

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

April 14, 2015

Ms. Sarah Davenport, Administrator
Twin Maples Community Care Home
612 Gage Street
Bennington, VT 05201-2001

Dear Ms. Davenport:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 27, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2015
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NAME OF PROVIDER OR SUPPLIER TWIN MAPLES COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 612 GAGE 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, on-site re-licensing survey was conducted by the Division of Licensing and Protection on 1/13/15, and completed after further offsite review on 1/27/15 of additional information submitted by the home. The findings include the following:	R100		
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES	R104		
	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			

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

Sarah J. Langford

TITLE

g-20-15

(X6) DATE

02/23/15

R104 - R999 POCs accepted 4/14/15 mcaetan

Division of Licensing and Protection

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R104 Continued From page 1

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.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and confirmed through staff interview, the facility failed to provide admission agreements for 1 of 3 residents in the targeted sample. (Resident #2). The findings include the following:

Per record review for Resident #2 who was admitted on 5/3/12, no admission agreement could be located in the medical record at the time of the survey. Per interview with the Resident Care Attendant (RCA), who was in charge at the time of the survey, s/he did not know where the information could be found. RCA stated ["the owner takes care of everything"].

R104

agreement enclosed 6/3/12
done on admission

R136 V. RESIDENT CARE AND HOME SERVICES
SS=E

5.7. Assessment

5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and confirmed

R136

Division of Licensing and Protection

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R136 Continued From page 2

by the owner/manager, the facility failed to conduct an annual reassessment for 2 of 3 residents in a targeted sample, for Residents #2 and #3. The findings include the following:

1. Per medical record review of Resident #2, last assessment was completed on 5/12/13. Resident #2 was admitted on 5/3/12. Per telephone interview with the owner/manager on 1/20/15, confirmation is made that s/he reviews all assessments annually, but does not complete a full assessment every year.
2. Per medical record review of Resident #3, last assessment was completed on 10/1/13. Resident #3 was admitted on 10/1/13. Per telephone interview with the owner/manager on 1/20/15, confirmation is made that s/he reviews all assessments annually, but does not complete a full assessment every year.

R136

Full new assessments have been completed by myself + RN Will make certain myself or RN are done correctly New assessments completed These will be done accordingly & reviewed

1/15

R145 V. RESIDENT CARE AND HOME SERVICES
SS=E

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 observation and confirmation by the Resident Care Attendant (RCA), the facility failed to develop a written plan of care, for 3 of 3 residents (for Residents #1, #2 and #3), based on

R145

Division of Licensing and Protection

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R145	Continued From page 3 their abilities and needs that describes the care and services necessary to assist the resident to maintain independence and well-being. The finding includes the following: Per medical record review on 1/12/15, for Resident #1, #2 and #3, the care plans could not be located in the Medical Record notebooks provided by the RCA in charge. Per interview with the RCA, s/he was asked to locate the care plan and s/he provided the surveyor with the Resident Assessment. When surveyor clarified what she provided was the assessment, s/he responded ["then I don't know"]. Per interview with the owner/manager of the facility on 1/20/15 care plans are located in a folder in her/his office. Per survey on 1/12/15 the RCA could not locate care plans for review nor could the s/he identify what they looked like.	R145	<i>Case plans were completed & reviewed on JAN 1, 2015 they were in folder on counter in plan site - I do not know why staff could not see them as all staff is aware of the care plans. All staff have been re-educated as to what to look for -</i>	1-1-15
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on observation and interview with the facility owner/manger the facility failed to assure that all medications were handled properly and also failed to assure designated staff are fully trained and aware of the location of the policies and procedures regarding medication	R161		

Division of Licensing and Protection

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R161 Continued From page 4

management. The finding include the following:

1. Per observation on 1/12/15 through out the day of survey, in the medication storage room (multipurpose room), placed on the counter were two (2) large bottles of Calcium 600 mg with D tablets, Nasonex nose drops, a Flovant Inhaler, Robafen Syrup, Lidocaine Patches, Aspirin tablets, Tylenol tablets, stool softeners and Arthritis Pain relief tablets for Resident #1.
2. Per observation on 1/12/15 through out the day of survey, in the medication storage room (multipurpose room), tacked to the wall contained in a clear plastic bag, were multiple containers of prescription medication labeled Nitroglycerin.
3. Per observation on 1/12/15 of the medication storage room (multipurpose room), at approximately 2 PM a white bag containing prescription medication(s) was delivered from the pharmacy to the Resident Care Attendant (RCA), who placed the bag on the counter. At 3 PM the medication was still sitting on the counter.

Per interview with RCA, on numerous times through out the day, was asked if the room is ever locked and s/he responded ["No, never locked, but is closed when no one is in the room"].

Per telephone interview with the owner/manager on 1/20/15, confirmation was made that medications should not be left on the counter.

Per facility policy for medications, paragraph #7 identifies ["All medications will be kept in a locked cabinet"].

R161

all medications have been put up into locked cabinet + will be certain they are put away

Nitro has been put into locked box on office counter - I had it out so it was quickly available

Staff has been reminded to put meds away - in the locked cabinet will be monitored by myself after delivery

The office door is locked if myself or staff are not in immediate area -

done, locked

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R161 Continued From page 5

4. Per review during a re-licensure survey on 1/12/15, the unlicensed Resident Care Attendant (RCA) was unable to locate and/or produce written policies and procedures describing the facility's practices in the area of Medication Management. RCA was clear in stating ["I don't know where the policies are located and the owner/manager handles all that information"]. Per telephone interview with the owner/manager on 1/20/15, information is shared that the policies and procedures for medication management are in the desk in the multipurpose room. However, the medication delegated RCA did not know the location of the policies.

See also R173.

R163 V. RESIDENT CARE AND HOME SERVICES
SS=E

5.5 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c

This REQUIREMENT is not met as evidenced by:
Based on record review and staff confirmation the facility failed to have a Registered Nurse (RN), conduct and assessment for 2 of 3 residents in a targeted sample, for Residents #2 and #3. The findings include the following:

R161

All of these policies are either on chart shelf ^{or} over my desk marked clearly - All staff have been reeducated. I do handle most everything but they are made aware of where these are -

R163

Division of Licensing and Protection

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R163 Continued From page 6

1. Per medical record review of Resident #2, last assessment was completed on 5/12/13. Resident #2 was admitted on 5/3/12. Per telephone interview with the owner/manager on 1/20/15, confirmation is made that s/he reviews the assessment annually, but does not complete a full assessment every year. No RN review for 2014.

2. Per medical record review of Resident #3, last assessment was completed on 10/1/13. Resident #3 was admitted on 10/1/13. Per telephone interview with the owner/manager on 1/20/15, confirmation is made that s/he reviews the assessment annually, but does not complete a full assessment every year. No RN review for 2014.

R163

RN + myself do the assessments - I do not do them independently all have been fully completed + signed these will be monitored and done properly -

R173 V. RESIDENT CARE AND HOME SERVICES
SS=E

5.10 Medication Management

5.10.h.

(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the home failed to assure resident medications that the home manages are stored in locked

R173

all medications including OTC are locked - Authorized Personnel only has key

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R173 Continued From page 7 compartments.

1. Per observation on 1/12/15 through out the day of survey, in the medication storage room (multipurpose room), placed on the counter were two (2) large bottles of Calcium 600 mg with D tablets, Nasonex nose drops, a Flovant Inhaler, Robafain Syrup, Lidocaine Patches, Aspirin tablets, Tylenol tablets, stool softeners and Arthritis Pain relief tablets for Resident #1.

2. Per observation on 1/12/15 through out the day of survey, in the medication storage room (multipurpose room), tacked to the wall contained in a clear plastic bag, were multiple containers of prescription medication labeled Nitroglycerin.

3. Per observation on 1/12/15 of the medication storage room (multipurpose room), at approximately 2 PM a white bag containing prescription medication(s) was delivered from the pharmacy to the Resident Care Attendant (RCA), who placed the bag on the counter. At 3 PM the medication was still sitting on the counter.

Per interview with RCA, on numerous times through out the day, was asked if the room is ever locked and s/he responded ["No, never locked, but is closed when no one is in the room"].

4. Per observation/inspection, of the small refrigerator in the kitchen at approximately 10:30 AM, multiple gallons of milk, butter and eggs were stored on the bottom shelf. On the top shelf, an open box of baking soda sat to the left of an open plastic basket containing 2-3 insulin pens and 2 plastic prescription bottles containing Flomax tablets. Resident Care Attendant (RCA)

R173

All taken care of.

done

done

door locked much of time

Division of Licensing and Protection

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R173	Continued From page 8 was questioned about the tablets and insulin being stored in the same refrigerator with food. She responded, ["the bottle says to refrigerate"], as she was describing the prescription of tablets. Per inspection of the prescription bottle along with the surveyor, both confirmed that the bottle had no directions to refrigerate. The RCA commented ["I guess I was told to keep it in the refrigerator"]. Per telephone interview on 1/30/15 with the owner/manager, confirmation is made that the medications are stored in the small kitchen refrigerator and that the refrigerator is never locked.	R173	<i>The medication was not Flomax tablets - They were Floranex & are to be refrigerated. States on bottle</i>	
R174 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (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 inspection of the refrigeration used for medication storage, the facility failed to store prescription medication in a separate locked containers, impervious to water. The findings include the following: Per observation/inspection, of the small refrigerator in the kitchen at approximately 10:30 AM, multiple gallons of milk, butter and eggs were stored on the bottom shelf. On the top	R174	<i>Medication is now kept in locked container. Sm. Refrig has an outside lock on it.</i>	<i>2/11/15</i>

Division of Licensing and Protection

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R174 Continued From page 9

shelf, an open box of baking soda sat to the left of an open plastic basket containing 2-3 insulin pens and 2 plastic prescription bottles containing Flomax tablets. Resident Care Attendant (RCA) was questioned about the tablets and insulin being stored in the same refrigerator with food. She responded, ["the bottle says to refrigerate"], as she was describing the prescription of tablets. Per inspection of the prescription bottle along with the surveyor, both confirmed that the bottle had no directions to refrigerate. The RCA commented ["I guess I was told to keep it in the refrigerator"].

R174

Per telephone interview on 1/30/15 with the owner/manager, confirmation is made that the medications are stored in the small kitchen refrigerator and that the refrigerator is never locked. Per policy for medications that was a facsimile by the owner/manager, paragraph #7 identifies [" All medications will be kept in a locked cabinet and any medication requiring refrigeration will be stored appropriately"].

*all meds are stored appropriately in a locked steel box
Plan of correction is to do so.*

R176 V. RESIDENT CARE AND HOME SERVICES
SS=B

R176

5.10 Medication Management

5.10.h (4)

Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.

This REQUIREMENT is not met as evidenced by:
Based on observation of medication storage, the

Division of Licensing and Protection

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R176 Continued From page 10

facility failed to promptly dispose of medications for those residents who have been discharged, died and/or those medications that are outdated. The findings include the following:

Per inspection of unlocked medication storage shelves located behind the door in the multipurpose room at 2:30 PM, a partially used bottle of Cheratussing AC syrup for Resident #6 who no longer is living in the facility and has a discard date of 1/19/13 was found. Also an inhaler, Proair HFA, for Resident #5 was also found with a discard date of 1/10/15.

Per telephone interview on 1/20/15, with the owner/manager policies and procedures identify the management of medication administration and storage. Per medication policy provided by the owner/manager via facsimile on 1/23/15, paragraph #9 identifies ["Discontinued or outdated medications will be destroyed by being taken to the Police Department by the manager/nurse and one witness"]. Paragraph #11 identifies ["Any medication left at Twin Maples Community Care Home following the death or a resident or a discharge of a resident will be disposed of within one week"].

R176

This certainly was an oversight on my part. Have been disposed of. This is my responsibility and I apparently didn't remember them. I certainly will be more aware of this - done. Periodic checks will be done by myself.

2/11/15

R179 V. RESIDENT CARE AND HOME SERVICES
SS=C

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

R179

Division of Licensing and Protection

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R179 Continued From page 11

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, the facility failed to demonstrate that all direct care staff have had training annually, in the areas of Resident Rights, Fire Safety and emergency evacuation, emergency response procedures to include first aide and mandatory reporting of abuse/neglect/exploitation. The findings include the following:

Per telephone interview with the owner/manager on 1/20/15 at 9 AM s/he stated that mandatory inservice education has been met. The owner sent a facsimile to the office of Licensing and Protection, with a list of inservices dated July 2013 through December 2014. There is no documented evidence that education in the areas of Resident Rights, Fire Safety and Emergency Evacuation, Emergency Response procedures and Mandatory reporting of

R179

Training is done & by July 2015 - 12 hrs would be complete - so far I have done 9 hrs. All staff attends

<i>C. Moon</i>	<i>P. Trombley</i>
<i>L. Martin</i>	<i>S. Davenport</i>
<i>N. Hoverson</i>	<i>S. Kipp if available</i>
<i>T. Price</i>	<i>D. Carey</i>

ongoing

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER TWIN MAPLES COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 612 GAGE STREET BENNINGTON, VT 05201
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R179 Continued From page 12
Abuse/Neglect/Exploitation were conducted.

R179

R185 V. RESIDENT CARE AND HOME SERVICES
SS=E

R185

5.8 Records/Reports

5.12.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available for review at any time by authorized representatives of the licensing agency.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview and record review, the person left in charge of the home on the day of the onsite portion of the survey could not locate multiple important documents or provide some necessary information. The findings include the following:

1. Records of fire drills were not provided or made available (R302);
2. In-Service education for the past year for all staff were not provided or made available (R179);
3. The results of criminal record and adult abuse registry checks for all staff (R190);
4. List of current staff delegated to give medications (R164) was not provided or made available;
5. The contact information of the Registered Nurse (RN) who is responsible for the delegation of related nursing care to qualified staff to include resident assessment, care planning and medication management (R141, R143, R145, R155, and R160) was not provided or made available. Resident Care Attendant (RCA) stated

All staff have been reminded of their records. Some of these records would not be available to them. I do believe I did fax them. All delegated staff info is readily available on my desk. This is done by myself & the RN.

2/10/15

Division of Licensing and Protection

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R185 Continued From page 13
["I can only call her if it is an emergency and you're not an emergency"];
6. Care plans could not be located in the medical records for 7 of 8 medical records reviewed;
7. Medical Records for 2 of the 10 residents living in the facility were unable to be located. RCA stated ["Sometimes the owner takes them home to work on"].

RCA confirmed on 1/12/15 through out the day, that the owner takes care of everything and she does not want to share incorrect information.

R185

*RN works a few hours a week for me. She works another full time job. She usually checks in daily etc.
I did have 2 of the records at home - my intention was to have them back but didn't expect my husband to pass away. We will not bring home in future -*

2/15/15

R188 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.12.b.(2)

R188

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.

This REQUIREMENT is not met as evidenced by:
Based on record review and confirmed by the owner/manager, the facility failed to include a recent photograph for 1 of 3 residents in the

*Photos now in folder 2/15/15
Had not gotten it developed as of that date*

Division of Licensing and Protection

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R188 Continued From page 14
targeted sample, for Resident # 1. The findings include the following:

Per medical record (MR) review for Resident #1, who was admitted on 12/8/14, the MR does not include a recent picture for identification. Per telephone conversation with the owner/manger on 1/20/15 confirmation was made that the picture is not in the MR.

R188

done

R190 V. RESIDENT CARE AND HOME SERVICES
SS=F

R190

5.12.b.(4)

The results of the criminal record and adult abuse registry checks for all staff.

This REQUIREMENT is not met as evidenced by:
Based on personnel record review that was provided by the facility owner/manger, the facility failed to provide evidence for 5 of 5 employees (Employee #1, 2, 3, 4 and 5), that the Vermont Criminal Information Center (VCIC) checks had been completed on or since the date of hire. For 2 of 5 employees (#3 and #5), there is no evidence that adult abuse registry review has been conducted.

Per telephone interview on 1/20/15 at 9 AM, with the owner/manger, s/he stated that all background checks, to include abuse and child registry and criminal record reviews have been conducted on all staff who provide direct care to the residents of the home. Owner/manger sent a facsimile to the office of Licensing and Protection, on 1/23/15 that did not evidence that the VCIC checks or the adult registry reviews on the above

I do not know what more is expected - I do the checks either by mail or computer. I believe we spoke of this & I was not aware of any issues with the one employee - she is no longer employed. Thought she was expunged - I faxed all info on other staff -

1/23/15

Division of Licensing and Protection

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R190	Continued From page 15 noted staff were completed.	R190		
R192 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12 Records/Reports</p> <p>5.12.d Reports and records shall be filed and stored in an orderly manner so that they are readily available for reference. Resident records shall be kept on file at least seven (7) years after the date of either the discharge or death of the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by the Resident Care Attendant (RCA) in charge, the facility failed to file and store medical records in an orderly manner so that they are easily available for 2 of 10 residents residing in the facility, (Resident #4 and Resident #5). The findings include the following:</p> <p>1. Per interview with the RCA on 1/12/15, confirmation was made that the medical records (MR), for Resident #4 and Resident # 5 were not available for review. Both residents recently returned from a hospitalization. Surveyor asked where could they be and the RCA responded ["sometimes the owner takes them home to work on"]. Per interview with the owner/manager on 1/20/14 confirmation is made that the MR's for Residents #4 and #5 were not in the facility, they were in the owner's private home.</p>	R192	<i>done</i>	
R232 SS=E	VII. NUTRITION AND FOOD SERVICES	R232		

Division of Licensing and Protection

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R232 Continued From page 16

7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview the facility failed to assure that diets are planned and written at least one (1) week in advance.

Per observation and staff interview on 1/12/15 at approximately 10:30 AM, surveyor was unable to locate posted menus for the week. Resident Care Attendant (RCA) questioned and s/he evidenced spiral notebook with the days and the dates of the week listed. There is no documentation of meals for the week of 1/12/15 or of any future meals. The RCA confirmed that once the owner writes the meals in the notebook, s/he then posts the meal being offered on the white board in the dining room. There is no meal posted on the white board at this time. Per telephone interview on 1/20/15, with the owner/manager confirmation is made that the meals were not posted for the week of 1/12/15.

R232

due to the death of my husband - the menu was not completed. Normally they are done + written up daily on board - weekly menus done - subject to some changes at times
POC - make sure they are done - I usually do not eat -

4/11/15

R247 VII. NUTRITION AND FOOD SERVICES
SS=E

7.2 Food Safety and Sanitation

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 above 140 degrees Fahrenheit when served or heated prior to service.

This REQUIREMENT is not met as evidenced

R247

Have reminded all staff to date + label such
Will keep close tabs on this
Daily checks will be done

Division of Licensing and Protection

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R247 Continued From page 17
by:
Based on observation and staff interview the facility failed to assure that all perishable foods are stored at proper temperatures. The findings include the following:

Per inspection of two (2) refrigerators, one (1) refrigerator with a top freezer and a large chest freezer, both of which did not contain thermometers assuring temperatures are held at proper temperatures. Resident Care Attendant (RCA) was questioned if there were thermometers in any of the refrigerator/freezers, s/he looked in the refrigerators and confirmed that s/he could not locate a thermometer in any of the refrigerators. A large standing chest freezer located in the kitchen was locked. RCA confirmed that she does not have a key or access to the locked freezer.

RCA was questioned if temperature logs are maintained on any of the refrigerator/freezers and the response was ["I don't know, the owner takes care of everything"]. Per telephone interview with the owner/manager on 1/20/15 confirmation is made that logs are not maintained on any of the refrigeration, but states ["thermometers are present in a plastic box in the refrigerators and that they are observed"].

R249 VII. NUTRITION AND FOOD SERVICES
SS=E

7.2 Food Safety and Sanitation

7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.

R247

*These do All have thermometers
There is no reason for staff to have access to the upright freezer
It is locked by me for certain reasons.* 1/20/15

*I was not aware I needed to do temp logs
I do check them - Will be done - Will make sure everyone is aware of this policy & have it done & recorded
I will be responsible for this*

R249

Division of Licensing and Protection

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R249	<p>Continued From page 18</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that food handling and storage techniques are consistent with safe food handling practices. The findings include the following:</p> <p>Per observation/inspection of the kitchen and dry storage area on 1/12/15 at approximately 10:30 AM, the cabinet in the kitchen was found to have two partially open boxes of dry pasta with no date as to when the item was first used. Confirmation was attempted by showing the Resident Care Attendant (RCA) the pasta. S/He responded by stating ["the owner takes care of everything"]. A large container labeled Whipped Butter was found in the kitchen cabinet containing dry rice cereal. There was no date as to when the contents were put into the container nor was the container properly labeled.</p> <p>In the multipurpose room, off of the kitchen, mental shelving was noted to store multiple packages of <u>cake</u> and muffin mix, all partially used and not dated as to when the items were first utilized. A large plastic clear container of white power/granulated sugar containing a measuring cup/scoop, and a large clear plastic container with soda crackers, was found not dated as to the date the items were first used nor were they labeled identifying the contents of the containers.</p> <p>Also located in the multipurpose room on the metal shelves was 21 bottles (8 ounces each) of Ensure with and outdate of 1/1/15.</p> <p>Per telephone conversation with the owner/manager on 1/20/15 confirmation is made</p>	R249	<p><i>These policies will be reminded to get done -</i></p> <p><i>I will be monitoring it closely. Staff fail to always mark + date items -</i></p> <p><i>No cake mixes - Muffin was dated.</i></p> <p><i>The container with flour + sugar were labeled but not dated -</i></p> <p><i>Will be certain all containers are labeled + dated</i></p> <p><i>Scoop removed -</i></p> <p><i>The Ensure had been recently brought in by a family - donating it - I was not aware of this until I returned</i></p> <p><i>has been disposed of</i></p>	<p><i>2/1/15</i></p> <p><i>2/10/15</i></p>
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Division of Licensing and Protection

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R249	Continued From page 19 that the staff are aware that opened containers are to be dated and labeled, but don't always follow through as directed.	R249		
R259 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to assure that poisonous compounds are not stored in food storage areas, nor were they stored in separate locked compartments within the food storage area. The findings include the following: Per observation on 1/12/15 at approximately 2:30 PM, a can of Rust-Oleum and 2 gallon cans of water based paint were located on the bottom shelf in the multipurpose room, that is utilized for dry storage of food, medications and medical supplies.	R259		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.	R266	<i>all items have been removed & disposed of 2/10/15 Will not be put on shelf or anywhere in storage area</i>	

Division of Licensing and Protection

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R266 Continued From page 20

This REQUIREMENT is not met as evidenced by:
Based on observation the facility failed to maintain a safe and sanitary environment. The findings include the following:

Per facility tour on 1/12/15, of the lavatories on upper level, bars of soap were stored in soap dishes on each of the two bathroom sinks. These partially used bars of soap are utilized by multiple residents. Per telephone interview on 1/20/15 with the owner/manager, confirmation is made that the bathrooms should have a pump bottle of soap.

R267 IX. PHYSICAL PLANT
SS=E

9.1 Environment

9.1.b All homes shall comply with all current applicable state and local rules, regulations, codes and ordinances. Where there is a difference between codes, the code with the higher standard shall apply.

This REQUIREMENT is not met as evidenced by:
Based on observation the facility failed to comply with all current applicable state and local rules, regulations, codes and ordinances. The findings include the following:

Per facility tour and inspection of the furnace located in the basement, was last inspected in 12/13/2012 and the current license expired on December of 2014. Per interview with the owner/manager for the facility on 1/20/15,

R266

R267

all Bathrooms have pump bottles of soap. Residents tend to leave their Bar soaps behind - We are constantly picking up as soon as we see it several times a day - Bathrooms are always provided with big Pump soaps + sanitizers Well monitor close. Residents tend to take things to their rooms

1/21/15

Inspection was done on 2/19/15 - They come automatically + I was not aware

Division of Licensing and Protection

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R267 Continued From page 21
confirmation is made that s/he was not aware that the license had expired.

R267

not done -

2/19/15

R277 IX. PHYSICAL PLANT
SS=D

R277

9.3 Toilet, Bathing and Lavatory Facilities

9.3.a Toilet, lavatories and bathing areas shall be equipped with grab bars for the safety of the residents. There shall be at least one (1) full bathroom that meets the requirements of the Americans with Disabilities Act of 1990 and state building accessibility requirements as enforced by the Department of Labor and Industry.

This REQUIREMENT is not met as evidenced by:
Based on observation the facility failed to assure that lavatories equipped with grab bars that are safe for resident use. The findings include the following:

Per tour/observation on 1/12/13 of the second floor lavatory, adjacent to the male occupied bedroom, was found to have a loose fitting handrail to the right of the toilet.

Grab Bar was fixed as soon as I was aware that 1 of 4 screws were loose - Monitor for loose grab Bars periodically

1/17/15

done -

R279 IX. PHYSICAL PLANT
SS=E

R279

9.3 Toilet, Bathing and Lavatory Facilities

9.3.c Each lavatory sink shall be at least of standard size and shall be equipped with hot and cold running water, soap, and, if used by multiple residents, paper towels.

This REQUIREMENT is not met as evidenced

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2015
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R279 Continued From page 22
by:
Based on observation the facility failed to equip the second floor lavatories, used by multiple residents, with paper towels. The findings include the following:

Per observation during the facility tour on 1/12/15, the bathrooms on the second floor, which are utilized by more than one resident, are found to have a terrycloth hand towel on the towel rack. There is no evidence of paper towels in either bathroom. Per telephone interview with the owner/manager of the facility on 1/20/15, confirmation is made that paper towels are not used because they plug up the toilets.

R999 MISCELLANEOUS
SS=D
Based on observation and staff interview the facility failed to make written reports resulting from inspections readily available to resident and to the public in a place readily accessible to residents where individuals may examine the results. The findings include the following:

Per observation during survey on 1/12/15 the surveyor was unable to locate the previous survey results. Per interview with the Resident Care Attendant, identified that s/he did not know where the results were. Per interview on 1/20/15 at 9 AM, the owner/manager confirmed that the results of the last survey is located in a book in the office.

R279

R999

Will try to train the residents not to leave their towels behind - Paper towels (roll) in all bathrooms. The paper towels from dispensers tend to plug the toilets as well as the roll ones. We try to be on top of picking up the towels but not always get to them quick enough - don't really know how to change or correct this

on going

Survey results will be posted - outside of the office on Bulletin board