

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

April 5, 2012

Ms. Lyne Limoges, Administrator
Scenic View Community Care Home
979 Vt Route 100 Box 154
Westfield, VT 05874

Provider #: 0151

Dear Ms. Limoges:

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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	MAR 28 12 (X3) DATE SURVEY COMPLETED 03/07/2012
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NAME OF PROVIDER OR SUPPLIER SCENIC VIEW COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 979 VT ROUTE 100 BOX 154 WESTFIELD, VT 05874
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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 and complaint investigation were completed by the Division of Licensing and Protection on 3/7/12. There were no regulatory violations related to the complaint. The following findings are a result of the re-licensing survey.	R100		
R134 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7 Assessment</p> <p>5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the home failed to complete an assessment for one of six residents (Resident #1) within 14 days of admission. Findings include:</p> <p>1. Per record review on 3/7/12, Resident #1 was admitted to the home on 2/8/12 and had remained in residence for a full month. Physician orders were in place for medication administration related to diagnoses including colon cancer, depression, and hypertension. There was no evidence in the medical record to indicate that an assessment had been completed in the period 2/8/12 to 3/7/12. During an interview on 3/7/12 at 10:50 AM, the Administrator confirmed that an initial assessment had not been</p>	R134	<p>5.7 Assessment Resident Assessment was completed 3/7/2012 - RN will complete assessment within 14 days (with medication management done within 24 hours) Whether or not there is confirmation that the Resident intends to stay at the facility</p> <p>R134 POA accepted 3/2/12 J Hosmer RN / Pincator RN</p>	3/7/12

Division of Licensing and Protection
John S. Dimock RN
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE
3/2/2012

pm

Division of Licensing and Protection

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R134	Continued From page 1 completed for Resident #1 within 14 days of admission.	R134		
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 review and interviews, the nurse failed to oversee the development of a written plan of care for one of six residents (Resident #1) in the sample. Findings include: 1. Per record review on 3/7/12, there was no evidence in the medical record that a written plan of care had been developed in order to assure that care and services would be provided to assist Resident #1 in maintaining independence and well-being. In an interview on 3/7/12 at 10:50 AM, the nurse confirmed that s/he had not overseen the development of a written plan of care for Resident #1 (who was admitted to the home on 2/8/12).	R145	5.9c(2) Plan of Care Resident Care Plan was completed on 3/7/2012. It will be policy of the facility that the Care Plan is completed within the same time frame as the assessment - within 24 hours for medication and treatment requirements. R145 PC accepted 3/28/12 JHosmer R/PC/PCW/PCN	3/7/2012
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a	R181		

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R181	Continued From page 2 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. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the home failed to take all reasonable steps to assure that three of five staff in the applicable sample had no charge of crimes inimical to the public welfare. Findings include: 1. On 3/7/12 a review of pre-employment background checks for five current staff at the home revealed that three of the employees in the applicable sample had not had a criminal background check. There was evidence that five of five employees in the sample had negative abuse registry checks. During an interview on 3/7/12 at 12:25 PM, the Administrator confirmed that no criminal background checks had been conducted for three of five employees in the applicable sample.	R181	5.11 Staff Services All three background checks (Criminal) has since been completed/ returned and placed in Personnel Records. It will be policy all record checks will be submitted for completion or completed within 72 hours of employment.	3/27/2012

R181 POC accepted 3/28/12
JHsmerrall @Pincotark