

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0544	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2010
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NAME OF PROVIDER OR SUPPLIER LAKWOOD ADULT FAMILY HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 69 RAINBOWS END BOMOSEEN, VT 05732
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R100	Initial Comments: An unannounced onsite licensing survey was conducted on 8/9/2010.	R100		25 AUG 2010
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that treatment services for 1 of 2 applicable residents (Resident #1) were consistent with the physicians orders. Findings include: 1. Per record review on 8/9/2010, there was a physician order for weekly blood pressure readings to be taken for Resident #1. Per record review weekly blood pressure monitoring had not been completed since 3/1/2010. During interview at 12:10 PM the Manager confirmed that an order was present indicating a need to monitor the blood pressure for Resident #1 and that no weekly blood pressure readings had been completed since 3/1/2010.	R128	VITAL SIGNS RECORDS ARE NOW KEPT IN MAR, WHERE THEY ARE OBSERVED DAILY. VITAL SIGNS ARE ALSO REFERENCED IN PTS PROGRESS NOTES. R128 - 10/18/2010 - POC accepted as written. — C. Karaway, RN	
R144 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c.(1) Complete an assessment of the resident in accordance with section 5.7;	R144		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Richard J. Church</i>	TITLE ADMINISTRATOR	(X6) DATE 26 AUG 2010
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If continuation sheet 1 of 12

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R144	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the nurse failed to complete an annual assessment for 1 of 2 applicable residents (Resident #2). Findings include: 1. Per record review on 8/9/2010, the only assessment available in the record of Resident #2 (who was admitted on 5/8/2008) occurred on 5/9/2008. There were no annual assessments for 5/2009 or 5/2010. During interview at 12:50 PM, the Manager confirmed that there were no annual assessments for this resident for 2009 or 2010.	R144	RES. 2 HAS BEEN RE-ASSESSED. WE ARE NO LONGER TRUSTING THE RN'S MEMORY FOR ASSESSMENTS. THESE AND ROUTINE CARE PLAN REVIEWS ARE SCHEDULED IN THE ADMIN'S DAY PLANNER, A SCHEDULING CALENDAR IN THE CHART AREA AND A CHECK LIST IN THE MED CABINET.	25 AUG 2010
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 interview, the nurse failed to revise a plan of care for Resident #1 to address new elopement behaviors. Findings include: 1. Per record review on 8/9/2010, Resident #1 demonstrated elopement behaviors on 1/16/10 which involved notification of local law enforcement. Three additional documented	R145	R144 - 10/18/2010 - POC accepted as written. - C. Haraway, RN ATTEMPTS WERE MADE TO HAVE A CARE PLAN MEETING. RES. 1'S MOM DID NOT WANT TO ATTEND, AS SHE WAS GETTING RES. 1 HIS OWN APT. OUR RN SHOULD HAVE HAD A CARE PLAN CONFERENCE ANY HOW. THAT HAS BEEN DONE IN THE PAST. FROM NOW ON, IF SOMEONE DOES NOT WISH TO ATTEND A CARE PLAN CONFERENCE, WE WILL SEND THEM A LETTER...	25 AUG 2010

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R145	Continued From page 2 episodes occurred on 6/26/2010, 7/10/2010, and 8/4/2010 where the resident left the property without staff knowledge. During interview at 12:20 PM, the Administrator and Manager confirmed that the plan of care for Resident #1 has not been revised to direct staff in addressing this wandering / elopement behavior.	R145	<i>REFLECTING ANY CHANGES.</i> <i>R145 - 10/18/2010 - POC accepted as written. - C. Laraway, RN</i>	
R160 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or	R160		<i>25 AUG 2010</i>

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R160	<p>Continued From page 3</p> <p>unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the home failed to develop a medication disposal policy indicating methods for disposing of outdated or unused medication. Findings include:</p> <p>1. Per observation of the home's medication storage on 8/9/2010, two topical medications Ben Gay (expiration date 2/2010) and Aloe Vesta (expiration date 9/2007) remained in the medication cabinet. Additionally, unlabeled medications identified as belonging to Resident #2, had no orders for administration. During interview at 11:50 AM, the Manager confirmed that the topical medications had expired. The Manager also confirmed that the unlabeled medication had been brought into the home by the resident without a physician order and was given to staff for safekeeping. The Manager confirmed that the home had no policy or procedure to instruct staff how or under what circumstances medication should be discarded.</p>	R160	<p>OUTDATED OINTMENTS HAVE BEEN DISCARDED. WE HAVE ALWAYS DISPOSED OF OUTDATED MEDS AND NOW HAVE A POLICY REQUIRING THAT: THE MCGREGORS' PACKAGED MEDS WILL BE DATE-CHECKED EACH DAY WHEN THEY ARE PUT UP FOR THE NEXT DAYS USE. THE ENTIRE MED CABINET WILL BE CHECKED EVERY 30 DAYS. ADMIN OR MGR. WILL DISPOSE OF EXPIRED MEDS IMMEDIATELY, WHEN FOUND.</p> <p>R160- 10/18/2010 - POC accepted as written. — C. Laraway, RN</p>	25 AUG 2010
R165 SS=D	<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</p>	R165		25 AUG 2010

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R165	Continued From page 4 responsibility for the proper administration of medications, and is responsible for: 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 Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the nurse failed to assure that 1 of 3 applicable staff members received appropriate training and delegation for the administration of medications to residents in the home. Findings include: 1. Per record review on 8/9/2010, there was training documentation that the RN (Registered Nurse) had approved medication delegation for 2 of 3 staff members currently administering medications. During interview that afternoon, the Manager confirmed that only 2 of 3 current staff had been certified by the current RN to administer medications.	R165	<i>OUR RN. HAD SIMPLY OVERLOOKED MAKING A NEW CERTIFICATE FOR OUR MGR. THE R.N. HAS RE-ASSESSED THE MGR'S SKILLS AND A NEW CERTIFICATE IS IN PLACE.</i> <i>R165 - 10/18/2010 - POC accepted as written. - C. Lareway, RN</i>	<i>25 AUG 2010</i>
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the	R171		<i>25 AUG 2010</i>

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R171	<p>Continued From page 5</p> <p>physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there was evidence of monitoring for side effects of psychoactive medications for 1 of 2 residents in the total sample. (Resident #1) Findings include:</p> <p>Per record review on 8/9/2010, there was no evidence of monitoring for side effects of antipsychotic medication for Resident #1. The resident takes an antipsychotic medication daily with the potential for significant side effects. The RN did not complete required assessments for potentially permanent side effects of the medication, such as the AIMS (Abnormal Involuntary Movement Screen) Assessment tool. This was confirmed with the Manager on 8/9/2010 at 2:15 PM.</p>	R171	<p><i>RES #1 IS NO LONGER LIVING HERE. HOWEVER, OUR RN ADMITS HE SIMPLY FAILED TO DO AN AIMS ASSESSMENT FOR RESI. NOW THAT ADMIN. AND MGR. KNOW ABOUT THE AIMS TOOL, WE WILL BE WATCHING TO MAKE SURE IT IS NOT OVERLOOKED IN THE FUTURE, SHOULD WE HAVE A NEW RESIDENT WHO NEEDS TO HAVE IT.</i></p> <p><i>R171 - 10/18/2010 - POC accepted as written. — C. Lercy, RN</i></p>	<i>25 AUG 2010</i>

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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 residents. The training must include, but is not limited to, the following:</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 interview, the home failed to assure that all staff receive 12 hours of required training each year. Findings include:</p> <p>1. Per record review on 8/9/2010, 1 applicable staff person had no education records for the prior 12 months. During interview at 2:30 PM, the Administrator confirmed that the staff member had not completed 12 hours of required annual training.</p>	R179	<p>IN FACT, MUCH TRAINING DID TAKE PLACE, BUT WAS NOT DOCUMENTED. 25 AUG 2010</p> <p>PLAN IS IN PLACE TO CONDUCT AND DOCUMENT ALL REQUIRED TRAININGS.</p> <p>I HAVE A RED CROSS INSTRUCTOR COMING TO DO A TRAINING SERIES HERE AT THE HOME, FIRST AID, CPR, ETC. FOR ALL OF US. OUR R.N., OUR MGR. AND MYSELF WILL COVER THE OTHER ITEMS.</p> <p>R179 - 10/18/2010 - POC accepted as written. — C. Laramy, RN</p>	

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R190 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to obtain results of the criminal and / or adult abuse registry checks for 2 of 3 employees. Findings include:</p> <p>1. Per record review on 8/9/2010, there was no adult abuse registry check available for 1 staff member and no adult abuse registry nor criminal record check for a second staff member. During interview at 2:30 PM, the Administrator confirmed that these results were not available for review.</p>	R190	<p>THE BACKGROUND CHECKS HAVE BEEN COMPLETED. OUR POLICY IS NOW TO COMPLETE BACKGROUND CHECKS WHEN THE PROSPECTIVE EMPLOYEE HAS COMPLETED ONE ORIENTATION SHIFT.</p> <p>R190 - 10/18/2010 - POC accepted as written. - C. Laraway, RN</p>	24 AUG 2010
R214 SS=F	<p>VI. RESIDENTS' RIGHTS</p> <p>6.2 Each home shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that every resident is treated with full recognition of each resident's right to privacy. Findings include:</p> <p>Per interview with the Administrator on 8/9/2010 at 1:05 PM, video monitoring is in place in the</p>	R214		25 AUG 2010

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R214	Continued From page 8 following areas of the home: the upstairs hallway, the kitchen and 2 monitors in the living room. There is audio monitoring in the kitchen and the living room. There was no documentation that residents or their responsible parties were informed of the video and audio monitoring. The Administrator confirmed that, although staff are aware, no written information has been provided to residents or responsible parties that this monitoring is occurring; nor is there notice publicly posted for visitors to the home.	R214	<p>WARNINGS ARE NOW IN PLACE ON ALL EXTERIOR DOORS. AN ADDENDUM HAS BEEN ADDED TO OUR ADMISSIONS AGREEMENT STATING WHY WE HAVE CAMERAS AND THAT THEY ARE NECESSARY TO PROVE WHETHER AN EMPLOYEE HAS OR HAS NOT A RIGHT TO A WORKMAN'S COMP CLAIM.</p> <p>R214 - 10/18/2010 - POC accepted as written. — C. Laraway, RN</p>	
R291 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.6 Plumbing</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the hot water temperatures in resident use areas exceeded 120 degrees Fahrenheit (DF). Findings include:</p> <p>1. Per observation (testing) during the environmental tour on 8/9/2010 with the Administrator at 11:07 AM, water temperature in the downstairs bathroom was 126.7 DF and the upstairs bathroom water temperature was 122 DF at 11:15 AM with the Manager present. Both the Administrator and the Manager confirmed at the time of discovery that the water temperature exceeded 120 DF and adjustments were completed at 2:50 PM to reduce temperatures to less than 120 DF in all resident areas.</p>	R291		
			<p>WE NOW HAVE A LOG TO MONITOR THE TEMP. GAUGE ON THE MIXING VALVE ON THE DOMESTIC HOT WATER DAILY. FAUCET HOT WATER TEMP WILL BE TESTED MONTHLY.</p> <p>R291 - 10/18/2010 - POC accepted as written. — C. Laraway, RN</p>	24 AUG 2010

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R295 R295 SS=C	Continued From page 9 IX. PHYSICAL PLANT 9.8 Heating 9.8.a Each home shall be equipped with a heating system which is of sufficient size and capability to maintain all areas of the home used by residents and which complies with applicable fire and safety regulations. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility did not follow the recommended maintenance schedule for furnace cleaning / inspection. Findings include: 1. Per observation during the environmental tour with the Administrator on the morning of 8/9/2010, there was no evidence that required furnace unit safety inspections had been conducted for the home's heating unit since 5/2005. The Administrator confirmed that this inspection was last completed 5/2005.	R295 R295		
R302 SS=C	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	R302	I HAVE FOUND A NEW PLUMBER/ HEATIN SYS INST. HE IS COMING TO DO AN INSPECTION AND OIL BURNER CLEANING ON 19 SEPT 2010. WE WILL HAVE THE SYSTEM SERVICED EACH YEAR AND THE SERVICE TICKET/DOCUMENT WILL BE AVAILABLE NEAR THE FURNACE. R295-10/18/2010 - POC accepted as written. - C. Harvey, RW	25 AUG 2010

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R302	Continued From page 10 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 record review and interview, the home failed to conduct periodic fire drills, rotating times among morning, afternoon, evening and night. Findings include: 1. Per record review on 8/9/2010, fire drills were conducted on 8/10/09 at 7:30 AM, 10/5/2009 at 9:00 AM, 12/15/2009 at 11:00 AM, 1/21/2010 at 4:00 PM, 3/15/2010 at 10:15 AM and on 6/12/2010 at 1: 00 PM. Although all 6 required drills had occurred over 4 quarters of the year, there were no evening drills and only 1 of 2 required night drills performed. During interview at 2:30 PM, the Administrator confirmed that there were no evening drills and only 1 night time drill during the prior 12 months.	R302		26 AUG 2010
R314 SS=E	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not provide quarterly accounting of funds managed for 2 applicable residents (Resident #1 and Resident #2). Findings include:	R314	I HAVE NOTED ON OUR FIRE DRILL LOG THAT WE WILL CONTINUE TO CONDUCT SIX DRILLS PER YEAR. TWO DAYTIME, TWO EVENINGS, TWO NIGHT-TIME DRILLS. I BELIEVE THAT COVERS THE REQUIREMENTS. R302 - 10/18/2010 - POC accepted as written. — C. Laramy, RN	26 AUG 2010

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R314	Continued From page 11 1. Per record review on 8/9/2010, there were no quarterly reports provided to Resident #1 nor Resident #2 in the record. During interview at 10:45 AM, the Administrator confirmed that no quarterly reports had been issued as he/ she was unaware of this requirement.	R314	I HAVE BEGUN A NEW RECORD-KEEPING SYSTEM FOR THOSE RES. FOR WHOM I MANAGE FUNDS. EACH WITHDRAWAL IS NOTED ON A PETTY CASH SLIP WHICH IS SIGNED BY THE RESIDENT. COMPLETE ACCOUNTING REPORTS WILL BE GIVEN TO THE RES'S QUARTERLY. R314 - 10/18/2010 POC accepted as written - C. Laramy, RN	

I MIGHT ADD, THE SURVEY WAS FUN. CINDYL WAS QUITE PLEASANT AND WE LOOK FORWARD TO HER RETURN NEXT YEAR.

RICK C.

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