



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

December 21, 2010

Ms. Lynne Stratton, Administrator  
Watson House  
34 Prospect Street  
North Bennington, VT 05257

Dear Ms. Stratton:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite licensing survey conducted **December 13, 2010 through December 14, 2010**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota". The signature is written in a cursive style with a large initial "P" and "M".

Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0160</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____  DEC 03 10 Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>10/14/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WATSON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 PROSPECT STREET NORTH BENNINGTON, VT 05257</b>
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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
R100	Initial Comments:  An unannounced onsite licensing survey was conducted on October 13, 2010 and October 14, 2010.	R100		
R104 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1 Admission</p> <p>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.</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the</p>	R104	<p>See Attached POC</p> <p>12-20-10<sup>ME and</sup></p> <p>R104 <del>12-14-10</del> POC accepted.</p> <p>See attached. — C. Laraway, RD</p>	

Division of Licensing and Protection

*Lynne Toothaker Stratton*

TITLE *Manager*

(X6) DATE *12/2/10*

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0160</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2010</b>
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R104	Continued From page 1  provider's agreement to accept room and board and Medicaid as sole payment.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to provide 2 residents (Resident #1 and Resident # 2) with admission agreements that clearly outlined the services, charges, rights and responsibilities related to admission and / or retention as a resident of Watson House. Findings include:  1. Per record review on 10/13/2010, the admission agreement for Resident #1 did not contain sufficient information to advise the resident regarding all rights and services. Involuntary discharge rights, specific nursing care that would / could be provided by the home along with the hours of nurse availability, and the option of financial management assistance, or an indication that such assistance is not available by the home, were not contained in this agreement. There was no indication whether the home accepts SSI (Supplemental Security Income) as a form of payment. During interview on the morning of 10/14/2010, the Owner confirmed that this resident's record did not contain all required components for the admission agreement and that the agreement provided to this resident was not an exact replica of the copy in the home's Policy and Procedure Manual.  2. Per record review on 10/13/2010, the admission agreement for Resident #2 did not contain current and accurate information to advise the resident regarding all rights and services. The resident signed an admission agreement in 2005, upon admission, which had	R104		

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R104	Continued From page 2  not since been updated. The level of nursing services had changed as had the room rates. These changes were not reflected in an updated or revised agreement or addendum. The agreement did not indicate whether the home accepts SSI (Supplemental Security Income) as a form of payment. During an interview on the morning of 10/14/2010, the Owner confirmed that there had not been a revision or addendum to the original agreement which outlined changes. The Admission Agreement signed in 2005 was not an exact replica of the two agreements referenced above.	R104		
R134 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7 Assessment</p> <p>5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to complete an assessment for 1 applicable resident in the survey sample (Resident #1) using the assessment instrument provided by the licensing agency. Findings include:</p> <p>1. Per record review on 10/13/2010, the assessment instrument used to determine the physical, mental, and psychosocial status of Resident #1 (admitted 2/27/2009) was not the</p>	R134	<p>See Attached POC 10/18/10 R134 12-14-10 POC accepted. See attached. — C. Laraway, RN</p>	

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R134	Continued From page 3  current instrument required by the licensing agency. During interview that afternoon, the Manager confirmed that the assessment instrument in the record is not current.	R134		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan 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, record review and interview, the home's Registered Nurse (RN) did not update the plan of care for 1 applicable resident (Resident #1). Findings include:  1. Per record review on 10/14/2010, Resident #1 began continuous oxygen therapy ordered by the physician on 9/16/2010. The plan of care for Resident #1 did not contain information to alert staff regarding the presence of this treatment and the administration amount (liter flow) or frequency of oxygen required. During interview that day, the Manager confirmed that the plan of care had not been updated to include oxygen therapy.	R145	See Attached POC 10/14/10  R145 12-14-10 POC accepted. See attached. — C. Laraway, RN	
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (4)	R147	See Attached POC	11/2/10

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R147	Continued From page 4  Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Nurse did not assure that the physician medication orders for Resident #1 were current. Findings include:  1. Per record review on 10/13/2010, the standing orders for Resident #1 (dated 6/18/2004) contained the signature of a physician no longer caring for this resident and these orders pre-dated the resident's admission date. A nursing note, dated 9/11/2010, indicated that 'Tussin' (cough suppressant) was implemented from the standing orders for this resident. Per interview on 10/14/2010, the Manager confirmed that the standing orders were written by a previous provider, that the orders had been used, and that the orders had not been signed by the current physician.	R147		
R166 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (4) All medications must be administered by the person who prepared the doses unless the nurse	R166	See Attached POC 12/1/10 R166 12-14-10 POC accepted. See attached. — C. Laraway, RN	

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R166	Continued From page 5  responsible for delegation approves of an alternative method of preparation and administration of the medications.  This REQUIREMENT is not met as evidenced by: Based upon observation, record review and interview, the Registered Nurse failed to approve the alternate method of preparation and administration of medications employed in the facility. Findings include:  Per observation, record review and staff interview, medications for administration are poured into weekly storage boxes for administration to each resident. Delegated staff then administer medications to residents from the appropriate compartment for each resident, day, and time. The medications are prepared weekly by the facility manager and /or one specified unlicensed Aide. Per record review there is no documentation in the Delegation log of the nurse teaching, observing and delegating this task to the two individuals currently performing the task. This was confirmed in an interview with the facility manager on 10/14/10 at 11 AM.	R166		
R179 SS=F	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:	R179	See Attached POC  R179 12-14-10 POC accepted. — See attached. — C. Laraway, RN	11/10/10

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R179	Continued From page 6  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not assure that 4 of 4 reviewed employees had completed the required annual training. Finding include:  1. Per record review on 10/31/2010, 4 employee records reviewed for annual education completion contained incomplete records regarding mandatory requirements and the annual requirement for a total of 12 hours of ongoing training. During interview on 10/13/2010, the Manager confirmed that none of the reviewed employees had completed the required training.	R179		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.15 Policies and Procedures  Each home must have written policies and procedures that govern all services provided by	R200	See Attached POC R200 12-14-10 POC accepted. — See attached. — C. Laraway, RN	12/8/10

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R200	Continued From page 7  the home. A copy shall be available at the home for review upon request.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the home failed to develop an oxygen policy and procedure to assure consistent care for resident's requiring oxygen therapy (Resident #1). Findings include:  1. Per observation on 10/13/2010, Resident #1 used oxygen via a concentrator continuously. Per record review, oxygen was ordered at 2 liters continuously on 9/16/2010. During interview on the morning of 10/14/2010, the Manager confirmed that s/he was unaware of the cleaning and maintenance of the concentrator, the required frequency to change oxygen tubing, or the proper storage of portable oxygen tanks. S/he also confirmed that the home has no written policy and procedure directing staff in either the care and maintenance of the equipment used or in the administration of oxygen therapy to residents.	R200		

R104

The Watson House has signed Admission Agreements for each current Resident. Over the years, the Agreement has been changed for various reasons. When the standard agreement was changed, Watson House failed to amend existing agreements. This led to Residents having different agreements. Once the attached standard agreement is approved by the State, Watson House will immediately have the new agreement signed by each Resident or their appropriate designee. Whenever the standard agreement is changed, the new agreement will be signed by all Residents to replace the former agreement. If a simple rate change occurs, the new rate will be placed on the rate page and the Resident or designee will initial the change. This will result in all Residents having the same standard agreement at all times.

A section outlining all involuntary discharge rights of Residents has been included in the attached Agreement taken directly from the State regulations.

A paragraph has been added to the Agreement outlining nursing services provided along with nursing availability.

The Agreement now emphatically states that no financial management services are provided by the Watson House.

The Agreement now clearly states that The Watson House does not participate in any ACCS, ERC or SSI insurance program and only accepts private pay Residents.

As soon as this Admission Agreement is approved by The State, Watson House will issue new agreements to all Residents and their representatives for signature. It is estimated that all new agreements could be signed and returned within two weeks of admission agreement approval. It would seem to be prudent to wait for approval in the event that further changes are needed.

The Watson House will review its Admission Agreement on a yearly basis and will make amendments when necessary to reflect changes in circumstances such as changes in regulations, etc.

Ms. Lynne Toothaker Stratton, Manager is responsible for this POC.

Completion Date: December 30, 2010

R104 12-20-2010

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>0160</b>	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: <b>10/14/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>WATSON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 PROSPECT STREET NORTH BENNINGTON, VT</b>		RECEIVED Division of <b>DEC 03 10</b>
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		Licensing and Protection
<b>R134</b>	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.7 Assessment</p> <p>5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to complete an assessment for 1 applicable resident in the survey sample (Resident #1) using the assessment instrument provided by the licensing agency. Findings include:</p> <p>1. Per record review on 10/13/2010, the assessment instrument used to determine the physical, mental, and psychosocial status of Resident #1 (admitted 2/27/2009) was not the current instrument required by the licensing agency. During interview that afternoon, the Manager confirmed that the assessment instrument in the record is not current.</p>		

The above isolated deficiencies pose no actual harm to the residents

R134

The instrument used to determine the physical, mental, and psychosocial status of Residents at The Watson House was found not to be the current instrument required by the licensing agency. The appropriate form was forwarded to The Watson House by the State and is being used for each new admission. All current Residents will be assessed using the required instrument upon their annual re-assessment.

The plan of correction was implemented on October 18, 2010. Lynne Toothaker Stratton, Manager, is responsible for the POC.

R134 12-14-10 POC accepted as written. — C. Laraway, RN

R145

The care plan for Resident #1 has been amended to contain information to alert staff regarding the presence of continuous oxygen therapy and the correct administration (liter flow).

When any Resident has a significant change in status, the care plan will be updated to inform all care givers of the changes. When a Resident is hospitalized and returns to The Watson House, the discharge orders will be reviewed to determine if the care plan requires updating by The Watson House Manager, and if the care plan needs to be changed, staff will be alerted regarding the changes.

The POC was completed on October 14, 2010. The Manager of The Watson House, Lynne Toothaker Stratton, is responsible for the POC.

R145 12-14-10 POC accepted as written. — C. Haraway, RN

R147

All Standing Orders for The Watson House have been reviewed, signed and dated by each Resident's physician and placed in both the Resident's chart and the medication administration record. Whenever a new Resident is admitted, the Standing Orders will be forwarded along with the Physician's Orders for review and signature by the physician. If any changes are made to the Standing Orders by the physician at any time, the change(s) will be signed and dated by the physician and noted appropriately.

This POC was completed on November 2, 2010. Lynne Toothaker Stratton, Manager, is responsible for the POC.

R147 12-14-10 POE accepted as written. — C. Laraway, RN

R166

The nursing consultant has delegated the responsibility for pre-pouring resident medications into weekly storage boxes for administration to each resident to The Watson House Manager and one additional staff member. They received extensive re-training in this process from the nurse consultant on 12/01/2010.

Each year the individuals involved in the pre-pouring process will be re-trained by the nurse consultant. If any new employees are to be involved with this process, they will be trained before they are allowed to pre-pour by the nurse consultant. Documentation of this training will be available in the employee record.

The POC was implemented on 12/01/2010. The Watson House Manager, Lynne Toothaker Stratton is responsible for the POC.

R166 12-14-10 POC accepted as written. — C. Haraway, RN

R179

All employees at The Watson House will complete no less than 12 hours of training each year. The training will include, but not be 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, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions;
- (7) General supervision and care of residents.

The Watson House Manager will closely monitor each employee's compliance with the 12 in-services requirement for each twelve month period.

An in-service was conducted on 11/10/2010. Similar in-services will be conducted each month and will be mandatory.

This POC commenced on 11/10/2010 and is the responsibility of Lynne Toothaker Stratton, Manager.

*R179 12-14-10 POC accepted as written. — C. Heraway, RW*

R200

A policy and procedure has been developed for the cleaning and maintenance of the oxygen concentrator. It also includes the required frequency for changing tubing and the proper storage of portable oxygen tanks. The policy and procedure also includes the proper administration of oxygen therapy to residents. Staff have been given a copy of the policy and procedure to read and sign. If any questions persist, they can discuss them with the consulting nurse and/or manager.

A policy and procedure will be developed for any new equipment or procedure initiated at The Watson House on behalf of residents.

These policies and procedures will be reviewed yearly, or as necessary, by the nurse consultant and the manager to ensure that they are still accurate and applicable.

This POC will be completed by 12/8/2010. Ms. Lynne Stratton, Manager, is responsible for the POC.

*R200 12-14-10 POC accepted as written. — C. Laraway, RN*