

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

June 4, 2012

Ms. Susan Sweetser, Administrator
Our Lady Of Providence
47 West Spring Street
Winooski, VT 05404

Provider #: 0198

Dear Ms. Sweetser:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 9, 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



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2012
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 47 WEST SPRING STREET WINOOSKI, VT 05404		
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R100	Initial Comments: An unannounced on-site re-licensure survey and investigation of an entity self-report was conducted on 05/7/12 - 05/9/12 by the Division of Licensing and Protection. There were findings related to the facility survey. There were no findings related to the entity self-report. Findings include:	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 staff interview the facility failed to assure that the care plans for two residents (Residents #5 & #2) reflect the care and services necessary to maintain independence and well-being. Findings include: 1). Per record review and staff interview, Resident #5 was on an outing with her daughter, on 03/05/12, and experienced a fall. The fall resulted in a de-gloving injury of her left hand. There was no update to the care plan to include discharge instructions such as instructions regarding bathing, keeping the wound dry, limitations on using the hand, etc. In an interview with the Director of Nursing Services (DNS) on 05/09/12 at 4:05 PM, s/he acknowledged that the care plan, available to direct care staff, had no	R145	R145 Currently, we are utilizing a 'Patient Care Plan' form that was suggested by the DLP surveyors at our last survey in 2010. On the back of the form is a generous space entitled, "ADDITIONAL NURSING INFORMATION". Since 2010 we have been using this form to guide our direct care staff for all ADLs. It is now our understanding that we are to include descriptions of care for all aspects of nursing, i.e. direct and skilled care. To do this we will create a flow sheet for the nurses who are responsible for completing monthly summaries on our residents. Once the monthly summary is completed the nurse then must review the care plan and sign off that it reflects the current conditions, treatments, and status of that resident. Any specific skilled nursing treatments, details of care, safety measures, education, etc. will be written on the care plan in the space mentioned above. The Director of Nursing will monitor the flow sheet and care plans to ensure they are being completed in a way that reflects the actual needs of the resident to maintain his/her optimal well being and comfort.	

Division of Licensing and Protection

[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Acting Administrator

(X6) DATE

5/25/2012

STATE FORM

6899

85U711

If continuation sheet 1 of 5

Amc

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R145	Continued From page 1 updates regarding the injury. 2). Per record review Resident #2 was sent to the ER (Emergency Room) in the evening on 04/04/12 and admitted to the hospital April 5 through April 9, 2012. The resident presented with elevated liver function tests, weakness, confusion, shortness of breath, and vomiting. The resident was readmitted to the facility on 04/09/12. In a review of records there is no care plan update to reflect the residents acute illness and care needs upon return to the facility. The findings were confirmed with the DNS on 05/09/12 at 4:05 PM.	R145	R145 Whenever a treatment is ordered for a resident the nurse receiving the order shall add it to the Patient Care plan as well as the Treatment Administration Record (TAR). When the treatment is discontinued this, too, will be indicated on the Care Plan. To establish these changes, a meeting with all skilled nurses will be convened no later than 6/29/12 wherein the process of reviewing /updating care plans will be instituted.	
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide supervision to assure that care and services were provided according to the plan of care for 1 resident (Resident #2). Findings include: Per record review and observation, the care plan for Resident #2 calls for toileting on night shifts according to the ADL (Activities of daily living) flowsheet and position changes every 2 hours. The ADL flowsheets call for toileting and/or incontinence care every 2 hours at night at 12 AM, 2 AM, 4 AM and 6 AM. It also calls for	R146	R146 To assure that the flow sheets for Activities of Daily Living correctly reflect the agreed Plan of Care for each resident, the nurse who reviews and updates the Patient Care Plan will review the ADL flow sheets. The review will include direct caregiver compliance with the care plan (ensuring that the caregiver is signing off the ADLs) and that all components of care are included on the flow sheet. To meet this desired result there must be an understanding among the staff of the importance that 1) the Care Plan correctly reflect nursing activities on a daily basis 2) direct care staff utilize and correctly complete the ADL Flowsheets which 3) the skilled nurses must oversee that daily care is being signed off on a regular basis. The primary Charge Nurses for each shift must also play a role in the monitoring and general upkeep of the ADL Flowsheets.	

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R146	Continued From page 2 repositioning every 2 hours while in bed, and to elevate feet on 2 pillows at 12 AM, 2 AM, 4 AM and 6 AM. The flowsheets for May 2012 have initials for completing the task only at 4 AM or 6 AM. In interview at 4:40 PM the Director of Nursing Services (DNS) acknowledged that the flowsheets and shift reports reflect that staff performed these tasks only once on their shift.	R146	R146 To rectify this deficiency a Nursing Staff Meeting will be held by the end of June 2012 wherein all will be made aware of the problem and responsible staff will be appointed to assist in monitoring that care and services are being provided according to our care plans. The Director of Nursing Services ultimately will be in charge of orchestrating these changes.	
R247 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to assure that food was stored at the proper temperature. Findings include: 1). During the kitchen tour conducted on 05/09/12 at 10:40 AM the temperature log for the walk-in cooler was reviewed. The log revealed that temperatures, in March through May 2012, had been monitored/logged 11 days in March, 10 days in April and 2 days in May. Of the temperatures recorded many were out of range (41-43 degrees), 5 days were out of range in March, 9 days were out of range in April and both days were out of range in May. In an interview on 05/09/12 at 10:50 AM the Kitchen Manager stated that s/he was not aware that the temperatures were out of range. The kitchen worker responsible for recording the temperatures stated	R247	<i>Please see attached from Tom Dubie. The described changes were made while the Nurse Surveyor was at OLP and continue to be implemented and monitored to date.</i>	

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R247	Continued From page 3 s/he was not aware of how often temperatures should be monitored or when to report a temperature as out of range. 2). Per observations, the kitchen has two refrigerators used to store beverages and leftovers and two refrigerators in the cafeteria area used to store beverages, ice cream, and other foods and also to store resident foods. In an interview the kitchen manager stated that s/he was not aware that it was required that these refrigerator temps be monitored. No temperature logs were available for review.	R247		
R248 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to assure that utensils were cleaned and sanitized after each use. Findings include: Per observations, temperature logs revealed random checks of wash and rinse temperatures during 2010 and 2011 but no checks were recorded in 2012. In an interview at 11 AM the Kitchen Manager stated that the person who was responsible for those checks was no longer at the facility. S/he stated that the staff had apparently not been instructed to monitor the wash and rinse temperatures and that it had not occurred.	R248	See Answer to R247, same for R248 R145, R146, R247 + R248 POC'S accepted w/ attachment 5/31/12 M Higgins RN / Pincot RN	

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From the desk of Tomas Dubie (Kitchen manager)
Our Lady of Providence Vt Inc.

Date 05/21/2012

Plan of Correction (For the Division of Licensing and Protection)

As kitchen manager I understand that it is my responsibility to monitor all temperatures of refrigerators and freezers where perishable food and drinks are stored and to monitor three times a day of the dishwasher temp to insure all eating utensils , plates, cups, flatware are properly sanitized.

1. Make sure all kitchen staff are trained to take care of All perishable food and Drink ,and that the staff know all food must be Labeled and Dated, and held at the proper temperature.
2. Temperature logs are to be done on all Refrigerators and Freezer, Once a Day.A team member has been assigned to this task for every day of the week. When these team member are absent, their substitute is instructed to read the applicable temperatures and record these reading. This is now routinely checked by kitchen manager.
3. All kitchen staff are trained to keep a temperature log on the Dishwasher for the wash and rinse done three times daily, this is now routinely doubled checked by kitchen manager.
4. The kitchen staff has been informed about the importance of the Temp logs and how to check them, what to do if the temperature falls above or below the correct temperature. This training will occur for all new kitchen staff as well.
5. All Temp logs are now routinely double checked by Kitchen manager, To discard to the trash of food past its date.
6. Kitchen cook to check temperature of hot and cold food on serving line at time of meals. Kitchen cook has been instructed about this and it is now regularly occurring with temperatures,adjustments being made when needed.

Copies of the current Temp. charts are attached, so that you can review the net result of our revised procedures.

Thank you, Tomas Dubie