

## 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) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

November 5, 2013

Ms. Mary Naumann, Administrator  
Willows Of Windsor  
121 State Street  
Windsor, VT 05089

Provider #: 0044

Dear Ms. Naumann:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **October 7, 2013**. Please post this document in a prominent place in your facility.

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

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2013</b>
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NAME OF PROVIDER OR SUPPLIER  
**WILLOWS OF WINDSOR**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**121 STATE STRFET  
WINDSOR, VT 05089**

(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 licensing survey was conducted on 10/07/13 by the Division of Licensing and Protection. The following violations are the results of the licensing survey for the Residential Care Home (RCH).	R100		
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 record review and staff interviews, the facility failed to assure the development of a care plan which describes the care and services needed to assist the resident to maintain independence and well-being for 3 of 4 residents in the sample (Resident #1, #2, #3) Findings include: *This is a repeat deficiency  1). Per record review on 10/07/13 for Resident #1, #2, and #3, who were recently admitted to the RCH within the last year, no care plans were found. Per interview at 5:30 PM the Assistant Manager stated that "they're being worked on" and confirmed there were no care plans for these three residents.	R145	CARE PLANS WILL BE IN THE CORRECT BINDER & CONFIRMED COMPLETE BY RN/LPN BY NOV 8, 2013.  THEY WILL BE REVIEWED QUARTERLY TO ASSURE THEY ARE CURRENT & IN PLACE DURING WEEK MID JAN, APRIL, JULY, OCTOBER.	11/8/13
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES	R146		

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

*Patti Hutchins*

TITLE

*Manager*

(X8) DATE

10/29/13

R145, R146, R155, R165, R177, R188, R190, R249, R266, R295+R999 POC's accepted 10/31/13 Semmons RN/AME

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R146	<p>Continued From page 1</p> <p>5.9.c (3)</p> <p>Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the nurse failed to ensure that staff adhered to accepted standards of practice when providing care to 1 applicable resident (Residents #2). Findings include the following:</p> <p>1. Per observation on 10/07/13 at 3:20 PM, the PCA [personal care attendant] failed to use acceptable standards of practice for catheter care for Resident #2. The PCA was noted at that time, to remove the leg bag from the catheter, drain the leg bag, wipe the leg bag tip and re-connect it to the catheter. Additionally, there were three green caps in a small amount of [approximately one tablespoon] liquid in a small medicine cup on the bathroom shelf above the mirror and the overnight urine drainage bag was hanging on the toilet roll holder with no cap on the end of the tube. Per review of the policy and instructions notes the following;</p> <p>#4 - wipe bag tubing and catheter [all connections] with alcohol before taking apart and before reconnecting; store your cap in a clean covered container after soaking for 10 minutes in alcohol, place a clean cup over tip of tubing.</p> <p>Per interview the Assistant Manager at 5:30 PM</p>	R146	<p>STAFF HAS BEEN READVISED ON PROPER PROCEDURE. THIS POLICY WAS REVIEWED AT STAFF MEETING ON OCT 8, 2013</p> <p>ALL CURRENT STAFF WILL RETURN DEMONSTRATE THIS SKILL BY NOV 8, 2013</p> <p>ALL STAFF WILL BE REQUIRED TO DEMONSTRATE PROPER CATHETER CARE FOR INITIAL &amp; ANNUAL TRAINING.</p>	11/8/13
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R146	Continued From page 2  confirmed that the PCA failed to use acceptable standards of practice for catheter care.	R146		
R155 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c. (12)</p> <p>Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility Nurse failed to assure that staff performance in the administration of medications was in accordance with facility policies and procedures. This has the potential to effect all residents. Findings include:</p> <p>Per record review, the facility policies and the training program for medication administration contained information regarding pouring medication at the time of administration. During an observation of medication administration on 10/07/13 at 12:16 PM, the PCA [personal care attendant] was observed administering an antibiotic from a unlabeled plastic medicine cup (for Resident #3). In an interview at that time, the PCA stated "[ Resident #3's] antibiotic was changed from four times a day to twice a day and this morning I saw we're giving it at noon instead of the morning...I popped the pill this morning and put it in the cup for later".</p> <p>Per review of the Physician order and the follow up telephone order dated 10/03/13, Macrobid</p>	R155		

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R155	<p>Continued From page 3</p> <p>100 mg was to be given in the AM and Bed time for 10 days. The communication book to the staff also notes the time as "AM" and "bedtime". Per review of the MAR [medication administration record] shows staff administered the medication on 10/04/13 and 10/05/13 at AM, Noon and Bedtime [three times]. On 10/06/13 until the end of the course of treatment on 10/13/13 the medication was listed to be given at Noon and Bedtime. The PCA was "not sure" who or when the times were changed from AM and Bedtime.</p> <p>Per telephone interview at 2:11 PM the Manger [also a nurse] stated that the order is to be given for AM and Bedtime and confirmed s/he was not aware the medication was administered incorrectly. Additionally, s/he confirmed that staff should not be pre-pouring nor storing medication prior to actually administering each medication for each resident. S/he confirmed that this would be against policy and best practice.</p> <p>Also see R-165</p>	R155	<p>THIS WAS AN ERROR BY THE STAFF MEMBER. VERIFICATION OF PROPER TRAINING IS ON FILE. MEDICATION POLICIES WERE REVIEWED AT STAFF MEETING ON OCT 8, 2013.</p> <p>STAFF MEMBER RECEIVED DISCIPLINARY COUNSELING ABOUT MARKING CUP AND PROPER PROCEDURE.</p>	10/8/13
R165 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <p>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's</p>	R165		

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R165	<p>Continued From page 4</p> <p>condition, relevant medications, and potential side effects;</p> <p>ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility Nurse failed to monitor and evaluate the designated staff performance in carrying out the nurse's instructions in the administration of medications. This has the potential to effect all residents. Findings include:</p> <p>Per record review, the facility policies and the training program for medication administration contained information regarding pouring medication at the time of administration . During an observation of medication administration on 10/07/13 at 12:16 PM, the PCA [personal care attendant] was observed administering an antibiotic from a unlabeled plastic medicine cup (for Resident #3). In an interview at that time, the PCA stated "[ Resident #3's] antibiotic was changed from four times a day to twice a day and this morning I saw we're giving it at noon instead of the morning...I popped the pill this morning and put it in the cup for later".</p> <p>Per review of the Physician order and the follow up telephone order dated 10/03/13, Macrobid 100 mg was to be given in the AM and Bed time for 10 days. The communication book to the staff also notes the time as AM and bedtime. Per review of</p>	R165		

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R165	<p>Continued From page 5</p> <p>the MAR [medication administration record] shows staff administered the medication on 10/04/13 and 10/05/13 at AM, Noon and Bedtime [three times]. On 10/06/13 until the end of the course of treatment on 10/13/13 the medication was listed to be given at Noon and Bedtime. The PCA was "not sure" who or when the times were changed from AM and Bedtime.</p> <p>Per telephone interview at 2:11 PM the Manger [also a nurse] stated that the order is to be given for AM and Bedtime and confirmed was not aware the medication was administered incorrectly. Additionally, s/he confirmed that staff should not be pre-pouring nor storing medication prior to actually administering each medication for each resident.</p> <p>Also see R-155</p>	R165	<p>POLICY IS THAT ALL MEDICATION CHANGES MUST BE COMPLETELY REWRITTEN IN A FRESH SPACE BY A NURSE / DIRECTLY SUPERVISED BY A NURSE.</p> <p>LPN/RN HAS PROVIDED DISCIPLINARY COUNSELING REGARDING THIS ERROR.</p>	10/8/13
R177 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h</p> <p>(5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to account for a narcotic medication on a daily basis between each shift as required.</p>	R177	<p>TO ASSURE MED CHANGES ARE FULLY UNDERSTOOD THE CHANGE FORMS NOW REQUIRE STAFF TO INITIAL THE CHANGE SHEET &amp; NOTIFY NURSE IF THEY AREN'T CLEAR.</p> <p>SEE ATTACHED FORM WITH HIGHLIGHTED CHANGE.</p>	

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R177	Continued From page 6  Findings include the following:  1. Per record review on 10/07/13 , the RCH's Controlled Drugs-Count Record for the month of August and September 2013 was not complete. Per review of the policy and instructions, the in-coming and out-going staff for each of the three shifts are to count narcotics in order to verify the quantity is correct. Eight times during the month of August and five times during September staff failed to document that they had verified the count. Per interview, the Assistant Manager confirmed the expectation would be to count the medications with two staff for all shifts, which did not happen as listed above.	R177	PER RN REVIEW OF THESE FORMS, STAFF DID DOCUMENT THEY HAD VERIFIED COUNT & TAKEN OVER CHAIN OF CONCERN. THE DOCUMENTS HAVE SPACES WHERE OFF GOING STAFF DID NOT SIGN OFF.	
R188 SS=B	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(2)  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:	R188	OUR DOCUMENTATION REFLECTS THAT OUR NARCOTICS ARE COUNTED 2-3TIMES DAILY DEPENDING ON THE SHIFT TIMES. THIS MEETS THE STATE REQUIREMENT FOR DAILY COUNTS AND OUR REQUIREMENTS FOR COUNTS WHEN THE MED PERSON CHANGES.	

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R188	Continued From page 7  Based on record review and staff interview, the home failed to assure that 2 of 4 resident records included all of the required information. (Resident #1 & #2] Findings include:  Per record review on 10/07/13, there were no photographs for Resident #1 and #2 observed to be present in the medical record nor in the MAR (Medication Administration Record). Resident #1 was admitted on 07/22/13 and Resident #2 was admitted on 02/15/13. Per interview at 5:00 PM, the Assistant manager confirmed that they did not have a photograph of the residents in any of the medical records as required by the regulation.	R188	PHOTOGRAPHS WILL BE UPDATED IN MAR BY NOV 8, 2013  THIS WILL BE REVIEWED QUARTERLY BY RN IN THE FUTURE. (I MISS POLAROID 😊)	11/8/13
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES  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 staff interview and record review, the RCH failed to ensure required background checks were completed for 4 of 6 current staff. Findings include:  Per record review of personnel files on 10/07/13 at 6:15 P.M., 4 out of 6 RCH employees did not have evidence of Vermont criminal (VCIC), Adult Protective Services (APS) and/or Child abuse background checks. The Assistant Manager stated that s/he was "pretty sure they were done but I'm unable to locate the files". S/he confirmed that at this time there is no documentation that the back ground checks were completed for the	R190	WE FAILED TO PRINT COPIES OF EMAIL VERIFICATION AND WILL HAVE IN A BINDER BY NOV 8TH	11/8/13

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R190	Continued From page 8  current staff who had been employed less than one year.	R190		
R249 SS=F	VII. NUTRITION AND FOOD SERVICES  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.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to assure that food storage techniques are consistent with safe food handling practices. Findings include:  Per observation during the initial tour on 10/7/13 at 10:25 AM, the freezer in the cellar had no record of the temperatures being taken. Staff stated that the temperatures for the freezers and refrigerator were taken for the upstairs units only. Additionally, in the refrigerator in the storage room between the two Resident's halls, chopped beef in a zip lock bag was noted to be defrosting on the top shelf over a 9 x 11 pan of macaroni/cheese and a large bowl jello [loosely covered with foil]. The Assistant Manager at 12:30 PM confirmed that the temperatures for the cellar freezer were not documented and that the chopped beef has the potential to leak onto other food from the top shelf and "should be on the lower shelf".	R249	A FREEZER TEMP FORM WAS ADDED FOR THAT FREEZER.  THE POLICY FOR SAFE FOOD HANDLING WAS REVIEWED AT STAFF MEETING ON OCT. 8, 2013. A SPECIFIC SPOT FOR THAWING MEAT WAS DESIGNATED - ON THE LOWEST REFRIGERATOR SHELF.	10/25/13  10/8/13
R266 SS=D	IX. PHYSICAL PLANT	R266		

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R266	<p>Continued From page 9</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that a safe environment was maintained. Findings include:</p> <p>Per observation on 10/07/13 at 10:45 AM, a room that was utilized for storing the med cart, laundry equipment, food storage, and cleaning products and which connected the two resident room wings, had a 3 foot high gate that was left opened throughout the day as staff came and went to access medications, laundry, and cleaning products. Per review of resident records and confirmed with the Assistant Manager at 1:30 PM, there were residents with cognitive deficits who could be injured by stepping down into this room and/or have access to items not appropriate for them. S/he confirmed at that time that the gate should be closed at all times for the safety of the residents.</p> <p>*This is a repeat violation ( 02/13/13 complaint survey).</p>	R266	<p>WE HAVE ADDED SIGNS THAT GATES MUST REMAIN CLOSED AND BE SHUT PROMPTLY AFTER GOING THROUGH.</p> <p>STAFF WAS REMINDED OF THIS POLICY ON OCT 8, 2013 STAFF MEETING.</p>	10/8/13
R295 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.8 Heating</p> <p>9.8.a Each home shall be equipped with a heating system which is of sufficient size and capability to maintain all areas of the home used</p>	R295		

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R295	<p>Continued From page 10</p> <p>by residents and which complies with applicable fire and safety regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility did not follow the recommended maintenance schedule for furnace cleaning / inspection. Findings include:</p> <p>1. Per observation during the environmental tour on the morning of 10/07/13, there was no evidence that required boiler unit safety inspections had been conducted for the home's heating unit. During interview on 4:40 PM, the Assistant Manager was not sure when it was last inspected and confirmed that there was no evidence that the boiler has been inspected recently by a licensed, certified boiler inspector.</p>	R295	<p>BOILER WAS INSPECTED IN APRIL 2013, IT IS SUFFICIENT FOR THIS BUILDING. THE CERTIFICATION STATING SUCH IS NOW POSTED IN THE LOCATION OF THE BOILER AND A COPY IS INCLUDED WITH THIS POC.</p>	10/25/13
R999 SS=C	<p>MISCELLANEOUS</p> <p>4.13.b Whenever the authority is vested in the governing board of a firm, partnership, corporation, company, association or joint stock association, there shall be appointed a duly authorized qualified manager, however named, who will be in charge of the daily management and business affairs of the home, who shall be fully authorized and empowered to carry out the provisions of these regulations, and who shall be charged with the responsibility of doing so. The manager of the home shall be present in the home an average of 32 hours per week. The 32 hours shall include time providing services, such as transporting, or attendance at educational seminars. Vacations and sick time shall be taken into account for the 32-hour requirement. In the event of extended absences, an interim manager</p>	R999	<p>WE HAVE 3 MANAGERS THAT WORK UP TO 40 HOURS A WEEK FROM VARIOUS LOCATIONS. A SPECIFIC PERSON HAS BEEN ASSIGNED AS THE MANAGER AND WILL BE TRAINED IN 6 WEEKS.</p>	12/6/13

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILLOWS OF WINDSOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 STATE STREET WINDSOR, VT 05089</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
R999	<p>Continued From page 11</p> <p>must be appointed.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on staff interview and record review, the home has failed to assure that a manager capable of addressing the daily management and business affairs is present within the home an average of 32 hours per week. Findings include:</p> <p>1. Per observation on 10/07/13 at 10:05 AM and initial staff interviews stated that the Manager, who works several days a week was not available but there was an "acting manager". That staff person identified themselves as the Assistant Manager. The nurse surveyor than requested information needed for the survey process such as a Resident Register with admission and discharges, In-service education and background checks for employees. After several hours the Assistant Manager stated that s/he was "not sure where to find this information and need to call [the manager] who is at [school/clinical]". Per telephone interview at 2:11 PM the Manager acknowledged that s/he was not available in the home 32 hours a week and only "24 to 30 hours but we're sharing manager hours." S/he further confirmed that the 'Assistant Manager' has not had the proper training to be fully qualified of the daily management and business affairs of the home.</p> <p>~~AND~~</p> <p>4.14.f The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily</p>	R999		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2013</b>
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R999	<p>Continued From page 12</p> <p>accessible to resident where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and interview, the Residential Care Home (RCH) did not have the latest licensing agency inspection report readily accessible for residents or the public. Findings include:</p> <p>1. Per observation on 10/07/13 at 10:00 AM, a copy of the most recent survey was not found or posted in the building where residents or the public could readily access the results. Per interview at 11:55 AM the Acting Assistant Manager confirmed that no surveys or written report were posted or available in an area readily assessable for residents or the public.</p>	R999	<p>THIS SURVEY AND POC WILL BE POSTED BY NOV 8, 2013.</p>	11/8/13.

**WILLOWS OF WINDSOR**

**CHANGE IN MEDICATION OR TREATMENT  
NOTIFICATION**

This is a:    NEW MEDICATION        MEDICATION CHANGE    TREATMENT CHANGE

RESIDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NEW ORDER:

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REASON/RATIONALE \_\_\_\_\_

This change will be:    ROUTINE        AS NEEDED        FOR A SPECIFIC PERIOD \_\_\_\_\_

START:    NOW    WHEN IN FROM PHARMACY    FROM EKIT    SPECIFIC DATE: \_\_\_\_\_

This is a pre-operative or pre-procedure treatment or medication    YES    NO

NOTES:

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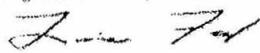
TRANSCRIBED IN MAR BY: \_\_\_\_\_

INITIAL THAT YOU READ AND UNDERSTAND THESE ORDERS AND THE ORDERS IN MAR ARE CLEAR AND UNDERSTOOD- NOTIFY NURSE IF UNCLEAR.

**BOILER/FIRED PRESSURE VESSEL - REPORT OF INSPECTION**

The Hartford Steam Boiler Inspection and Insurance Co.

Hartford, Connecticut 06102

Standard Form For Jurisdictions Operating Under The ASME Code			Policy <b>1000888</b>	Location <b>01865</b>	Designating Number <b>19508389</b>
Date Inspected <b>04/15/2013</b>	Cert Exp Date <b>04/15/2015</b>	Certificate Posted <input checked="" type="radio"/> Yes <input type="radio"/> No	Owner Number	Jurisdiction Number <b>VT10827</b>	National Board Number
Owner Name <b>THE WILLOWS OF WINDSOR</b>			Nature of Business <b>CONVALESCENT &amp; NURSING HOMES</b>		Kind Of Inspection <input type="checkbox"/> Internal <input checked="" type="checkbox"/> External
Owner Street Address <b>121 STATE ST</b>			Owners City <b>WINDSOR</b>	State <b>VT</b>	Cert. Inspection <input checked="" type="radio"/> Yes <input type="radio"/> No  Zip Code <b>05089</b>
Users Name at Object Location <b>THE WILLOWS OF WINDSOR</b>			Specific Location in Plant <b>BSMT</b>		Object Location - County <b>WINDSOR</b>
Users Street Address <b>121 STATE ST</b>			Users City <b>WINDSOR</b>	State <b>VT</b>	Zip Code <b>05089</b>
Type <input type="radio"/> FT <input type="radio"/> WT <input checked="" type="radio"/> CI <input type="radio"/> Other		CI BLR	Year Built <b>1970</b>	Manufacturer <b>AM STD.</b>	
Use <input type="radio"/> Power <input type="radio"/> Process <input type="radio"/> Steam <input checked="" type="radio"/> HWH <input type="radio"/> HWS <input type="radio"/> Other			<b>HWH</b>	Fuel <b>Other, Burner</b>	Method of Firing
Pressure Allowed This inspection: <b>30</b>			Previous Inspection: <b>30</b>	Safety Relief Valves Set At: <b>30</b>	Pressure Gage Test <input type="radio"/> Yes <input checked="" type="radio"/> No
Explain If Pressure Changed			Date: <b>00/00/0000</b>		
Condition Of Object Such That a Certificate May Be Issued? <input checked="" type="radio"/> Yes <input type="radio"/> No (If NO explain fully under conditions)			Hydro Test <input type="radio"/> Yes <input checked="" type="radio"/> No	PSI:	
Conditions: <b>NO ADVERSE CONDITIONS NOTED.</b>					
Requirements: <b>NONE. DECAL 98036</b>					
Name and Title of Person To Whom Requirements Were Explained <b>AERON BURRELL (802) 299-9883</b>					
I hereby Certify this is a true report of my inspection:					
Signature of Inspector  <b>Louis Fox</b>		Identification No <b>892</b>	Employed by <b>The Hartford Steam Boiler Inspection and Insurance Co.</b>		Ident. No