de-escalation measures which include (from another portion of the record) directing the resident to an alternative smoking area. This was confirmed with the facility manager at 1:45 PM on 12/19/11. 3.) For Resident #3 the Behavior Care Plan addresses seizures, frostbite, sunburn, dehydration, too much sun, and heatstroke. It does not address the resident's failure to respect personal space or his/her episodes of agitation and does not include any de-escalation tactics. The above was confirmed with the facility manager at 1:45 PM on 12/19/11.	R145		
R303 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a working telephone on each floor of the facility used by residents, at all times. Findings include: Per observation on 12/19/2011 the residents reside on all four floors of the facility. There are no working telephones on the second, third and fourth floors of the facility. The observation was confirmed by the facility manager on 12/19/2011	R303	Estimates requested from Fairpoint & Comcast to install phone lines in upper 3 floors POC ACCEPTED Margaret Higgins 3/20/12	3/2/12

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R303	Continued From page 2 at 3:15 PM.	R303		