

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

January 18, 2012

Ms. Francetta Tice, Administrator
Misty Heather Morn Community Care Home
174 Blissville Road
Hydeville, VT 05750

Provider #: 0174

Dear Ms. Tice:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 7, 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

RECEIVED

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0174 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>Licensing and Protection</i> | Division of DEC 30 11 09/07/2011 (X3) DATE SURVEY COMPLETED |
|--|---|---|--|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER MISTY HEATHER MORN COMMUNITY CARE H | STREET ADDRESS, CITY, STATE, ZIP CODE 174 BLISSVILLE ROAD HYDEVILLE, VT 05750 |
|--|---|

| (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 on-site re-licensing survey was conducted by the Division of Licensing and Protection on 09/07/2011. During this survey the following regulatory violations were identified. | R100 | | |
| R136 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure the completion of a re-assessment following a significant change in 1 resident's (Resident #3) physical condition related to a surgical procedure. Findings include: Per record review and staff interview, Resident#3 had an elective Total Hip Replacement on 06/28/2011. There was no evidence in the record of a significant change assessment despite changes in his/her care after returning to the facility after surgery. In an interview the nurse/manager stated that although the resident was closely monitored, a significant change assessment was not conducted after her return to the facility post-operatively. | R136 | | |
| R145 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) | R145 | | |

I added a column to the hospitalization log for assessments to be done/completed done immediately. Monitor weekly + PRN 09-08-11

| | | |
|--|-------|------------------------------|
| Division of Licensing and Protection <i>Misty Heather Morn</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE <i>12-28-11</i> |
|--|-------|------------------------------|

RM

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0174 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/07/2011 |
|--|--|---|---|--------------------|---|
| NAME OF PROVIDER OR SUPPLIER MISTY HEATHER MORN COMMUNITY CARE H | | | STREET ADDRESS, CITY, STATE, ZIP CODE 174 BLISSVILLE ROAD HYDEVILLE, VT 05750 | | |
| (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 | |
| R145 | Continued From page 1 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 assure that the care plan was revised following a major surgical procedure to describe care and services necessary to assist 1 resident (Resident #3) maintain/achieve independence. Findings include: Per record review and staff interview, Resident #3 had an elective Total Hip Replacement on 6/28/2011. There were no updates in the care plan regarding post operative care following a total hip replacement. During an interview on 09/07/2011 the nurse/manager acknowledged that s/he had not updated the care plan following a major surgical procedure. S/he stated that s/he had posted the post-operative instructions in the resident's room but had not updated the care plan in the record. | R145 | <i>Add a column, along the assessment key to ensure all major changes are recorded. Monitor weekly + PRN</i> | <i>09-08-11</i> | |
| R178 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. | R178 | | | |

Division of Licensing and Protection

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0174 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/07/2011 |
|--|--|--|--|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER MISTY HEATHER MORN COMMUNITY CARE H | STREET ADDRESS, CITY, STATE, ZIP CODE 174 BLISSVILLE ROAD HYDEVILLE, VT 05750 |
|---|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|--------------|---|------|---|----------|
| R178 | <p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to assure that staff used proper handwashing/sanitation to prevent the spread of infection during a dining observation conducted on 09/07/2011. Findings include:</p> <p>Per observation and staff interview, staff in the dining room during lunch observation on 09/07/2011 at 12:05 PM were observed assisting residents. Aide #1 was observed feeding two residents touching their arms and utensils wiping mouths and moving between resident contacts without washing or sanitizing hands between resident contacts. A second aide (Aide #2) was observed assisting a resident and touching the resident's hands and utensils and then moving to pour drinks and assist two other residents without washing or sanitizing hands in between direct contact. In interviews during the observation Aide #1 acknowledged that she should have sanitized her hands between resident direct contacts and Aide #2 stated that she was unaware s/he had contaminated her hands prior to pouring beverages. In an interview at 1:15 PM the manger stated that it is expected that staff will sanitize hands between residents during dining assistance.</p> | R178 | <p>Included in the infection control services - hand sanitizing between all contacts with residents including feeding.</p> <p>All current staff notified.</p> | 09-08-11 |
| R266 SS=E | <p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced</p> | R266 | | |

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0174 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/07/2011 |
|--|--|---|--|--------------------|---|
| NAME OF PROVIDER OR SUPPLIER MISTY HEATHER MORN COMMUNITY CARE H | | | STREET ADDRESS, CITY, STATE, ZIP CODE 174 BLISSVILLE ROAD HYDEVILLE, VT 05750 | | |
| (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 | |
| R266 | Continued From page 3 by: Based on observation and interview, the facility failed to assure a safe environment free of accident hazards for residents. Findings include: Per observation and staff interview, in bathrooms both upstairs and downstairs, hazardous materials were accessible to residents, some of whom have cognitive impairments. In bathroom #1 upstairs, there was a bottle of MR Clean Spray Cleaner in an unlocked cabinet and a bottle of Awesome Floor Cleaner on an open shelf in view. In the second upstairs bathroom a bottle of Spot and Stain remover was found in an unlocked cabinet. In the downstairs bathroom near the nurses desk there was a bottle of liquid bleach under the sink. In the downstairs bathroom (which is also the laundry room) there are unlocked cabinets which have peroxide, nail polish remover, cologne, and isopropyl alcohol both in and on top of the cabinet as well as cans of spray disinfectant within potential view and reach of residents with cognitive impairments. The observations were confirmed in an interview with the manager at 12:30 PM on 09/07/2011. | R266 | <p>Lock boxes placed ⁰⁹⁻⁰⁷⁻¹¹ in bathrooms (downstairs) upstairs, kitchen. to lock up all dangerous substances Staff instructed to keep boxes locked except when in use Insurances included on a regular basis Monitor daily</p> <p>R136, R145, R178, + R266 POC's acceptable 1/3/12 MHiggins RN/ Pmataru</p> | | |