



AGENCY OF HUMAN SERVICES  
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) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

January 6, 2010.

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

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **December 8, 2009**. 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,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0151</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/08/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SCENIC VIEW COMMUNITY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>979 VT ROUTE 100 BOX 154 WESTFIELD, VT 05874</b>
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R100	Initial Comments:  An unannounced onsite licensure survey was conducted on 12/8/09. The following regulatory violations are cited:	R100	JAN - 4 2010	[Signature]
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, the amount of personal needs allowance and the	R104	Admission Agreement signed 12/10/09 which includes all pertinent information for applicable services, room + Board. This client is PRIVATE PAY at this time but all information for services is specified.  1-5-2010 <del>1-5-09</del> p.c accepted as written - Cindy Lareway, RL	12/10/09

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Sydney B. Dimogues RL*

TITLE: *Administrator* (X6) DATE: *12/3/09*

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R104	Continued From page 1  provider's agreement to accept room and board and Medicaid as sole payment.  This REQUIREMENT is not met as evidenced by: Based upon record review and interview, the home failed to provide Resident #1 with a written admission agreement describing the admission terms either prior to or at the time of admission. Findings include:  1. Per record review on 12/8/09, Resident #1 had no admission agreement available for review. Per interview that afternoon, the Manager confirmed that no admission agreement had been provided to Resident #1.	R104		
R110 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.2 Admission  5.2.b. On admission, the home must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. Any change of rate or services shall be preceded by a thirty (30) day written notice to the resident and the resident's legal representative, if any.  This REQUIREMENT is not met as evidenced by: Based upon record review and interview, the home failed to determine whether Resident #1 had any form of advance directive or to explain the resident's right to formulate an advance directive if desired. Findings include:	R110	<i>12/15/09 Request made to Resident's Primary MD and family - awaiting copy of actual advanced directives. follow up fax sent on 12/31/09. to MD POC accepted as written 1-5-2010 Cindy Laraway, RN</i>	

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R110	Continued From page 2  1. Per record review on 12/8/09, Resident #1 had no evidence of an advance directive in the medical record, although there was indication that the resident was a DNR (Do Not Resuscitate) status. On the afternoon of 12/8/09, the Manager confirmed that the record did not contain evidence of the advance directive for DNR, nor evidence that the Resident or Resident Representative had been informed of the right to formulate such a document.	R110	
R112 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.2 Admission  5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to obtain a physician statement for Resident #1 to identify the resident's medical diagnosis prior to admission. Findings include:  1. Per record review on 12/8/09, there was no physician statement in the record of Resident #1 that included the medical diagnosis at the time from the time of admission on 11/23/09 to the current date. During interview that afternoon, the Manager confirmed that no physician statement was available.	R112	12/11/09 Physician signed medical Dx and medication records received and in file.  12/11/09  POC accepted as written 1-5-2010 Cindy Laramy, RD
R148 SS=D	V. RESIDENT CARE AND HOME SERVICES	R148	

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R148	Continued From page 3  5.9.c (5)  Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem;  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that there was a supporting diagnosis for all medications for 2 of 4 residents in the targeted sample (Resident #2 and Resident #3). Findings include:  1. Per record review on 12/8/09, the MAR (Medication Administration Record) for Resident #2 contained orders for "Imodium 1-2 tabs Q (every) hour PRN (as needed)", "Lasix 20 mg (milligrams) QD (every day) PRN", "Maalox 30 cc (1 ounce) Q 6 hours PRN" and "Pepto-Bismol 30 cc Q 1/2 - 1 hour PRN [up to 8 doses]". Per interview that afternoon, the Manager confirmed that none of these ordered medications indicated a reason for use.  2. Per record review on 12/8/09, the MAR for Resident #3 contained orders for "Albuterol 0.5 mg / with NS (normal saline) in nebulizer Q 4 hours PRN" and "Flexeril 10 mg TID (3 times a day) PRN". Per interview that afternoon, the Manager confirmed that neither of these orders indicated a reason for use.	R148	12/31/09 - In the process of updating all Residents MD orders reflecting all PRN uses for meds in charts. Should have all charts completed + signed by 1/8/2010 for  R148 POC accepted as written 1-5-2010 Cindy Lanning, RN	
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and	R179		

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R179	<p>Continued From page 4</p> <p>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:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not ensure that 5 of 5 employees reviewed (Employee #1, #2, #3, #4, and #5) have received required annual education. Findings include:</p> <ul style="list-style-type: none"> <li>1. Per record review on 12/8/09, no reviewed employee had received Abuse / Neglect / Exploitation training during the past year. Employee #3 also lacked training in Emergency Response / 1st Aid and Employee #4 lacked training in Infection Control. During interview on the same afternoon, the Manager confirmed that education requirements were not met.</li> </ul>	R179	<p>Facility will schedule Staff meetings including all required training at least quarterly for all staff. Will incorporate training specific requirements when person is hired.</p> <p>Abuse/Neglect/Exploitation review/training scheduled for January 2010, for all staff at monthly staff meeting</p> <p>R179 POC accepted as written 1-5-2010. <i>Cindy Laramy, RN</i></p>
R188	V. RESIDENT CARE AND HOME SERVICES	R188	SS=D

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R188	<p>Continued From page 5</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 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 interview, the home did not obtain records necessary for the care and supervision of Resident #1. Findings include:</p> <p>1. Per record review on 12/8/09, there was no signed admission agreement, no copy of the resident's advance directives nor instructions in case of the resident's death in the record. The home's Manager confirmed that these items were not available on the afternoon of 12/8/09.</p>	R188	<p><i>Record has been completed for this resident</i> 12/11/09</p> <p><i>R188 POC accepted as written 1-5-2010</i> <i>Cindy Laramy, RN</i></p>	
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>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</p>	R247		

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R247	Continued From page 6  above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based upon record review and interview, the home did not assure that foods were stored / served at proper temperatures. Findings include:  1. Per record review and confirmed through interview with the Manager on the afternoon of 12/8/09, records of refrigerator / freezer temperatures were not available for the prior month. In addition, it was confirmed, by the Manager, that food temperatures were not being taken / recorded prior to the serving of such foods at mealtimes.	R247	Records are now being kept daily and will be verified by manager at least monthly. 12/31/09  R247 POC accepted as written 1-5-2010. _____ Cindy Laramy, RN
R314 SS=D:	XI. RESIDENT FUNDS AND PROPERTY  11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not provide a quarterly statement for the managed funds for 3 of 3 applicable residents (Resident #2, #4 and #5). Findings include:  1. Per record review on 12/8/09, there was no quarterly reporting documentation available for the management of funds for Resident #2, #4 and #5. During interview on the same afternoon, the Manager confirmed that quarterly reports of resident funds have not been provided.	R314	Records, beginning in December 2009 will be given to Residents for whom facility maintains financial records quarterly. 12/31/09  R314 POC accepted as written 1-5-2010. _____ Cindy Laramy, RN

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