

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

September 5, 2012

Mr. Sean Booker, Administrator
Waterford Group Home
659 High Ridge Road
Waterford, VT 05819

Provider #: 0162

Dear Mr. Booker:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **August 1, 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: 0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/01/2012
NAME OF PROVIDER OR SUPPLIER WATERFORD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 659 HIGH RIDGE ROAD WATERFORD, 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
R100	Initial Comments: An unannounced on-site investigation of an Entity-Reported Incident was completed by the Division of Licensing and Protection on 8/1/12. The following is a regulatory finding:	R100	See attached Plan of Correction.	
R141 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9 Level of Care and Nursing Services 5.9.a Residents who require more than nursing overview or medication management shall not be retained in a residential care home unless the provisions of the following subsections (i)-(5) are all met: (1) The nursing services required are either: i. Provided fewer than three times per week; or ii. Provided for up to seven days a week for no more than 60 days and the resident's condition is improving during that time and the nursing service provided is limited in nature; or iii. Provided by a Medicare-certified Hospice program; and (2) The home has a registered nurse on staff, or a written agreement with a registered nurse or home health agency, to provide the necessary nursing services and to delegate related appropriate nursing care to qualified staff; and (3) The home is able to meet the resident's needs without detracting from services to other residents; and (4) The home has a written policy, explained to prospective residents before or at the time of admission, which explains what nursing care the	R141		

Division of Licensing and Protection

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

TITLE
RESIDENTIAL MANAGER

(X6) DATE
8/27/12

STATE FORM

6899

5QQN11

If continuation sheet 1 of 2

Division of Licensing and Protection

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R141	Continued From page 1 home provides or arranges for, how it is paid for and under what circumstances the resident will be required to move to another level of care; and (5) Residents receiving such care are fully informed of their options and agree to such care in the residential care home. This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to assure that the nurse, presently on staff had delegated related appropriate nursing care to qualified staff. Findings include: Per staff interview on 8/1/12 the RN providing nursing oversight for this facility stated that s/he entered his/her position on or about 7/27/12. S/he stated that at the time of hire s/he did not re-delegate previously delegated staff working in the facility. S/he stated that she was unaware of the necessity of providing new delegation to staff who had been previously delegated by an RN (no longer employed) within the last year.	R141.		

August 28, 2012

Plan of Correction
Waterford Group Home
Survey Date: August 1, 2012
Regulation Number: R141

The Plan of Correction for The Division of Licensing and Protection's Survey conducted on August 1, 2012 at the Waterford Group Home is for staff to be re-delegated by the current registered nurse. This has already been completed, with five of our staff taking a medication delegation training and test on August 10, 2012, and three of our staff taking the medication delegation training and test on August 24, 2012. This means our entire staff has been re-delegated to administer medications under the current registered nurse, Annetta Schultz, R.N. The plan to ensure that this does not recur is to maintain medication delegation with the current registered nurse on staff and for staff to maintain their delegation by training and testing with the registered nurse yearly. New staff will be trained and delegated to administer medications by the registered nurse on staff before administering any medications.

Thank You,

Valerie Morse

Valerie Morse
Residential Manager
Waterford Group Home

9/4/12
POC
ACCEPTED
Margaret Hyatt RN