

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

May 3, 2012

Ms. Devida Deluca, Administrator  
Living Well A Community Care Home  
71 Maple Street  
Bristol, VT 05443

Provider #: 0543

Dear Ms. Deluca:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 1, 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:  0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/01/2012
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NAME OF PROVIDER OR SUPPLIER  LIVING WELL A COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 71 MAPLE STREET BRISTOL, VT 05443
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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-licensure survey was completed by staff from the VT Division of Licensing and Protection on 3/1/12. The following regulatory violations were found.	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 staff interview and record review, the Registered Nurse (RN) failed to develop written care plans that included measurable goals and specific interventions to direct staff in the provision of care for 2 of 3 applicable residents in the sample. (Residents # 1 & 2) Findings include:  1. Per review on 3/1/12, the care plan for Resident #1 was incomplete and lacked measurable goals and specific interventions to address the resident's needs regarding risk of choking while eating, incontinence care and risk for impaired skin integrity. These concerns were confirmed during interview with the manager on 3/1/12 at 11:30 AM.  2. Per record review on 3/1/12, the care plan for Resident #2 was incomplete and lacked measurable goals and specific interventions to address the resident's episodic urinary	R145	<i>Action</i> → Administrator reviewed this deficiency with RN. 4/26/12  <i>Change</i> → Client care plan to be updated 4/30/12 reflect goals, interventions & needs of client re: choking, incontinence skin integrity  <i>Monitor</i> → Administrator meets/reviews care plans weekly with RN on going...  <i>Action</i> → Administrator reviewed this deficiency with RN 4/26/12	

Division of Licensing and Protection

*Deirda DeZera*

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

TITLE Administrator

(X6) DATE

4/25/12

STATE FORM

6899

1H2911

If continuation sheet 1 of 4.

*AME*

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R145	Continued From page 1 incontinence. This was confirmed with the manager during interview on 3/1/12 at 2 PM.	R145	<i>changes</i> → client care plan to be updated reflect goals and interventions already being instituted. 4/26/12	
R151 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (8)  Ensure that the resident's record documents any changes in a resident's condition;  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that each resident's record included documentation of changes in condition for 2 of 3 residents in the applicable sample. (Residents #1 & 3) Findings include:  1. Per record review on 3/1/12, Resident #1 had a bruise of unknown origin noted on 2/5/12 and there was no evidence in the medical record that the family and physician had been notified.. A progress note dated 2/5/12 stated "bump over right eye...turned into a bruise overnight". During interview on 3/1/12 at 11:45 AM, the caregiver stated that she had notified the family and physician but had failed to document the notification in the record.  2. Per record review on 3/1/12, Resident #3 experienced a choking episode during administration of an iron supplement tablet on 1/26/12 and there was no documentation of follow up to this event in the medical record. The lack of documentation of the outcome of this incident was confirmed with the manager during interview at 3:30 PM on 3/1/12. The manager stated that the physician had been notified and that the iron	R151	<i>monitor</i> → Administrator meets/reviews care plans weekly with RN on going  <i>Action</i> → RN/Administrator to review complete documentation procedures as well as this deficiency specifically at next monthly staff meeting 5/17/12  <i>changes</i> → staff found not documenting as well as acting on what they are doing about a change in resident condition will result in a formal write up/disciplinary action. ongoing  <i>monitor</i> → RN reviews staff/nurse notes weekly ongoing  <i>Action</i> → RN/Administrator to review complete documentation procedures as well as this deficiency specifically at next monthly staff meeting 5/17/12	

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R151	Continued From page 2 order was changed to a liquid dose to facilitate ingestion by the resident.	R151 <i>change</i>	<i>Staff not documenting change in resident condition will result in formal write up/disciplinary action</i>	
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  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.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility had on staff a person who has been convicted of a crime and failed to request and obtain a waiver from the Licensing Agency for one applicable employee. Findings include:  Per review of a sample of personnel records on 3/1/12, 1 of 3 employee files reviewed revealed that 1 staff person had been convicted of a crime and that no waiver had been requested/obtained	R181 <i>Monday</i>	<i>→ RN reviews staff (name notes weekly)</i>  <i>Action → Administrator requested 3/1/12 variance + reviewed this deficiency with staff who do background checks.</i>  <i>change → staff who process background checks are to report findings to Administration + after counsel request variance before hiring.</i>  <i>Monday → Administration meets weekly with staff who do background checks. We all check everyone once a year.</i>	<i>Ongoing</i>  <i>Ongoing</i>  <i>Ongoing</i>

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R181	Continued From page 3  from the Licensing Agency in order to retain the person on staff. This was confirmed during interview with the manager at 5:30 PM on 3/1/12.	R181	<i>on 3/8/12 we received this notice with conditions.</i>	
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 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 staff interview and record review, the facility failed to conduct fire drills at the required times and intervals specified in the Residential Care Home Licensing Regulations. Findings include:</p> <p>Per review of the fire drill logs for the previous 12 months on 3/1/12, the home failed to conduct a fire drill during the first and fourth quarters of 2011 and also failed to conduct a fire drill during the morning hours, as required per regulations. This was confirmed during interview with the staff in charge at 2 PM on 3/1/12.</p>	R302	<p><i>Action</i> → Administrator reviewed this deficiency with all staff at March 3/15/12 staff meeting.</p> <p><i>Changes</i> → Staff volunteer to be Fire Drill Point Person going forward 3/15/12 understands fire drills must occur at least quarterly and on all shifts, 6 times a year.</p> <p><i>monitor</i> → Administrator to review at monthly staff meetings...</p> <p><i>[ongoing]</i></p> <p>Per phone call with the Administrator on 5/11/12, "Drills shall rotate times of the day to include morning, afternoon, evenings + nights" R145, R151, R181 + R302 POC's accepted 5/11/12 Meditation/Structure</p>	