



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

January 26, 2011

Ms. Joyce Jacobs, Administrator
Windover House
451 Vt Route 66
Randolph, VT 05060

Dear Ms. Jacobs:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite licensing and complaint survey conducted on **August 11, 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 RN". The signature is cursive and somewhat stylized.

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure: As noted above.



SCANNED

PRINTED: 01/10/2011
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2010
NAME OF PROVIDER OR SUPPLIER WINDOVER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 451 VT ROUTE 66 RANDOLPH, VT 05060		
(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 and complaint survey was conducted by the Division of Licensing and Protection on 8/11/2010.	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that medication and / or treatment for 2 of 3 reviewed residents (Resident #2 and Resident #3) was consistent with the physician's orders. Findings include: 1. Per record review on 8/11/2010, Resident #2 had an order dated 4/1/2010 to check weights daily and to call MD (physician) if a 2-3 pound increase occurs in 2 days or a 5 pound increase in a week following a hospitalization for CHF (congestive heart failure). There was no evidence that weights had been monitored on a daily basis for this resident. During interview at 1:45 PM, the RN confirmed that this order did require daily weights, that the order had not been transcribed and that weights had not been monitored as ordered. 2. Per record review on 8/11/2010, the MAR (medication administration record) of Resident #3 indicated "Stool Softener" to be administered at 8AM. There was no MD order for this medication.	R128	1/21/11 Upon admission to facility all orders will be reviewed and confirmed to MD for Accuracy - Each residents chart will be reviewed/audited quarterly for any new orders and that medication is transcribed in proper places, wets in proper place - etc - R128 1-26-2011 POC accepted C. Laraway, RN	

Division of Licensing and Protection

Joyce Jacobs Owner

TITLE

(X6) DATE

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

B. Chapman 1/21/11

STATE FORM

6899

XLLJ11

If continuation sheet 1 of 8

PRINTED: 01/10/2011
FORM APPROVED

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R128	Continued From page 1 During interview at 1:30 PM, the RN confirmed that this medication was not on the resident's physician orders.	R128		
R134 SS=D	<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 2 of 3 residents (Resident #1 and Resident #3) within 14 days of admission. Findings include:</p> <p>1. Per record review on 8/11/2010, Resident #1 was admitted to the home on 5/18/2010 but had no completed admission assessment in the record to the present date. During interview on the afternoon of 8/11/2010, the Nurse confirmed that no admission assessment had been completed because the resident was considered 'respite' status, nor had medication management abilities been assessed within 24 hours as required.</p> <p>2. Per record review on 8/11/2010, Resident #3 was admitted to the home on 6/14/2010. There was no completed admission assessment available at the time of this review. During</p>	R134	<p>1/2/11</p> <p>After each admission the nurse will be notified of admission in addition to the nursing SV @ BMC to ensure compliance of regulations -</p> <p>all records will be audited for assessments by 2/1/11</p> <p>R134 1-26-2011 POC accepted</p>	

Division of Licensing and Protection
STATE FORM

0899

XLJ11

C. Laraway, RN - If continuation sheet 2 of 8

Division of Licensing and Protection

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R134	Continued From page 2 interview on 8/14/2010 at 3:40 PM, the RN confirmed that this resident had not been assessed within 14 days of admission.	R134		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.6 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on record review and interview, 2 of 3 residents reviewed (Resident #1 and Resident #3) were not assessed prior to the commencement of nursing services. Findings include: 1. Per record review on 8/11/2010, Resident #1 was admitted to the home on 5/18/2010 following a hospitalization stay requiring rehabilitation services. There was no completed resident assessment available for this resident. During interview that afternoon, the RN confirmed that this resident did require nursing oversight post hospitalization. 2. Per record review on 8/11/2010, Resident #3 was admitted to the home on 6/14/2010 with dementia and mobility problems as a respite resident. There was no assessment completed prior to the start of nursing services. During interview that afternoon, the RN confirmed that	R135	<i>Same as R134</i> <i>R135 1-26-2011 POC accepted -</i> <i>C. Laraway, RN</i>	

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R135	Continued From page 3 this resident requires nursing services and that the assessment had not been completed within the required timeframe.	R135	
R147 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to maintain a current list of the medications for 1 of 3 residents in the review sample. Findings include:</p> <p>1. Per record review on 8/11/2010, Resident #3 had orders dated 8/6/2010 for Levoxyl 0.05mg (milligram) QD (daily); Seroquel 25 mg BID (twice a day) and Propranolol 20mg BID. The Resident's MAR (Medication Administration Record) stated Propranolol 20 mg QOD (every other day); Aspirin EC 81 mg QD; Lithium orotate 10 mg QD; Vitamin K-2 45 mg QD; Seroquel 25 mg QD; Levothyroxine 0.05 mg QD and "Stool Softener". During interview that afternoon at 1:30 PM, the RN (Registered Nurse) confirmed that the stool softener indicated on the MAR (and given daily) had no type, dosage or frequency indicated and that the MAR did not reflect the most current physician orders.</p>	R147	<p>1/2/11</p> <p>All Medication adm. Records have been reviewed for accuracy and completion and will be checked monthly by the RN against the physician record.</p> <p>All unnecessary Medications will be discontinued -</p> <p>R147 1-26-2011 POC accepted -</p>

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R164	Continued From page 4	R164		
R164 SS=E	<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>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN failed to personally delegate administration of medication to 2 of 3 staff. Findings include:</p> <p>1. Per record review on 8/11/2010, there was no evidence of medication delegation by the current RN to 2 of 3 staff members currently administering medication to residents. During interview at 3:15 PM, the RN confirmed that s/he had personally trained only 1 of 3 current staff and that the prior facility nurse had trained the others.</p>	R164	<p>1/21/11</p> <p>Medication policy review/administration updated - One home staff member will be advised on Med administration to total three by 2/1/11</p> <p>R164 1-26-2011 POC accepted. — C. Laraway, RN</p>	
R173 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(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</p>	R173		

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R173	Continued From page 5 keys This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that all resident medications are stored in locked compartments. Findings include: 1. Per observation on 8/11/2010, pre-poured resident medications for the day were, in clear view from the hall, on top of a filing cabinet in the medication storage area which consists of a counter and a 1/2 locked door. Throughout the day of survey, various residents and staff passed through the hall adjacent to this area. During interview that afternoon, the RN confirmed that these medications were not stored in locked compartments.	R173	1/21/11 Review of policy done - all meds are kept locked in locked compartment behind locked door Review of policy given @ staff Mtg - R173 1-26-2011 POC accepted - C. Haraway, RN	
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: (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	R179	1/21/11 Insance record developed to log insances provided by RN throughout the year R179 1-26-2011 POC accepted - C. Haraway, RN	

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R179	Continued From page 6 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 failed to ensure that staff received required annual training. Findings include: 1. Per record review, no current staff person had evidence of the completion of ongoing education for the prior 12 months. During interview on 8/11/2010 at 4:20 PM, the Manager confirmed that there was no record available to confirm that any staff member had completed education requirements for the prior year.	R179		
R302 SS=C	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.	R302	1/21/11 Fire drills will be rotated throughout the day/eve/roc and documented as done throughout the yr -	

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R302	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that fire drills were conducted as required. Findings include: 1. Per record review, fire drills during the prior year had been completed on 8/13/2009 at 1:15 PM, 1/8/2010 at 10:00 AM, 3/16/2010 at 2:00 PM, and 6/30/2010 at 1:00 PM. There were no night time drills and only 4 of 6 required annual drills were completed. During interview on 8/11/2010 at 4:20 PM, the Manager confirmed that fire drills were not completed as required.	R302		