

Division of Licensing and Protection
103 South Main Street
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 2, 2015

Ms. Lois Langlois, Administrator
Rivers Edge Community Care Home
5 Hunt Street
Bennington, VT 05201

Dear Ms. Langlois:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 4, 2015**. 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

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0085 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 05/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER RIVERS EDGE COMMUNITY CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET BENNINGTON, VT 05201 |
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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 onsite follow up survey was completed by the Division of Licensing and Protection on 5/4/15. The following violations represent ongoing non-compliance that was not corrected by the home as indicated on the home's submitted Plan of Correction for deficiencies cited on 1/21/15. | {R100} | | |
| {R104} SS=C | 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 | {R104} | (R104) AGREEMENT RESIDENT ASSESSMENT WILL BE COMPLETED AT TIME OF ADMISSION WITH MONTHLY RATES. MEDICAID ELIGIBLE RESIDENTS WILL BE GIVEN PRIVATE + ACCS RATES UNTIL MEDICAID APPROVAL. MANAGER WILL UPDATE RESIDENT AGREEMENT FORM WITH UPDATED CHANGES. YEARLY REVIEW OF RATES WILL BE UPDATED WITH RESIDENTS / FAMILIES BY MANAGER. | |

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| Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE M. HIRE RN | TITLE 6-1-15 | (X6) DATE |
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R104, R174, R181, R999 POCs accepted 6/1/15 B. B. H. R. N. / P. M. H.

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| {R104} | <p>Continued From page 1</p> <p>requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that 2 of 5 residents, #1 and #2, had signed admission agreements that described the daily, weekly, or monthly rate to be charged. Findings include:</p> <p>On 5/4/15 at 1:30 PM during review of medical records looking specifically for signed admission agreements for the rates as per plan of correction (POC) dated 2/17/15, Resident #1 and #2 did not have rates listed. Per interview with the owner, s/he stated that s/he did not know what the rates would be, because they had not been set as of yet. Review of the (POC) indicated that the rates will be written on admission agreement by either RN/owner at time of admission. Residents/families will be given private room rates until medicaid approval. The owner confirmed at this time that the rates had not been added to the admission agreement for these 2 residents.</p> | {R104} | <p><i>ALL RESIDENT ADMISSION FORMS WILL BE UPDATED BY JUNE 30, 2015.</i></p> | |
| {R174} SS=E | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h. (2)</p> | {R174} | | |

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{R174}

Continued From page 2

Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview the facility failed to properly store medications requiring refrigeration in a separate, locked container. Findings include:

1. On 5/4/15 at 10:40 AM observation of the refrigerators was conducted and it was found that in the main refrigerator in the kitchen, there was a partially used box of Restasis eye drops for Resident #3, in a plastic gallon size bag, that was placed in the dairy section on the refrigerator door. The RN confirmed at this time that the medication was unsecured and was unsure of how it had gotten placed there. At 1:50 PM the owner stated that s/he was the one that had placed the medication in the refrigerator.
2. On 5/4/15 at 10:45 AM observation of the overflow refrigerator located in the basement, presented with an unlocked storage container with medications for several residents. The medications included, Lantus Insulin, Atropine eye drops, Acetaminophen Suppositories, Hyoscyamine tables, Bisacodyl Suppositories, Prochlorper Suppositories and tablets. The medications were labeled for individual residents. At 1:50 PM, the resident confirmed that the storage container was not locked because the lock was broken and s/he was unsure how long it had been like that.

{R174}

(R174)

① ALL STAFF AND OWNER INSERVICED ON MEDICATION STORAGE REQUIREMENTS. MEDICATIONS NEEDING REFRIGERATION WILL BE LOCKED IN SEPARATE BOX AND STORED IN DOWNSTAIRS FRIDGE. MED BOX PURCHASED 6-1-15 MWHITE RD

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| {R181} {R181} SS=F | <p>Continued From page 3</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to comply with regulations that require 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. Findings include:</p> <p>While reviewing new employee records, there was one new hire that began work on 4/20/15. The request for the Vermont Criminal background check was not completed until 5/4/15, the day of the survey after the surveyor requested to</p> | {R181} {R181} | | |

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| R999 SS=A | <p>{R181} Continued From page 4</p> <p>see the background checks for the employee. There is no evidence of the Adult or Child Registry checks being completed. Per interview with staff, the facility does not do on-line background checks for the Adult or Child Abuse Registry and s/he had just mailed them out and they had not returned as of yet. The staff member that is responsible for obtaining the background checks prior to the employees first scheduled shift, confirms that it was not done prior to the new employee working.</p> <p>MISCELLANEOUS</p> <p>Based on observation and staff interview, the facility failed to adhere to regulation 4.14f. The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. Findings include:</p> <p>During tour of facility on 5/4/15 at 11:00 AM, there was no evidence of inspection results being posted. The Registered Nurse (RN) stated that the owner has the survey and the owner stated to this surveyor that s/he would have the RN post them. The latest inspection results, dated 1/21/15, were removed from the office and place in a binder. At 2:00 PM, the results were still not posted. The owner stated that s/he did not want to put holes in the wall.</p> | {R181} | <p>OFFICE MANAGER WILL COMPLETE BACKGROUND CHECK PRIOR TO SCHEDULING NEW HIRE.</p> <p>RN / MAN OWNER WILL CONFIRM THIS HAS BEEN COMPLETED PRIOR ORIENTATION.</p> <p>MULTIPLE M</p> <p>SURVEY RESULTS ARE POSTED ON WALL IN HALLWAY IN PUBLIC VIEW</p> <p>ALL RESULTS ARE IN BINDER FOR ACCESS TO RESIDENTS / PUBLIC</p> <p>MULTIPLE M</p> | |