

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 1, 2012

Ms. Barbara Buskey, Administrator
Vergennes Residential Care Home
34 North Street
Vergennes, VT 05491

Provider #: 0311

Dear Ms. Buskey:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **August 21, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED 08/21/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491
---	---

(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, on-site re-licensure survey was completed on 8/21/12 by staff from the Vermont Division of Licensing and Protection. The following regulatory violations were found.	R100		
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that each resident was reassessed annually for 1 of 5 residents in the total sample. (Resident #3) Findings include:</p> <p>Review of the clinical record for Resident #3 on 08/21/12 revealed an admission date of 04/21/09. The annual assessment located in the record, indicated Resident #3 required extensive to total assistance for all activities of daily living and required medication management by nursing staff. The assessment was dated 01/25/11. No assessment completed in the previous 12 months was located in the record.</p> <p>During interview on 08/21/12 at 12:30 P.M. the Registered Nurse (RN) stated that an assessment was not completed annually because of the payment type for Resident #3. At 2:10 P.M., the RN verified that the assessment located</p>	R136	<p>An unannounced on-site relicensure survey was conducted at Vergennes Residential Care on August 21, 2012, while the licensee was away at a Conference. The responses noted were given by our on call RN who was in charge during our absence.</p> <p>5.7.c While assessments are made monthly of each resident at the facility, the form required by the state was more than a year old. A new assessment on the state form was made immediately and submitted to the state on 08/26/12. Assessment dates have been added to the nurses notes and will be checked on a monthly basis as part of those notes.</p>	10/01/12

Division of Licensing and Protection

Barbara M. Jenkins RN

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

TITLE *Administrator*

(X6) DATE *9/23/2012*

AME

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R136	Continued From page 1 in the record was completed over one year prior and after review of the regulatory requirements, acknowledged that assessments were required annually for all residents.	R136	<p><i>R136 POC accepted per addendum will monitor for compliance May 2013 9/27/12 T.C. T. Bushong, RN</i></p>	
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to assure that the care plan addressed the identified needs for 2 of 5 residents in the sample. (Residents #1 and 4) Findings include:</p> <p>1. Per review on 8/21/12, the care plan for Resident #1 did not address the risk for falls after the resident's recent fall on 6/15/12. There was no care plan to direct staff in caring for resident, including goals and specific interventions to help decrease risk for future falls. The lack of care plan was confirmed during interview with the RN at 5:45 PM the same day.</p> <p>2. Per record review on 08/21/12, Resident #4 had a fall on 08/11/12 that required transportation to the Emergency room for evaluation. The plan of care for Resident #4 did not address the risk for falls, the history of falls, or the interventions implemented to prevent falls. The RN verified</p>	R145		<p><i>5.9.c(2)</i></p> <p>Development of a new written plan of care for each resident was initiated on 08/26/12, with completion of Resident #1 and Resident #4 on 09/21/12. The care plans specifically address fall risk, interventions and goals. New written plan of care documents for all residents will be completed by 10/15/12.</p>

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R145	Continued From page 2 during interview on 08/21/21 at 5:45 P.M., that the plan of care did not specifically address Resident #4's fall.	R145	<i>R145 PC accepted PC addressed! ADM/designed will monitor for compliance May 20th, 2012 T.C. Brooks, ADM</i>	
R171 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to assure that medications were administered in accordance with established procedures related to accurate transcription and documentation of medication administration for 3 residents in the applicable</p>	R171		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R171	Continued From page 3 sample. (Residents #1, #2 and #4) Findings include: 1. Per review on 8/21/12 of Resident #4, the physician order for Esterase Vaginal (an estrogen hormone cream) 0.01 milligrams, stated to administer vaginally three times a week. The MAR for July 2012 revealed that the cream had not been documented as administered between 07/25/12 and 07/31/12. Review of the MAR for August, 2012, revealed that the cream had been administered twice on 08/17/12 and 08/20/12. No documentation was located in the nurse's notes or on the MAR to indicate why the medication was not administered. Observation of the medications stored in the medication cart revealed that the prescription had been filled on 08/01/12, per the label. The tube had been opened and a small amount of the cream had been dispensed from the tube. During interview on 08/21/12 at 4:15 P.M. the medication assistant administering medications stated that she had no knowledge of the cream as it was scheduled to be administered in the morning. She verified that the medication was available in the cart for administration, had been filled on 08/01/12 per the label, and that the MAR did not indicate the medication had been administered until 08/17/12, 22 days after admission. During interview on 08/21/12 at 4:20 P.M., the RN overseeing the administration of medications in the home verified the medication was available for administration, the MAR did not indicate it had been administered as ordered and the documentation did not indicate why it had not been administered. The RN stated she was not previously aware the medication had not been administered per the physician's order.	R171	<i>R171 POC accepted on 9/12/12 ADM/discharge used monitor for compliance Meg Batt, RN 9/27/12 T.C.T. Beechey, ADM</i>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R171	<p>Continued From page 4</p> <p>2. Per review of the MAR for Resident #1 on 8/21/12, the physician telephone order for 'hydromorphone, (dated 4/17/12) 2 mg., 1-2 tabs Q4 hours PRN pain', was incorrectly transcribed on the August, 2012 MAR. The August MAR stated 'hydromorphone 2 mg. PO 1-2 tabs TID'. Staff had administered PRN doses of the hydromorphone but had failed to document the actual dose administered on the back of the MAR, per the facility's policy according to the RN. The RN also confirmed at 1:55 PM that the orders were inaccurately transcribed from the telephone order to the MAR. During a discussion regarding how staff determine how much medication to administer, 1 or 2 tabs, the RN confirmed that there were no parameters included in the order to assess the level of pain and administer the dose according to the resident's described pain level.</p> <p>3. Per review of Resident #2's MAR for August, 2012, staff incorrectly transcribed acetaminophen as "APAP" only; there was no dose or frequency documented on the front of the MAR. Staff documented on the back of the MAR that they had administered APAP on 8/2/12, stating only that 1 tab was given but not including the dose or correct time administered. Per review of the facility's Standing Orders (SO) Form, the physician orders for PRN acetaminophen (APAP) did not have a specified maximum daily dose to be administered, a potential safety issue which could allow for a resident to receive a daily dose of acetaminophen which could exceed 4 GM (grams) per day if all doses were administered. The signed physician standing orders for Resident #2 stated: "ACETAMINOPHEN 325 mg, 500 mg. 650 mg or 1000 mg., P/O, P.R. Q 4 HRS PRN FOR ELEVATED TEMP, OR DISCOMFORT".</p>	R171	<p>5.10.9 RNs overseeing the administration of medications will review and initial the MAR at its initiation for each resident, monthly at delivery of medications from the pharmacy, and each time physician writes a new order. Licensee will work with physicians to achieve a standard, clearly defined, safe maximum dosage of acetaminophen for all residents that will be included in the physicians orders.</p>	10/1/12

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R171	Continued From page 5 The lack of orders for a maximum daily dose of acetaminophen and incorrect transcription and documentation of administration of PRN medication was confirmed during interview with the RN at 5:15 PM on 8/12/12.	R171		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and 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 staff interview and record review, the facility failed to provide documentation that five	R179		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R179	Continued From page 6 (#1, 2, 3, 4, 5) of five staff were trained in fire safety and emergency evacuation procedures, and one (#5) of five staff was trained in resident emergency response procedures and first aid. This has the potential to affect all residents of the facility in the event of a fire or other resident emergency. Findings include: Per review of the facility training records for five (#1, 2, 3, 4, 5) staff members on 8/21/12 revealed no documentation that any of the five staff had participated in fire safety and emergency evacuation training in the previous 12 months. No documentation of training in emergency response and first aid during the previous 12 months was located for one (staff #5) of the same five staff members. This lack of training was indicated by the absence of staff #5's signature on the inservice records containing the emergency response and first aid training. During interview on 08/21/12 at 5:15 P.M., the RN indicated that fire drills were completed regularly but was not able to locate documentation of staff training, discussion or participation on the fire drill documentation or in the inservice records.	R179	5.11. b Staff Training will include Fire Safety and Evacuation, and resident emergency response procedures annually. Mandatory Fire safety and Evacuation Training will be conducted for all staff on October 4, 11 and 16, 2012. 5.11. b While Staff #5, cited in the survey, does NOT provide direct care to residents, licensee will make every effort to include staff person in training for resident emergency response procedures by 11/15/12 and every year thereafter.	10/18/12
R220 SS=C	VI. RESIDENTS' RIGHTS 6.7 A resident may complain or voice a grievance without interference, coercion or reprisal. Each home shall establish a written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and	R220	<i>R179 PA accepted per addendum: ADM/designee will provide for compliance. MyBalt, RN. 9/27/12 T.C. T. Brubaker, ADM</i>	11/15/12

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R220	Continued From page 7 Vermont Protection and Advocacy as an alternative or in addition to the home's grievance mechanism. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide evidence of a written grievance procedure for resolving resident concerns or complaints. Findings include: Per review of the policy/procedure manual and confirmed during interview with the RN on 8/21/12 at 2 PM, there was no evidence found of a written grievance procedure for residents to use for voicing any concerns or complaints.	R220	6.7 The facility's grievance procedure was returned to the policy/procedure manual on 08/26/12. The grievance procedure is now made available to residents on admission and is posted with resident rights throughout the home.	8/26/12
R252 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observations, the home failed to assure that areas of the home used for food and related equipment storage were constructed to be easily cleaned. Findings include: Per observations during the initial tour of the home on 8/21/12 at 9 AM, the bare wood and torn shelf paper covering seen in the basement dry food/equipment storage room were not maintained so that they could be easily cleaned.	R252	<i>R220 PC accepted per addendum: ADM/Deagrees will monitor for compliance May Bethel T. F. Bushy ADM</i>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491
--	---

(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
--------------------	--	---------------	---	--------------------

R252	Continued From page 8 Items stored in this area were dusty. There was also an area at one end of the room where various items, not related to foodstuff storage were piled from the floor almost to the ceiling, making it difficult to properly clean the floor. In the main kitchen, shelving in cupboards was also noted to be bare wood in some areas including the lower cabinets, which had dust and crumbs on the some shelves. The failure to assure easily cleanable surfaces for food storage was confirmed during interview with the staff member providing the tour at 9:20 AM.	R252	7.3.b Areas of the home used for food and related equipment storage have been painted and covered with easily cleanable contact paper as of 09/21/12. Items not related to foodstuff storage have been removed from the food storage area. In the main kitchen, all bare wood surfaces will be painted or recovered with shelf paper by 10/15/12.	
R266 SS=B	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the home failed to assure that all areas of the home were sanitary and homelike. Findings include: Per observations during the initial tour of the home on 8/21/12 at 9:00 AM, the following areas of concern were noted: a. chipping paint exposing bare wood on the inside of the bathroom door and frame in room #3; b. the upstairs lower landing had multiple cracked floor tiles and a chair with ripped seat covering exposing inner foam material; c. the upper landing had holes in the flooring, with cracked floor covering near the threshold, posing a tripping hazard;	R266	<i>R252 POC accepted per addendum: ROM/designer will monitor for compliance. My Bath ROM 9/27/12 T.C. F. Busky ROM</i>	10/15/12

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(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
R266	Continued From page 9 d. the floor covering near room 9 was cracked with holes noted and stairs needed repainting due to chipping of paint. The above observations were confirmed with the staff member and RN after the tour.	R266	9.1.a Doorframes and the door in the bathroom in Room #3 will be repainted by 11/15/12. Chair with ripped seat has been removed and discarded. Upstairs lower and upper landing and floor covering near room #9 will be retiled by 12/31/12. Stairs to the landing will be repainted by 11/15/12.	
R290 SS=A	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.c All plumbing fixtures shall be clean and free from cracks, breaks and leaks. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to assure that each resident's lavatory plumbing fixtures were in good repair and free from cracks for 1 applicable resident bathroom. Findings include: Per observation during a tour of the facility on 8/21/12 at 9 AM, the sink in the resident bathroom for Room #3 was corroded and cracked, with ragged, sharp edges. The staff member giving the tour confirmed that the faucet was used by residents and was corroded and cracked.	R290	9.6.c Sink in the bathroom for room #3 will be replaced by 10/03/12.	11/15/12 10/03/12

R266 PC accepted per addendum - ADM / designee will monitor for compliance May Bath, RN 9/27/12 T.C. T. Beehey, ADM

R290 PC accepted per addendum - ADM / designee will monitor for compliance May Bath, RN 9/27/12 T.C. T. Beehey, ADM

Vergennes Residential Care Home Residents' Rights and Grievance Procedure

As a resident of our home you continue to have individual rights. Listed below is a summary of your rights and the Vergennes Residential Care Home grievance procedure.

Your Rights

You have the right to be treated with dignity and respect.

You have the right to make a suggestion or voice a complaint without being interfered with or treated differently.

You have the right to visit or communicate with anyone you choose. You have the right to refuse visitors you don't want to see.

You have the right to receive the care you need, free of mistreatment or abuse.

You have the right to be free from restraints, whether physical (for example, a vest restraint) or chemical (for example, medications) except when necessary for your welfare or to protect you or others from injury.

You have the right to keep and use your personal belongings as long as there is enough space, and they don't interfere with your roommate or other residents.

You have the right to vote.

You and your family have the right to organize, maintain and participate in resident or family councils.

You have the right to participate in activities of social, religious and community groups if you so desire.

You have the right to remain in your room unless you are transferred or discharged.

You have the right to return to the home after a hospital stay, as soon as a bed is available, provided the facility is able to meet your medical needs and provided your welfare, or that of other residents, will not be adversely affected.

If you receive help from Medicaid in paying for your care, the facility will hold your bed for you up to ten days while you are in the hospital. If you pay for your care entirely with your own funds or with Medicare, this facility will hold your bed as long as you pay for it.

If you receive help from Medicaid, you may leave the home for overnight visits for up to 24 days each year and still keep your bed in the nursing home. For example, you could go home for holidays. If you or Medicare pays for your care, you must make your own payment arrangements for overnight absences.

You have the right to stay in the nursing home unless:

- Staying there would adversely affect your welfare or that of other residents
- The nursing home can no longer provide the care you need
- Your bill isn't paid
- The facility ceases to operate
- You have been required to leave or transfer by a court of law

If you are asked to leave a facility, the facility must give you 30 days notice except in emergencies. If you need to be transferred to another room, the facility must give you 72 hours notice.

You may appeal the decision to discharge or transfer you, and you may remain in your room while awaiting the decision.

You have the right to participate in your treatment and care.

You have the right to choose your own doctor.

You have the right to know your medical condition and you have the right to help plan your care and to know about different ways to have your care or treatment provided.

If you have pain, you have the right to a professional assessment and management of pain.

You have the right to refuse care or treatment, to the extent permitted by law, and to know what may happen if you refuse. This includes the right to leave the home. The home will not be held responsible if you choose to refuse treatment or care provided.

You have the right to privacy and confidentiality.

You have the right to privacy when someone visits.

You have the right to privacy in treatment and in care for your personal needs.

You have the right to send and receive mail unopened.

You have the right to use a phone in a quiet place for a private conversation.

You have the right to share a room with your spouse or your reciprocal beneficiary if you both live in the home.

You have the right to have all your medical and personal records kept confidential, except as required by law or regulation. Staff may see your records in order to provide proper care, but they cannot talk about you outside of the home.

You have the right to be informed about services and charges and the facility's state inspection reports.

You have the right to know the rules of Vergennes Residential Care home and what your responsibilities are.

You have the right to know what kinds of services the home offers and how much you must pay for them.

You have the right to be informed about eligibility for hospice services and the circumstances under which hospice services may be available to you.

You have the right to manage your own money. The home may help you, if you ask in writing, and the home will show you your financial records every three months.

You have the right to review reports of state and federal inspectors of the facility and to have a copy of the reports.

Grievance Procedure

Vergennes Residential Care Home encourages residents and families to voice their concerns, complaints, suggestions for improvement or compliments to any staff at any time. Under the Home's Grievance Procedure, formal, confidential or private complaints and compliments can be filed verbally or in writing, addressed to Barbara M. Buskey RN, licensee for the home. Barbara, with assistance from Timothy F. Buskey, Sr. are designated as responsible for handling and assessing the validity of a grievance or recommendation. Depending on the nature of the complaint, investigation will include confidential interviews with the complainant, subject staff and supervisor, and/or physical examination of the evidence provided. Complainant will be provided with a written answer to the complaint within seven days, along with the plan to correct the grievance or the correction action and the completion date. Each grievance and the actions taken will be recorded in a confidential grievance log, kept in the offices of Vergennes Residential Care, and available for inspection by the state agency (Licensing and Protection). Each resident filing a grievance will be made aware of the state ombudsman program and that the ombudsman may be contacted as an alternative or in addition to the home's grievance mechanism. "Ombudsman" refers to the long-term care ombudsman program established within the Vermont department of disabilities, aging, and independent living pursuant to the Older Americans Act of 1965 as amended. Complaints that cannot be resolved by the grievance procedure within the facility shall be referred to the ombudsman within seven working days. If you have a problem or a complaint, you may either try to resolve it through our grievance procedure or you may contact the Division of Licensing and Protection at 1-800-564-1612 or the Ombudsman at 1-800-889-2047