

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

March 12, 2012

Ms. Brenda Scalabrini, Administrator
Lincoln House
120 Hill Street
Barre, VT 05641

Provider #: 0175

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **February 16, 2012**. 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: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ MAR - 3 12 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 02/16/2012
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NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
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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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R100	Initial Comments: An unannounced on-site re-licensing survey and complaint investigation were completed on 2/16/12 by the Division of Licensing and Protection. There were no findings related to the complaint investigation. The following findings are a result of the re-licensing survey.	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 reviews and interviews, the nurse failed to oversee the development of a written plan of care for one of five residents (Resident #1) in the applicable sample. Findings include: 1. Per review of the medical record on 2/15/12, Resident #1 had resided in the home since 12/8/11, and had a comprehensive assessment of abilities and needs on 12/7/11. There was no evidence that a written plan of care had been developed to describe the care and services needed to assist the resident to maintain independence and well-being. On 2/15/12 at 3:25 PM, the home's Administrator confirmed that no written plan of care for Resident #1 could be provided.	R145		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Brenda Scalabrino</i>	TITLE <i>Executive Administrator</i>	(X6) DATE <i>3/2/12</i>
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Division of Licensing and Protection

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R179	Continued From page 1	R179		
R179 SS=E	<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 reviews and interviews, the home failed to ensure that 5 of 5 staff in the applicable sample (who provide direct care to residents) received annual training to meet the requirements of the regulation. Findings include:</p> <p>1. Per review of the home's in-service training records for the past 12 months, 5 of 5 direct care staff failed to complete a total of 12 hours of</p>	R179		

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R179	Continued From page 2 annual training. Additionally, there was no evidence provided to indicate that the home had conducted mandatory annual training regarding Resident Rights, Fire Safety, Emergency Response and First Aid, and Abuse/Neglect/Exploitation in the past 12 month period. On 2/15/12 at 11:30 AM, the home's Administrator confirmed that no written evidence could be provided regarding mandatory annual training to total 12 hours for 5 of 5 direct care staff or regarding specific annual training in the following mandatory topics: Resident Rights, Fire Safety, Emergency Response and First Aid, and Abuse/Neglect/Exploitation.	R179		
R213 SS=D	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the <i>resident's rights</i> . This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews with staff, the home failed to ensure that one of five residents in the sample (Resident #5) was treated with consideration, respect, and full recognition of the resident's dignity and individuality. Findings include: 1. Per review of the medical record, Resident #5 had been admitted to the hospital on 2/8/12 and was discharged back to the home on 2/10/12. Resident #5 has been in residence at the home since 11/1/1998 (14 years), is 92 years of age, and has a genetic syndrome which causes small stature and mild cognitive deficit. As written in an	R213		

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R213	Continued From page 3 incident report dated 2/14/12, the witnessing family member of Resident #5 called the Administrator to express multiple concerns regarding the manner in which the home's staff aid had treated Resident #5 on 2/10/12 during the transport from the hospital to the home. Per the written report, the family member was concerned that aid's interactions were rushed and disrespectful. The incident report also notes that the home's nurse confirmed the concerns via telephone conversation with the witnessing family member, and that the responsible party was now stating intent to move Resident #5 to another home. The aid, per the report, was terminated from employment for possible neglect and abuse of a resident. During an interview on 2/16/12 at 8:30 AM, the Administrator further described the behaviors of the staff person as they were reported by the witnessing family member. This included that the aid had reportedly yelled at Resident #5, and refused the offer of a wheelchair from hospital staff saying, "[He/she] walks at home so [he/she] can walk here". When Resident #5 asked to use the wheelchair, the aid reportedly raised voice and was disrespectful while roughly getting him/her adjusted in the chair.	R213			

Lincoln House

Response to Survey of 02/16/2012

R 155 RESIDENT CARE AND HOME SERVICES

R145

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.

To correct this deficiency, all residents will have a care plan. This will be initiated on admission and a complete care plan within 7 days of admission of the resident.

Insurance that this practice will be monitored by the RN and/or Administrator, auditing will be done on a bi-weekly to monthly basis by the above mentioned.

R145 POC accepted 3/8/12 Jhosmer RN / Pincota RN

R155 RESIDENT CARE AND HOME SERVICES

R 179

5.11 Staff Services

5.11 b the home must ensure that staff demonstrates competency in the skills and techniques they are expected to perform before providing any direct care to resident. 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:

- (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 hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions
- (7) General supervision and care of residents.

To correct this deficiency there will be an improvement in the documentation of the in-services that are conducted during staff meetings with a timeline as well as the educational moments with fire drills.

In-services will be planned with Medical Administrator RN, Home Health Agency, Ombudsmen, local Fire and EMS department and other community service organizations that can assist us in the care of our residents. CPR recertification has been scheduled for 03-07-2012

Also plan for skills fair/competency hours quarterly to ensure competency of the staff that provide direct resident care.

The administrator and medical administrator will monitor on a quarterly basis the ensure compliance with this regulation.

R179 POC accepted 3/8/12 Jtkomer RN / Pmctur RN

R213 RESIDENTS RIGHTS

6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality and privacy. A home may not ask to waive the resident's rights.

To correct this deficiency Administrator and medical Administrator will do in-service for all staff at Lincoln House to review the mandated reporting of any SUSPECTED abuse/neglect of any resident. This will be done by April 31, 2012

In defense of this alleged incident due to timing of family contact to administrator and internal investigation, Lincoln House administrative team failed to meet the state 48 hour reporting requirement. The accusations were inferred and there was not clear abuse and/or neglect noted by the reporting family member. As documented, the investigation and termination of the staff member was done with 26 hours of the complaint.

R213 POC accepted 3/8/12 Jtkomer RN / Pmctur RN