

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

October 29, 2013

Ms. Vicki Quatrini, Administrator
Sunset Home
73 Prospect Street
Saint Johnsbury, VT 05819-2296

Provider #: 0095

Dear Ms. Quatrini:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensure survey conducted on **August 29, 2013**. 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2013
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NAME OF PROVIDER OR SUPPLIER
SUNSET HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**73 PROSPECT STREET
SAINT JOHNSBURY, VT 05819**

(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 re-licensure survey was conducted by the Division of Licensing and Protection on 8/29/13. The following regulatory violations were identified.

R100

R112 V. RESIDENT CARE AND HOME SERVICES
SS=F

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.

R112

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to have a physician's written statement in the medical record that included a diagnosis/problem list for three of three residents sampled (Residents #1, #2, and #3). Findings include:

Per record review on 8/29/13 of Residents #1, #2, and #3, there was no evidence of a physician's statement that included resident's diagnoses in their charts. There were no admission orders that included diet, functional limitations, or other MD provided information other than a medication order list. Per interview on 8/29/13 at 3:50 PM, the home manager confirmed that they did not have a physician's statement or diagnosis/problem list available in the medical record of the three residents reviewed.

R 112, R179, R180, R181
R188, R302
attached POC accepted
Karen Campo RN
10/24/13

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

Vicki Quatenni

TITLE

Administrator

(X6) DATE

Division of Licensing and Protection

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R179	Continued From page 1	R179		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that the staff education met the regulatory requirements. *This is a repeat deficiency. Findings include:</p> <p>Per record review on 8/29/13, the home manager was able to provide only a few hours of training material used for staff education. Based on the</p>	R179		

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R179	Continued From page 2 lack of documentation, the home manager could not assure that staff education met the 12 hours per year, as well as the required subject matter as listed in the regulation. Per interview on 8/29/13 at 11:10 AM, the home manager confirmed that the education provided to staff did not meet the requirement.	R179		
R180 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that the staff education hours were documented. *This is a repeat deficiency. Findings include:</p> <p>Per record review on 8/29/13, the home manager was able to provide documentation of only a few hours of training material used for staff education. Based on the lack of documentation, the home manager could not assure that staff education met the 12 hours per year, as well as the required subject matter as listed in the regulation. The information was not available for review at the time of survey. Per interview on 8/29/13 at 5:15 PM, the home's manager confirmed that the education provided to staff was not documented as required.</p>	R180		

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R181	Continued From page 3	R181		
R181 SS=F	<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: Per staff interview and record review, the home failed to provide evidence that prior to employment, background checks were completed for two of two employees reviewed. *This is a repeat deficiency. Findings include:</p> <p>Per record review of employee files, the two newest staff members at the home were reviewed. There were no criminal background checks on file, or adult abuse registry checks completed on either employee, and a child abuse registry check was done for only one of the two staff members reviewed. Per interview on</p>	R181		

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R181	Continued From page 4 8/29/13 at 10:30 AM, the Manager confirmed that no written evidence was available to ensure that pre-employment screening was completed on the two staff members for convictions of abuse, neglect, or exploitation, or for criminal offenses.	R181		
R188 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</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 staff interview, there was no signed admission agreement for one of three residents reviewed. (Resident #1). Findings include:</p> <p>Per record review on 8/29/13, Resident #1 had an unsigned admission agreement in the chart. Per interview on 8/29/13 at 5:00 PM, the home manager confirmed that there was no record of the resident ever signing an admission</p>	R188		

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R188	Continued From page 5 agreement.	R188		
R302 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to provide evidence of fire drills conducted on at least a quarterly basis and showing the date, time, and staff participation of the fire drills. *This is a repeat deficiency. Findings include:</p> <p>Per interview on 8/29/13 at 11:00 AM, the home manager was unable to provide documentation of fire drills at night, or documentation of staff that participated and notes relevant to the drill such as time needed to evacuate the building. Although the fire department conducted a test monthly of the alarm system where the alarm was pulled and residents evacuated, these all occurred during the day when residents were awake. Per Life</p>	R302		

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R302	Continued From page 6 Safety Code, 6 fire drills must occur annually covering all shifts, with 2 occurring during the night shift.	R302		

RECEIVED
Division of

SEP 24 13

Licensing and
Protection

SUNSET HOME
73 PROSPECT STREET
SAINT JOHNSBURY VERMONT
05819

Pamela M. Cota, RN
Licensing Chief

SCANNED

9.26.13 JK

8.29.13 Sorley

K. Campos

Dear Pamela M. Cota,

I am sending my new plans to correct the errors found on the August visit. I have made notebooks, new forms and talked to family members to get me the information that we lack on some residents. With these new plans it will be easier for me to keep the records needed and have them available when we are visited again.

Sincerely,

Vicki Quatrini

Vicki Quatrini
Manager Sunset Home

5.2 Admissions

5.2d

I have created a new form that will be included in the application for admission to Sunset Home. This form will have the information that we were missing before.

When residents have their next Doctors appointment we will send this new form with the resident, to the Doctors office for completion and it will then be come part of the resident's permanent file. I am enclosing the new form.

It also may be possible that when the resident came to live at Sunset Home they did not have a need for this form. Most of the ladies at the Home at this time came to Sunset Home when their husbands died and didn't feel they wanted to be alone or could not care for the property.

5.11

5.11b

Staff Training

I have put together a book for the next twelve months with training for the seven mandatory subjects that are listed. In the training book is a table of contents of what we will be working on for that month, it will have dates, times and the staff will sign off after each meeting. I am enclosing a copy of the table of contents and the staff sign off sheet.

5.11

5.11c

5.11b

For the month of October we all will be testing with Pat MacNichols I have also up dated the record book for Pat to do the testing and for all staff to sign of on the day of the testing.

5.11

5.11d

I am now signed up with the state of Vermont DPS criminal records. I have checked the three employees' that had this form missing all have come back with clean records. I have also filled out the AHS Receivers and Submitters Request and Agreement Form A to fax to Dianne Jabar; I do not have a fax machine here at Sunset Home but will have the use of one on September 23, 2013. I will then wait for my e mail with instructions to

check out new employees on line

5.12. B (2)

Resident #1

The resident has signed an agreement and that is now in her book. I will be going over each Residents personal care book and correcting the missing pieces.

We do have most of the information that is called for however we keep it with their medical records. However we will put the information in the resident's personal record book as well. All of the ladies now have pictures in their personal files but I have one lady who does not want a picture by her door. Some of the missing pieces are hard to get from the family and some residents have not made arrangements for their future and a few have no power of attorney for finance or health care.

9.11

9.11c

In the year 2013 and 2014 I will document my fire drills with time employee, residents that took part in the drill, and how much time it took for the residents to leave the building. Two of the drill will be at night.

I hope I have covered all the area's that were in error. I have tried to change the things that are wrong as I went over the report. We now have med testing books for each employee. I have tried to design some new forms that cover all the in coming information I need on each resident. Most importantly we will change the way we have done the fire drills and I will document each incident as it occurs.

A. RESIDENTS NAME

B. EMERGENCY NOTIFICATION NUMBER

C. NAME / ADDRESS / TELEPHONE NUMBER /OF ANY LEGAL REPRESENTATIVE OR NEXT OF KIN

D. PHYSICIAN NAME / ADDRESS AND TELEPHONE NUMBER

E. INSTRUCTIONS IN CASE OF RESIDENTS DEATH

F. RESIDENT ASSESSMENT

G. ALL ACCIDENT/ INCIDENT REPORTS

H. LIST OF ALL ALLERGIES

I. SIGNED ADMISSION AGREEMENT

J. RECENT PHOTOGRAPH {UNLESS RESIDENT OBJECTS}

K. COPY OF ADVANCE DIRECTIVES

L. COPY OF THE DOCUMENT THAT GIVES LEGAL AUTHORITY TO ANOTHER IF APPLICABLE.

M. POWER OF ATTORNEY

N. FUNERAL ARRANGEMENTS

SUNSET HOME
73 PROSPECT STREET
ST. JOHNSBURY, VERMONT 05819

PHYSICIAN'S STATEMENT

MEDICAL DIAGNOSIS

PSYCHIATRIC DIAGNOSIS IF APPLICABLE

ADMISSION ORDERS

DIET

FUNCTIONAL LIMITATIONS

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NOVEMBER -- MANDATORY REPORTS OF ABUSE, NEGLECT AND
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DECEMBER -- FOOD SERVICE AND DIET

JANUARY --RESPECTFUL / AND EFFECTIVE INTERACTION WITH
RESIDENTS

FEBRUARY AND MARCH --DEMENTIA AND ALZHEIMER'S

APRIL -- FIRE SAFETY / EMERGENCY EVACUATION PLANS

MAY -- RESIDENT EMERGENCY RESPONSE HAVE CALEX AND
THE FIREMAN TO COME HERE

JUNE -- GENERAL DEFINITIONS LEVEL IV HOME

JULY -- INFECTION CONTROL MEASURES

AUGUST-- CONTINUE OF INFECTION CONTROL MEASURES

August 1, 2013

Sunset Home
Evacuation Policy

In the event of an emergency at Sunset Home or in the proximity of the Home, residents and staff will be evacuated promptly by Sunset Home Van (or by rescue personnel if needed) to the Canterbury Inn on Cherry St., who have given their approval for this move. Any immediate medical needs will be determined by rescue personnel and taken to Northeastern Vermont Regional Hospital. All others needs will be evaluated and dealt with in a timely manner at the time of the move.