

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

November 5, 2013

Mr. Francis Cheney, Administrator
Pine Knoll Community Care Home
601 Red Village Road
Lyndonville, VT 05851

Provider #: 0171

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **October 16, 2013**. 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
Licensing Chief

PC:ne

Enclosure

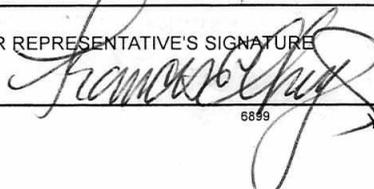
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ OCT 31 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED 10/16/2013
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NAME OF PROVIDER OR SUPPLIER PINE KNOLL COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851
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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
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on October 16, 2013. Regulatory violations were identified.	R100		
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	See POC with completion date of 10/29/13	

Division of Licensing and Protection
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

10-29-13

R104, R101, + R100 POC accepted 11/1/13 DDeCaroRN/PMC

PMC

Division of Licensing and Protection

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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and on staff interview the level III facility failed to have a signed admission ACCS benefits agreement in the medical record for Resident # 3 who was admitted to the facility on 12/21/12 with ACCS benefits. Findings include: Per record review it was discovered that Resident #3 did not have a signed ACCS benefits admission agreement contained in the medical record. On 10/16/2013 at 3:30 PM the Social Worker responsible for completing the admission of the resident confirmed that resident # 3 was admitted to the facility with ACCS benefits but did not have the signed ACCS benefits admission agreement signed and in the medical record.	R104		
R181 SS=E	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	R181	<i>See POC with Completion Date: 10/29/2013</i>	

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R181	<p>Continued From page 2</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to have evidence of child abuse registry back ground information (33 V.S.A. Chapter 49) for two employees, J.H and B.B.</p> <p>Findings include:</p> <p>Per random selection of five personnel files for review of criminal background checks, it was discovered that two current resident care provider employees did not have evidence in their personnel files that the facility completed the child registry background checks for them. On 10/16/13 at 4:00 PM the Director of Nursing Services confirmed that the child abuse registry information was not in the respective personnel files for employees J.H and B.B.</p>	R181		
R188 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(2)</p> <p>A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number</p>	R188	<p><i>See POC with completion Date: 10/29/13</i></p>	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PINE KNOLL COMMUNITY CARE HOME **601 RED VILLAGE ROAD**
LYNDONVILLE, VT 05851

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R188	<p>Continued From page 3</p> <p>of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and on staff interview the level III facility failed to maintain photo identification in the medical record for three of a total of eight residents, residents #1, #2, and #3.</p> <p>Findings include:</p> <p>Per record review three resident records were found to not contain a recent resident photograph. Resident records #1, #2, and #3 were brought to the attention of the on-duty Patient Care Assistant and the Director of Nursing Services at 3:00 PM on 10/16/13 and both staff members confirmed that the photo identification for the three residents was not contained in their medical records.</p>	R188		

Pine Knoll Community Care Home

Plan of Corrections

Survey Completed on October 16, 2013

R104 V. Resident Care and Home Services

SS=D 5.1 Admissions

Pine Knoll Level III facility failed to have a signed admission ACCS benefits agreement in the medical record for resident # 3 who was admitted to the facility on 12/21/2012 with ACCS benefits.

I. Action taken to correct the deficiency:

1. The new Accs admission agreement that listed the room rates, PNA money and was signed by resident #3 and placed in the medical record on 10/29/2013.
2. All other records in Level III were checked to ensure admission agreements were in the medical records.

II Corrective Actions monitored so that deficient practice does not recur:

1. All records will be reviewed upon admission and quarterly with their care plans to ensure admission agreements are in place and are accurate (matching their pay source). This will be done by the Level III supervisor.

All residents have the potential to be affected. Completion date: 10/29/2013

Francis E. Cheney Jr. Administrator is responsible for the correction of this deficiency.

R181 V. RESIDENT CARE AND HOME SERVICES

SS=E 5.11 Staff Services

The facility failed to have evidence of child abuse registry background information for two employees, J.H and B.B

I. Action taken to correct deficiency:

1. J.H and B.B.'s child abuse registry background information was placed into their file on 10/17/2013.
2. All other employees have had new background checks completed and placed in their individual employee personnel files.

II. Correction actions monitored so deficient practice does not recur:

1. Back Ground Log Book is checked weekly to ensure every back ground check and including new hires is done and put in employees personnel file. This will be done by the Office Manager.
2. The Office manager will check monthly to make sure background checks are submitted and placed in each employee's personnel file. Background checks will be done on each employee's anniversary date and on all new employees.

All residents have the potential to be affected.

Completion Date: 10/29/2013 Francis E. Cheney Jr. Administrator is responsible for the corrections of this deficiency

R188 V. RESIDENT CARE AND HOME SERVICES
SS=D 5.12.b (2)

The Level III facility failed to maintain photo identification in the medical record for three of a total of eight residents, residents #1, #2, And #3

I. Action taken to correct the deficiency:

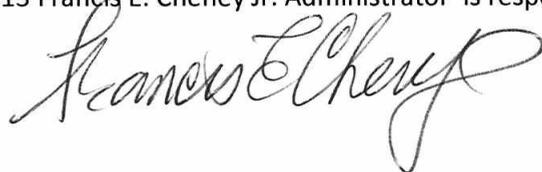
1. Residents #1, #2, and #3's picture were taken and placed in the medical records on 10/16/2013.
2. All other medical records were checked to ensure pictures were in place.

II. Correction actions monitored so deficient practice does not recur:

1. Activity staff will check charts monthly for missing pictures and replace pictures as needed. All new residents will have a picture placed in their medical record during the admission process- unless he/she refuses; and then a copy of the refusal will be placed in their record.

All residents have the potential to be affected.

Completion date: 10/29/2013 Francis E. Cheney Jr. Administrator is responsible for correction of this deficiency.

 10-29-13