

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

June 29, 2016

Ms. Marlene Ringer, Administrator
Ringer's Home Care
195 Green Street
Vergennes, VT 05491

Dear Ms. Ringer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 25, 2016. 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

JUN 17 2016

PRINTED: 06/14/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2016
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NAME OF PROVIDER OR SUPPLIER RINGER'S HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 195 GREEN STREET VERGENNES, VT 05491
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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 conducted by the Division of Licensing and Protection on 5/25/16. The findings include the following:	R100	<p><i>This plan of correction constitutes my written allegations of compliance for the deficiencies noted. However, submission of this plan of correction is not an admission that the deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by the state & federal laws.</i></p> <p><i>- Corrective action 6/1/16</i></p> <p><i>Plan for 5.9.c</i></p> <p><i>1. Resident #1 has had his care plan updated to reflect his current needs. No negative outcomes were identified due to this issue.</i></p>	
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure that 1 of 3 sampled residents had an updated plan of care identifying the care and services necessary to assist Resident #1, after hip surgery. The findings include the following:</p> <p>Per medical record review for Resident #1, who had a fall on 2/17/16 and was diagnosed with a fracture of the left hip. The resident required total hip replacement surgery. The resident returned to the facility on 2/21/16. A significant change of status assessment was conducted by the Registered Nurse on 2/28/16. Per interview with the Licensed Practical Nurse (LPN) confirmation was made that on return, Resident #1 required more nursing care, assistance with activities of daily living, wound care was necessary by the professional nurse, pain management was needed and rehabilitation was being performed</p>	R145		

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

Maureen J. Boring RN

TITLE

Administrator

(X6) DATE

6/14/16

STATE FORM

6825

9YU111

If continuation sheet 1 of 3

R145-R179 POC's accepted 6/21/16 mbc&randr/pmc

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER
RINGER'S HOME CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**195 GREEN STREET
VERGENNES, VT 05491**

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R145 Continued From page 1
by the Home Health Physical Therapist. The LPN also confirmed that the care plan was last updated on 8/3/15 by the RN and does not identify the changes in care needed post surgery.

R145

5.9.C. continued

R179 V. RESIDENT CARE AND HOME SERVICES
SS=B

R179

5.11 Staff Services

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:

- (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.

This REQUIREMENT is not met as evidenced by:
Based on review of staff training files and staff interview, the residential care home failed to

2. The home health agency Addison County Home Health and notified the nursing director that in the future all residents receiving services will require a copy of their care plan to be given to a Ringer Home Care manager to be added to residents chart. It will be the responsibility of Ringer Home Care manager to ensure a copy is obtained in a timely manner. l/l/l/l/l

3. All care plans will be completed by the staff LPN per state + federal guidelines. The RN will review and sign off verifying completion. l/l/l/l/l

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R179 Continued From page 2

assure that 2 of 5 staff members providing direct care to residents completed 12 hours of required training. The findings include:

During record review on 05/25/16, 2 of 5 direct care staff member's in-service records lacked documentation of at least 12 hours of annual training for the calendar year 2015. For PCA #1 (Personal Care Attendant), mandatory elements of Resident Rights and Policies and Procedures regarding Abuse, Neglect and Exploitation were missing; s/he completed 8 hours of training for 2015. PCA #2 completed 10 hours of training in 2015. At 10:00 AM, the facility administrator confirmed the above findings.

R179

Corrective Action Plan for 5.11

- 1. Ringer Home Care Policy for in-service education was revised to ensure staff is made aware of the need for 12 hours of annual training. A time line for making up missed in-services was added along with actions to be taken for non-compliance. See exhibit A.*
- 2. The administrator/manager will track in-service hours and take corrective action if necessary.*

6/10/16

Regular In-Service Education

It is a policy of Ringers Home Care in compliance with State and Federal guidelines to provide in-service education. Regulations governing mandatory long term care in-services come from a variety of agencies that regulate long term care practices, enforce compliance, and make recommendations on employee education. These services will not only ensure the continuing competence of our staff but, also address any areas of weakness determined by performance reviews and/or staff request, such as providing care and services to individuals with cognitive impairments. It may also address the special needs of residents as determined by the facility staff.

- In-service hours must be no less than 12 hours per year. The in-services hours are calculated by which a PCA must receive annual in-service education by his/her employment date rather than the calendar year.
- Each in-service will be 2 hours in length and is mandatory.
- If an employee is unable to attend the in-service he/she must notify the Administrator or Director of Nursing and set up a time to make up the in-service. The make-up MUST be completed with-in two (2) weeks of the original in-service.
- If an employee fails to comply with the in-service policy he/she may be taken off the schedule until the education is completed.
- If the employee fails to do so progressive discipline will be taken.
- Employees will be paid for their in-service time on the scheduled date, however making up in-services will be completed at an unpaid status.

Yearly Staff Training Schedule

- January:** Infection Control Measures; Blood Borne Pathogens and Universal Precautions
- March:** Residents Rights; Policies and Procedures regarding mandatory Reports of Abuse Neglect and Exploitation, HIPAA
- May:** Fire Safety and Emergency Evacuation; Resident Emergency Response Procedures
- July:** Medication Knowledge; Medication and Insulin Administration, Workplace Violence
- September:** General Supervision and care of residents; Respectful and Effective Interaction with Residents, Wandering and Elopement Risk
- November:** Hospice Care and Medication Training; End of Life Care and Procedures
- December:** Gait Belt Use, Lifts and Transfers, and Dementia Care