

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

December 20, 2011

Mr. Christopher Keough, Administrator
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Provider #: 0155

Dear Mr. Keough:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 11, 2011**. 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



PRINTED: 10/31/2011
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2011
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401		
(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-licensure survey was conducted by the Division of Licensing and Protection from 10/10/11 to 10/11/11.	R100		
R112 SS=E	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 interview and record review, the home failed to assure that 5 of 6 residents in the survey sample (Resident #1, Resident #2, Resident #4, Resident #5, and Resident #6) had a complete physician diagnosis list. Findings include: 1. Per record reviews on 10/10/11 and 10/11/11, the records of Residents #1, #2, #4, #5 and #6 did not contain a complete / comprehensive list of medical / psychiatric diagnosis for physician and staff review. During interview on the afternoon of 10/11/11, the Director of Nursing confirmed that these records did not contain complete diagnosis lists.	R112	St. Joseph Residential Care Home has comprehensive resident admission procedures which include medical diagnosis including psychiatric diagnosis if applicable. St. Joseph Residential Care Home Nursing Department contacted physicians of residents 1, 2, 4, 5, and 6 to obtain complete lists of medical/ psychiatric diagnoses for physician and staff review. The resident records have all been completed for compliance. The Director of Nursing has completed a program of staff instruction and training regarding nursing admission procedures to ensure complete medical/ psychiatric diagnosis prior to admission.	11/22/11 11/11/11 11/22/11
R145 SS=E	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	R145		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

UDFK14

Christy J. Kroup
Administrator

(X6) DATE

11-18-2011

If continuation sheet 1 of 11

R112, R145, R160, R175, R179, R181, R189, R251, R253, R291, + R302 POC's accepted 12/8/11
CLarawayRN / AMcotaRN

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R145	<p>Continued From page 1</p> <p>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 Nurse failed to develop resident specific care plans identifying all care needs for 4 of 7 residents (Resident #1, #3, #4, and #6). Findings include:</p> <p>1. Per record review on 10/10/11, Resident #4 was a PACE client with need of ADL (Activities of Daily Living) assistance. There was no facility care plan developed to guide staff in specific interventions necessary for this resident to meet ADL needs. During interview on 10/11/11, the DON (Director of Nursing) confirmed that the home had not developed a plan of care for this resident.</p> <p>2. Per record review on 10/10/11, Resident #3 was identified through nursing assessment as a 'high fall risk'. There was no plan of care directing staff in fall reduction strategies for this resident. During interview that afternoon, the DON confirmed that Resident is at risk of falls and that there is no plan of care for falls in the resident record.</p> <p>3. Per record review on 10/10/11, Resident #1 is administered scheduled pain medication daily and was identified through nursing assessment as at risk for falls. There was no plan of care regarding pain management nor the potential for falls. During interview at 2:00 PM that afternoon, the DON confirmed that the resident was at risk for falls, does receive daily pain medication, and that the plan of care does not address either of</p>	R145	<p>St. Joseph Residential Care Home has completed comprehensive plans of care for every resident based on abilities and needs identified in the resident assessment.</p> <p>St. Joseph Residential Care Home will maintain nursing audits of all resident care plans to include.</p> <ul style="list-style-type: none"> • Physician comprehensive and complete medical and diagnosis list. • Physician orders and collaborative health service providers. • Medication administration record/ treatment record. • Nursing notations and monthly summaries. • Nursing assessment. <p>The Home Administrator and the Director of Nursing attended a joint care plan meeting for resident 4 with Pace on October 2, 2011. St. Joseph has a comprehensive plan of care for resident 4 in conjunction with Pace.</p> <p>Fall reduction strategies for staff were added to resident 3' plan of care.</p> <p>Pain management and fall reduction strategies were added to resident 1' plan of care.</p> <p>Care measures for staff pertaining to asthma/COPD with medication and PRN (as needed) oxygen were added to resident 6' plan of care.</p>	<p>11/10/11</p> <p>11/10/11</p> <p>11/10/11</p>
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R160	Continued From page 3 administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to assure that staff followed proper policy and procedure when implementing a standing order medication for 1 applicable resident in the survey sample (Resident #7). ** Findings include: 1. Per record review on 10/11/11, Resident #7 received Immodium 4 mg (milligrams) on 10/1/11 for loose stool, APAP (Acetaminophen) 500 mg on 10/1/11 for general discomfort, and Guaifenesin 10 ml (milliliters) for a cough. Staff failed to document the effects of any of these PRN (as needed) medications. Review of the MAR (Medication Administration Record) identified that the staff members administering these medications had failed to appropriately transcribe the standing order onto the front of the MAR indicating the activation of the order. During interview at 11:30 AM, the DON (Director of Nursing) confirmed that staff had failed to follow proper procedure for the initiation of a standing order by transcribing to the front of the MAR. S/he stated that it is required that when a PRN medication is administered an indication of the effectiveness of the medication is to be recorded on the back of the MAR but was not done in these instances. **This is a repeat violation.	R160	See Previous Page	

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R175	Continued From page 4	R175		
R175 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the home failed to assure that the medications of 1 applicable resident (Resident #2) are securely stored. Findings include: 1. Per interview and observation on the afternoon of 10/11/11 with the Director of Nursing and Resident #2, medications belonging to the resident were stored in a closet and in a bureau drawer. Per record review, Resident #2 is capable of self-administration of medications. Per interview, Resident #2 had no recall of receipt of a lock box for medication storage and stated that the door to the resident's room is not always locked when the resident is absent. The Director of Nursing confirmed that the medications should be in a lock box or that the room should be locked at all times the resident is not physically present in the room.	R175		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES	R179	St. Joseph Residential Care Home provides residents who are capable of medications self-administration with a secure storage space to prevent unauthorized access to residents' medications. All resident rooms, including resident 2, have doors that lock. St. Joseph Residential Care Home provided resident 2 with a secure lock box for her medication storage on 11/8/11. The lock box is in place and the procedure is documented in resident 2' records. The Director of Nursing will maintain full compliance with self-administration management procedures through staff training and instruction, and random resident room checks.	11/8/11 11/8/11 11/8/11

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R179	Continued From page 5 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 record review and interview, the home failed to assure that 2 applicable staff received annual required education. Findings include: 1. Per record review on 10/11/11, there was no ongoing education documentation for 2 direct care providers for the past year. This was confirmed by the home's new staff educator during interview that afternoon.	R179	St. Joseph Residential Care Home will ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. A yearly schedule of at least 12 hours of training will be adhered to including: 1. Resident Rights (Complete Date 5/31/11) 2. Fire Safety and Emergency Evacuation 12/8/11) 3. Emergency Response Procedures 11/30/11) 4. Mandatory reporting of abuse, neglect and exploitation 11/30/11) 5. Respectful and effective interaction with residents 11/30/11) 6. Infection control measures 11/30/11) 7. Hipa 11/31/11) Documentation will be maintained for all direct care providers on a yearly basis. All incomplete records will be updated upon demonstrated competency. 11/30/11) The Director of Nursing will maintain full compliance of all required staff in-service instruction and training through a documented yearly training program. 11/30/11)	

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R181	Continued From page 6	R181		
R181 SS=D	<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 home failed to obtain a required background check for 1 of 5 applicable employees. Findings include:</p> <p>Per record review on 10/11/11, an employee selected for background check review had no child abuse registry check information in the record. During interview at 9:08 AM, the Administrator confirmed that there was no child abuse check result in this employees record.</p>	R181	<p>St. Joseph Residential Care Home will 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. The home will not have on staff anyone 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. Variation of this procedure is allowed only by variance approved by the State of Vermont Division of Licensing and Protection.</p> <p>The selected employee was submitted for a child abuse registry check with a result of no (0) findings.</p> <p>The Home Administrator will be responsible for full compliance. All employees will have a complete background check prior to employment. (Attached Forms)</p>	10/17/11 10/17/11

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R189	Continued From page 7	R189		
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure / document follow up of health conditions for 2 applicable residents (Resident #5 and Resident #6). Findings include: 1. Per record review on 10/11/11, Resident #5 had undergone surgery and returned to the home on 3/31/11 with a dressing on the affected appendage. There were no shift or daily notes indicating the resident's wound status. There was no post-op note in the record and no instruction around the monitoring of this wound. During interview that afternoon, the DON (Director of Nursing) stated that there was no indication of staff follow up with the physician regarding care needs for this resident. 2. Per record review on 10/11/11, Resident #6 had repeated episodes of rectal bleeding during night shift documented by a licensed nurse beginning 5/10/11. There were no additional notes indicating assessment or follow up by day	R189	St. Joseph Residential Care Home maintains comprehensive resident care and home services plans for each resident. St. Joseph Residential Care Home concluded nursing audits of all care plans including: <ul style="list-style-type: none"> Physician comprehensive and complete medical and diagnosis list. Physician orders and collaborative health service providers. Medication administration record/ treatment record. Nursing notations and monthly summaries. Nursing assessment. The Director of Nursing will maintain full compliance for all residents through ongoing programs of instruction, training, and monitoring of resident care plans.	11/10/11 11/11/11 11/22/11

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R189	Continued From page 8 or evening shift nursing staff. There was no indication in the record that the physician had been notified nor of any actions taken. During interview that afternoon, the DON confirmed that a nurse had identified that the resident had rectal bleeding on numerous occasions and that there was no indication of follow up actions taken related to this issue.	R189		
R251 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observations and confirmed through interview during the kitchen tour conducted with the scheduled cook, the home failed to assure that all foods were stored to protect from all sources of contamination. Findings include: 1. During the kitchen tour on 10/10/11 with the Cook, the following foods were found not securely wrapped to protect them from contamination. Within the reach-in freezer unit there was a box of pork sausage patties, a box of breaded fish nuggets, bacon, and hash brown potatoes open to air (not securely closed). Per interview at that time, the Cook stated that the foods should be securely wrapped.	R251	St. Joseph Residential Care Home ensures that all food and drink is properly stored to protect from dust, insects, rodents, overhead leakage, unnecessary handling, and all other sources of contamination. In-service Training regarding proper sealing procedures for all dry goods and freezer items was conducted with all Dietary Staff members. The Dietary Director will maintain continued compliance of food storage procedures through ongoing staff training, instruction, and random inspections.	10/31/11 10/31/11 11/21/11
R253 SS=E	VII. NUTRITION AND FOOD SERVICES	R253		

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R253	Continued From page 9 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to maintain a sanitizing level in a 3-sink system according to policy. Findings include: Per observation on 10/10/11, the 3 sink bays were being filled for disinfection of large cooking dishes. During interview at that time, the cook stated that chemical disinfection is used but that the home had run out of the solution concentration test strips. During additional interview on 10/11/11, the Dietary Director confirmed that chemical disinfection is used by the home, that test strips are used to assure proper concentration, and that the home had run out of the strips.	R253	St. Joseph Residential Care Home ensures that all food service equipment is cleaned and maintained according to manufacturers' guidelines. Solution strips for chemical disinfection were obtained, and are in use according to the manufacturer's guidelines. In-service training regarding proper sanitizing procedures was conducted with all Dietary staff members. The Dietary Manager will maintain full compliance of all food equipment maintenance and cleaning according to manufacturers' guidelines, and will maintain an adequate inventory of solution strips for chemical disinfection.	10/31/11 10/31/11 10/31/11
R291 SS=E	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that hot water temperatures did not exceed 120 degrees Fahrenheit (DF). Findings include:	R291	St. Joseph Residential Care Home ensures that hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. During the survey of 10/11/11, a defective mixture valve was discovered in the boiler room. The valve was replaced.	10/14/11 10/21/11

Division of Licensing and Protection
STATE FORM

6899

UQFK11

If continuation sheet 10 of 11

R253 Revised 12-6-11

*Chris Keough, Administrator
St. Joseph Residential Care Home*

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R291	Continued From page 10 Per observation, and confirmed at the time of testing with the Maintenance Director on 10/10/11, hot water temperatures in several resident use areas exceeded 120 DF with the highest temperature reading at 124.2.	R291	The director of Maintenance will stay in compliance through documented weekly checks of resident room temperatures. Checks will be done on each floor with 1 room checked on the ground floor and 3 rooms checked on both the first and second floors. (Attached Form)	
R302 SS=C	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to complete required fire drills on a quarterly basis. Findings include: 1. Per record review and confirmed during interview by the Maintenance Director on 10/11/11, the home had completed fire drills for all 3 shifts for only 3 quarters of the year. There were no drills from January through March.	R302	St. Joseph Residential Care Home has in place available for residents and staff a written plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff members receive yearly in-service training on fire safety and emergency evacuation procedures. The Director of Maintenance schedules 6 fire drills a year with a drill scheduled once every two months. At least two drills will be conducted during the overnight (3rd) shift. (Attached Form) The Maintenance Director will maintain full compliance through an ongoing program of staff instruction and training, and 6 fire drills a year.	10/11/11 10/31/11 10/31/11

VCC Residential Care Homes

Code: Admin-013

Subject: Medication Documentation

POLICY

All medications given to the residents, either administered or assistance given with, will be documented on the resident's Medication Sheet. Staff who prepared and administered the medication shall do charting. All controlled drugs poured shall be signed out in the narcotics book and will be counted daily. The routine monthly medication sheet will be continually updated for quick reference by nursing staff and physicians.

PURPOSE

To ensure accurate and consistent documentation of medications administered.

PROCEDURE

- All routine medications are charted daily on a resident's monthly medication sheet by initials.
- In the case of a refusal of medication the initials are circled and a note in the resident's record is written to include the reason why.
- All PRN medications administered including date, time, reason for medication, and effect are noted on the back of the monthly medication sheet.
- Any resident receiving Psychoactive medications whether ROUTINE or PRN will be monitored by staff on a daily basis for undesired side effects as per:
 - Pharmacy flyer, to be found in the front of the individual resident record re: any Psychoactive medication Rx.
 - Medication reference books, to be available in the dispensary are for the future evaluation of Psychoactive medications and all other medications ROUTINE or PRN.
- If a resident requires administration of a Psychoactive PRN medication, staff must first check the Criteria sheet in the front of the resident's record and follow through the procedure as described in the Criteria sheet.
- Documentation of any adverse reaction/side effect of medication is to be noted in the resident's progress notes and the registered nurse and physician are to be informed.
- All medication errors are to be documented and an incident report completed in conformance with the "Incident Reporting" policy.

VCC Residential Care Homes

Code: Admin-014

Subject: Medication Management

POLICY

The Home shall provide assistance with and/or administration of medications. Residents who are capable, as determined by their physician or during the assessment process, shall direct their own medication administration, including the use of PRN medication. Staff shall document the provision of administration or assistance given to residents with their medications. The registered nurse shall designate the staff person who will administer or assist with medications.

PURPOSE

To assure safe and accurate administration of medication.

PROCEDURESPhysician's Order

- There must be a physician's written, signed order and supporting diagnosis or problem statement in the resident's record for all medication (prescription or over-the-counter) administered by staff, or for which staff give administration assistance.

Procurement of Medications

- The Home shall contract with a pharmacy for procurement of medications for the residents. Residents may use their own pharmacy, provided the pharmacy can deliver to the home and is available on an as-needed basis.

Assistance with Medications

- The licensed nurse or designee will use the Medication Sheets as a reference for assistance with medications to review the level of assistance to be provided, i.e., reminding a resident of the medication times, handing a medication bottle or medication to the resident, pouring of medication, or helping a resident drink medication.
- The staff person will use proper hand washing technique.
- The staff person will check the medication for the right resident, medication, dose, time and route, and then provide appropriate assistance.

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Medication Administration

- The licensed nurse or designee uses the Medication Sheets as a reference for administration of all medications, periodically checking the physician's order against the Medication Sheet for dose and time to be administered.
- In the event that a "unit dose" system is not in use by the pharmacy, then medication trays are prepared with a medication card with the resident's name to be placed on the tray for identification.
- The nurse or designee will use proper hand washing technique.
- Prepare paper or plastic medication cups for administration of oral medication.
- Refer to the Medication Sheet duplicating name of medication, dosage, and time of administration. Prepare oral medication by:

Tablet: Pour desired number into cap of bottle and from there into the medicine cup. Avoid touching medication with fingers or returning medication to container from cup. Be sure to check medication label with care - check three times during preparation; when container is removed from shelf, while pouring or measuring dosage of medication, and before container is returned to shelf.

Liquids: Shake thoroughly unless contraindicated on label. Pour medication with cup on a level surface at eye level with desired amount marked on cup. Also, be sure to check label three times during preparation.

- Locate the medication card with appropriate resident's name, and place the prepared medication on the medication tray.
- Establish positive identity of resident by name and/or face prior to administration of dosage. The nurse or designee will give resident his/her medication and make certain that the resident takes the medication (in the nurse's presence).
- Time and place of medication distribution will be the following:

Morning and mid-day medications will be distributed in the dining room or the resident's room. Afternoon and H.S. medications will be distributed in the resident's room. If, for any reason, the resident is not present in the room specified, the nurse or designee will deliver the medication to the resident wherever he/she may be.
- A current list of staff designated by the registered nurse / nursing director to administer ROUTINE and PRN medication is found in each individual resident record.

VCC Residential Care Homes

Code: Admin-016

Subject: Nursing Overview

POLICY

The Home shall provide a registered nurse to supervise all the nursing care given at the Home. Licensed nurses shall provide the nursing overview for the resident's care. Provision for emergency coverage shall be maintained.

PURPOSE

To outline the scope of nursing services provided by licensed nursing staff.

PROCEDURE

The nursing staff shall be responsible to:

- Complete an assessment of the resident.
- Develop and maintain a care plan for each resident. For ACCS residents the care plan shall list case management services provided by the Home, including coordination of community services, as well as a notation as to whether 24 hour assistive therapy services are required and provided. (See form # 001)
- Provide instruction and supervision of all direct care personnel regarding the resident's health care needs and nutritional needs, and delegate nursing tasks as appropriate.
- Keep a current list of all medication in use for residents available for staff and the physicians. The list shall include: resident's name, medications, date medication ordered, dosage, frequency and route of administration, and likely side effects to monitor.
- Assure that all residents' medications are reviewed periodically, and that all resident medications have either a supporting medical diagnosis or problem.
- Maintain lists of all treatments for each resident including: resident's name, date of treatment order, treatment ordered and the prescribed frequency, and documentation to reflect that treatment was carried out.
- Assure that all signs and symptoms of illness or accident are recorded at the time of occurrence, along with action taken.
- Ensure that the resident's record documents any changes in a resident's condition.
- Review all therapeutic diets and food allergies with dietary staff as needed to assure nutritional standards are met and are consistent with physician orders.
- Monitor stability of each resident's weight.
- Assume responsibility for staff performance in the administration of or assistance with resident medication.

Training shall be provided for all staff with medication administration responsibilities on the following topics, including but not limited to:

- The difference between administration and assistance with medication.

Rev. 2/4/10

- medication administration and assistance - procedures and documentation
- drug disposal
- use of PRN medications
- residents' rights to direct their own care
- signs, symptoms and side effects of medication
- all policies regarding medications
- other in-service training as determined by the home's Administrator with the Director of Nursing/RN.

Background Personal Inventory Sheet Vermont Catholic Charities, Inc.

Personal Information Inventory

Please Print

Name: _____
(First, Middle, Last)

Alias: _____
(If applicable)

Address: _____
(STREET)

(CITY) (STATE) (ZIP)

DOB: ____/____/____

Place of Birth: _____

Social Security #: ____/____/____

Land Line# _____

Cell# _____

Sex: ____ Race: ____ Height: ____ Weight: ____ Eyes: ____ Hair: ____

Motor Vehicle Operators License# _____ State: _____

Current U.S. Passport? Yes__ No__

Contact person in case of emergency: _____

Relationship: _____ Phone# _____

Please attach a government photo I.D.

SCREENER NOTES (FOR VCCI USE ONLY)

I authorize the "designated agent" of VCCI to perform the background check.

Signed

Date

Vermont Agency of Human Services
Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
Child Protection Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.

If requesting information from both registries, please fill out one form and submit copies to each division

- I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the **Adult Abuse Registry** pursuant to 33 V.S.A 6911(C)(3) involving the individual listed below in Section II.
- I hereby request information from the **Child Protection Registry** maintained by the Department for Children and Families.

Section I. Employer Requesting Registry Check

Employer name: _____
 Employer address: _____
 Employer telephone number: _____ Employer fax number: _____
 Employer email address: _____

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

(Authorized) Facility/Agency Signature _____ Date _____

Note: if you are a regulated childcare provider in Vermont, this process does not apply to you.

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: _____ Gender: _____
(Type or Print Clearly)

Address (including City, State, Zip Code): _____

Phone number: _____ Birth Date _____ Place of Birth: _____

Last four digits of social security number: XXX-XX- _____

Other names I have used, if any (including maiden name): _____
(Type or Print Clearly)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to the Owner/Operator of the above named facility/agency.

(Prospective) Staff, Contractor, or Volunteer Signature _____ Date _____

Section III. Response from the Agency of Human Services (Office Use Only)

Vermont Adult Abuse Registry	Vermont Child Protection Registry
<input type="checkbox"/> Employee's name not found in registry ____ initials	<input type="checkbox"/> Employee's name not found in registry ____ initials
<input type="checkbox"/> Employee's name found in registry ____ initials	<input type="checkbox"/> Employee's name found in registry ____ initials

Nature of any finding: _____
Date of such finding: _____

Signature of Commissioner's Designee _____ Date _____

**** **A self-addressed, stamped envelope must be included** ****



Department of Public Safety
 Vermont Criminal Information Center
 103 South Main Street
 Waterbury, VT 05671-2101

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$20 PER REQUEST - NO PERSONAL CHECKS
 Reply will be mailed in 5 - 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO
 FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH (REQUIRED) Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (OPTIONAL)
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ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE		

ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS

The following information is REQUIRED in order to successfully process your request.
 Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- _____ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- _____ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- _____ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

REQUESTOR INFORMATION

Name	Street Address		
City	State	Zip	Telephone Number
Signature of Requestor		Date (Mo/Day/Year)	

VERMONT CATHOLIC CHARITIES, INC.

AUTHORIZATION FOR CRIMINAL RECORDS CHECK

I, _____ request, and authorize, agents of VCCI and The Roman Catholic Diocese of Burlington, Safe Environment Office to conduct a criminal records check, through the auspices of State and Federal criminal record repositories, related to myself and release the information gathered to Vermont Catholic Charities, Inc.

This information will be used as part of VCCI assessment of my suitability for an offer of employment with VCCI.

Both United States Federal and Vermont Statues apply to maintaining confidentiality of information as afforded all criminal records information.

Name, _____

Maiden
Or Alias Name, _____

Date of Birth, _____

Signature, _____

FIRE DRILL EVALUATION LOG

Date of Drill: _____
Shift: _____
Time: _____

Evaluation of Drill: Was Drill <u> </u> actual alarm <u> </u> silent
--

Did all personnel know location and use of alarms? Yes No
Did all personnel respond to safeguard residents? Yes No
Did all personnel know location and use of extinguisher? Yes No
Did all doors close properly upon alarm? Yes No
Did personnel isolate and contain the fire appropriately? Yes No
Did all personnel know the evacuation routes? Yes No
Did all personnel know their duties and responsibilities? Yes No
Did all employees respond to the fire safety plan? Yes No