

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 2, 2023

Ms. Raeleen Bedard, Manager 22 Upper Welden 107 Fisher Pond Road Saint Albans, VT 05478-1836

Dear Ms. Bedard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 28**, **2023**. 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

Lamela MCotaRN

Licensing Chief

PRINTED: 05/26/2023

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING 0528 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) T 001 Initial Comments T 001 On 2/14/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey, with further information received from the facility on 2/17/23 and 2/21/23, which was reviewed on 2/28/23. The following regulatory deficiencies were identified: T037 Nursing to obtain and maintain accurate, up to date signed T 037 V.5.8.c Resident Care and Services T 037 orders for each resident for any medication to be SS=F administered, presacription, or over-the-counter (OTC). A 4/3/2023 5.8 Medication Management copy of the written and signed orders will be kept in the medication logbook and in the clients' records. Nursing will check, at a minimum of weekly and 5.8.c Staff shall not assist with or administer any with any changes, that all orders are accurate, medication, prescription or over-the-counter current, have been signed by provider. medications for which there is not a physician's or Pharmacy handouts kept in med logbook for other licensed health care provider's written, information purposes (list of possible side effects, etc.) signed order and supporting diagnosis or problem Copes of OTC forms are accurate, up to date, statement in the resident's record. signed by provider, will be kept in both med logbook and clients' records. Staff will return missed, refused, expired, or no longer appropriate medications to nursing for appropriate dispolsal. This REQUIREMENT is not met as evidenced Nursing/staff check list reviewed at each visit MAR accurate, complete, up to date Based on record review and staff interview there Signed orders for any medication was a failure to provide documentation of signed changes addressed. Orders to include dx or problem statement indicated for medication orders for 3 out of 3 applicable each medication. residents (Residents #1, #2, and #3). Findings OTC form accurate, complete, up to include: Med delegated staff log accurate, complete, and up to date On the afternoon of 2/14/23 the Manager was Meds to be disposed of and removed requested to provide documentation of signed from residence by nursing medication orders for medications listed on the Updated NCSS policy 4.B.3 Medication 7/1/23 February 2023 Medication Administration Record Preparation and administration at NCSS (MAR) for Residents #1, #2, and #3. In response Signed orders have been obtained as of 4/3/21 Nursing to obtain signed orders from provider the Manager provided pharmacy handouts which within 72 business hours for any telephone included information about medication orders. purchased from the pharmacy, which did not See attached med orders for each resident

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

include signed physician's orders. On the

afternoon of 2/14/23 the Manager confirmed pharmacy handouts and unsigned medication

Carles Bedard House Hanager 1809

See attached Nursing check ins monitoring list

(X6) DATE

04/05/23

STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 02/28/2023 0528 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 037 T 037 Continued From page 1 T037 see above lists from medical appointment paperwork were maintained as medication orders on file, and signed physician's orders were not maintained and available for review. T037 see above On 2/17/23 and 2/21/23 the Manager provided additional documents for review. Per review of the additional documents received the Manager was unable to produce signed medication orders for the following medications and supplements listed in the February Medication Administration Records for Residents #1, #2, and #3: 1. For Resident #1: Diltiazem ER 60 mg tablet: Eliquis 5 mg tablet; Ensure Plus Liquid; Fluphenazine 10 mg tablet; Albuterol Sulfate 90 mcg/actuation inhaler. Additionally the MAR indicated Resident #1's Incruse Ellipta 62.5 mcg inhaler and Vitamin D3 25 mcg tablets were discontinued: however the discontinue date was not included on the MAR and documentation of orders to discontinue were not provided. 2. For Resident #2: Atorvastatin 10 mg tablet; Calcium 600 mg /Vitamin D 800 unit tablet; Fluticasone 50 mcg Nasal Spray; Hydroxyzine HCl 25 mg tablet; Loratadine 10 mg tablet; Nicotine 14 mg/24 hour patch; Risperidal Consta 50 mg injection; Triamcinolone Acetonide Cream; Mupirocin (type of medication and dose not specified); Amoxicillin/Clavulanate 875-125 mg tablet; Prednisone tablet (dose not specified); and Culturelle Probiotics (type of medication and dose not specified. 3. For Resident #3: Finasteride 5 mg tablets; Lorazepam 0.5 mg tablets and Lorazepam 1 mg tablets: Olanzapine ODT 15 mg tablets: One Daily Multi-vitamin tablets. Additionally, pharmacy information provided for review on

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Т 037	2/21/23 indicated Res 300 mg capsules; Azi and Dexamethasone	e 2 sident #3 received Cefdinir thromycin 250 mg tablets; 4 mg tablets on 12/7/22 for signed orders to administer	Т 037			
T 038 SS=F	 5.8 Medication Managed) If a resident require administration, unlice medications under the (1) A registered nurse assessment of the resconsistent with the physician's or oth diagnosis and orders. (2) A registered nurse responsibility for the amedications to designated staff for (3) The registered nur responsibility for the pmedications, and is responsible for: Teaching designate for medication administration about 	es medication nsed staff may administer e following conditions: e must conduct an sident's careneeds er health care provider 's e must delegate the dministration ofspecific or designated residents . rse must accept roper administration of	T 038	A registered nurse is to assess the resident with a in condition, changes in diagnosis or changes in 22UW staff are to notify nursing as see possible with any changes in resident Nursing to provide in hoe assessment appropriate monitoring of resident Nursing to train staff on any changes treatments, medication, and delegate administration. Medication delegation observation by nurse prior to adminis medication. Completed 4/7/23 List of delegated staff will be maintai updates with any changes. Update list delegated staff will be kept in the med 22UW 22UW/Nursing check-in sheet will be med logbook at 22UW indicating nurshouse manager have reviewed and cowith each visit that only staff who have nurse trained and delegated will adminedication and are scheduled to work with medication administration respond MARs are accurate and up to date as All current 22UW staff and active subcompleted med training specific to eapassed the med training specific to eapassed the med training test, and have observed by RN for competency. Staff will not administer medication to until fully delegated by RN	medication oon as s' statuses and to medication in to include terring med with of d logbook at e kept in se and infirmed we been nister the shift insibilities. of 4/7/23 is will have ch resident, e been	4/7/23

resident's

ii. Establishing a process for routine communication with designated staff about the

48PX11

FORM APPROVED Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 02/28/2023 0528 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 038 Continued From page 3 T 038 T038 see above condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and iv. Monitoring and evaluating thedesignated staff performance in carrying out the nurse 's instructions. T038 see above This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure all staff responsible for administering and dispensing medications to residents of the home have been trained and delegated to administer specific medications to designated residents by the Registered Nurse. Findings include: Based on review of the 22 Medication Administration Delegation List, 3 facility staff (Staff #7, #9, and #10) were not documented as delegated to administer medications. On the afternoon of 2/14/23 the Manager confirmed all staff are required to administer medications at the facility. The Delegation List also indicated all staff had not been delegated to administer medications to 3 current residents (Residents #3,#4, and #6) Additionally, at 11:07 AM on 2/14/23 the Med Delegated Staff on duty confirmed the medication delegation training provided by the Registered Nurse does not include observation of staff

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administering medications. The Med Delegated Staff stated the facility's medication delegation process includes watching videos, online Relias

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE S		
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		SAINT AL	BANS, VT 054	178			
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	<u>-</u>		+	<u> </u>			
T 038	Continued From page	∌ 4	T 038				
	training, and a group	class with the Registered					
	Nurse; however obse						
	,	med delegated staff.					
	alladowing with other	med delegated stan.					
				T040			
	V.5.8.5 Resident Care	e and Services	T 040	House Manager and staff will obtain and mainta			
SS=D				up to date, signed orders for each resident for an			
	5.8 Medication Manag	gement		psychoactive medication to be administered. Wr			
				signed orders will include		4/3/23	
	5.8.5 Staff other than	a nurse may administer		 Description of specific behaviors the is intended to correct or address 	medication		
		edications only when the		Specific circumstances that indicate t	he use of		
		en plan for the use of the		the medication	ne use or		
		ch: describes the specific		Educates the staff about what desired	effects or		
		ition is intended to correct or		undesired side effects the staff must r			
	address; specifies the			PRN psychoactive medication to be documented			
		e medication; educates the		of, reason for, and specific results of medication			
				MAR. MAR will be checked for accuracy, comp during nursing/staff check ins. A copy of the wri			
		ed effects or undesired side		signed orders will be kept in the medication logb			
		monitor for; and documents		the clients' records,			
		r and specific results of the		 22UW staff to notify nursing immedi 			
	medication use.			changes to clients' medication by out	side		
				providers.			
				 Nursing will check, at a minimum of with notification of any changes, that 			
	This REQUIREMENT	is not met as evidenced		are accurate, current, and have been s			
	by:			the provder.	Ignes of		
	Based on record review	ew and staff interview the		 Pharmacy handouts kept in med logb 			
		p a written plan for the		information purpose (list of possible			
	administration of a ps	-		etc.)			
		by med delegated staff for		Nursing/staff check list reviewed at e MAR assumpts assumbts			
		nt (Resident #1). Findings		 MAR accurate, complete, date. 	and up to		
	include:	it (Nosiderit #1). 1 mange		o Signed orders for any med	lication		
	mologo.			changes addressed. Orders			
	Dor record review the	neuchoactivo modications		dx or problem statement in			
		psychoactive medications		each medication			
		ty) is administered by Med		OTC form accurate, comp date.	lete, up to		
		sident #1 as needed. On the		o Med delegated staff log is	gogurate		
	afternoon of 2/14/23 N			complete, up to date	accurate,		
		ch describes the specific		Meds to be disposed and removed from residence	e by nursing		
		tion is intended to correct or		 Updated NCSS policy 4.B.3 Medicati 	ion		
		circumstances that indicate		Preparation and Administration at NC			
	the use of the medical	tion; and educates the staff		updated 7/1/23			

about what desired effects or undesired side

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
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ZZ OFFEIN	WEEDEN	SAINT ALE	BANS, VT 054	78		
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T 040	Continued From page	5	T 040	T040 see above		
	effects the staff must	monitor for had not been gistered Nurse and was not 1/14/23 the Manager en plan for the psychoactive PRN		1040 see above		
T 044 SS=F	5.8 Medication Manages 5.8.g Residences mudocumentation sufficicare provider, register or representatives of medication regimen and effective. At a mid (1) Documentation that administered as order (2) All instances of mincluding the reason of the residence; (3) All PRN medications the date, time, reason and the effect; (4) A current list of vimedications to reside a nurse has delegated administration sufficiency.	ast establish procedures for lient to indicate to the health lient and the licensing agency that the licensing what include: The formula of the licensia of the lic	T 044	22UW staff are to notify nursing as s possible with any changes in resident Nursing to provide I home assessmer appropriate monitoring of resident. Nursing to train staff on any changes treatments, medication, and delegate administration. Medication delegatio observation by nursing prior to admin medication. List of delegated staff will be mainta updates with any changes. Updated It delegated staff will be kept in the me 22 UW 22UW nursing check-in sheet will be logbook at 22 UW indicating nurse a manager (or designated coverage) ha and confirmed with each visit that on have been nurse trained and delegate medication administration are schedua shift with medication administratio. Medication orders will not have rang rather specific dosing and specific adtimes. New orders will be obtained borders are not clear, do not contain storing without a range or offer flexith administration when specific times a All current 22UW staff and active su completed med training specific to expassed med training test, and been of RN for competency Staff will not admedication to clients until fully deleged Updated NCSS policy 4.B.3 Medicat Preparation and Administration at No.	to medication no include nistering ined with ist of id logbook at the kept in medind house we reviewed ally staff who id doubled to work not be times for the needed. The work is will have ach resident, aserved by minister gated by RN tion	4/7/23 4/7/23 4/30/23
	(4) A current list of v medications to reside a nurse has	ents, including staff to whom		completed med training specific to ea passed med training test, and been of RN for competency Staff will not ad- medication to clients until fully deleg Updated NCSS policy 4.B.3 Medicat	ach resident, oserved by minister gated by RN tion	7/1/23

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		COMPL	ETED
		0528	B. WING		02/	28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	FATE, ZIP CODE		
22 HDDEE	WELDEN	107 FISH	ER POND ROA	AD.		
22 OPPER	RWELDEN	SAINT A	LBANS, VT 054	178		
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T 044	Continued From page	6	T 044	T044 see above		
	medications, a record effects; and	of monitoring for side		1944, see 20040		
	(6) All incidents of me	edication errors.				
	by: Based on record revie nurse failed to ensure medications as ordere	ed for 2 applicable residents 2), and to maintain a current ister medications to clude:				
	Administration Record orders for Residents #					
	a) For Resident #1:					
	One tablet by mouth 2	nztropine MES 0.5 mg tablet times a day; however the ted 10/1/19 ordered 1 mg				
	One tablet by mouth 2	ohenazine 10 mg tablet times daily; however the ted 10/1/19 ordered 2.5 mg				
	* The MAR reads Albamcg/actuation inhale 1 needed; however on 2 medication was given between doses.	-2 puffs every 4-6 hours as /4/23 and 2/9/23 this				

PRINTED: 05/26/2023 FORM APPROVED Division of Licensing and Protection (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 02/28/2023 0528 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 044 T 044 Continued From page 7 T044 b) For Resident #2: MARs were reviewed with nursing and changes were made 2/17/23 to the MAR to exactly match the original medication order * The MAR reads "Albuterol Sulfate 90 for each resident mcg/actuation inhaler Inhale 2 puffs every 8 hours as needed for short of breath or wheezing", however the signed order on file dated 11/21/19 ordered 2 puffs by mouth four times daily * The MAR reads "Ibuprofen 600 mg tablet take one tablet by mouth two times a day as needed", however the signed order on file dated 11/4/22 ordered Ibuprofen 200 mg tablet Two tablets every 6 hours as needed for headache, pain, and menstrual cramps * The MAR includes an order for Nicotine 14 mg/24 hour patch Apply 1 patch on skin daily and an order for Nicotine 7 mg/24 hour patch Apply 1 patch on skin daily. The most recent signed order for Nicotine Patch on file dated 11/21/19 included only the order for the 7 mg patch. TO44 2. Per record review of the 22 Medication Every single regular and substitude employee has been 5/4/23 Administration Delegation list provided for review through the medication delegation training with a RN. See by the Manager on the afternoon of 2/14/23, the attached training log for Medication Delegation list did not include the names of 3 staff (Staff 37,

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#9, and #10) who administer medications at the facility. On the afternoon of 2/14/23 the Manager confirmed all facility staff administer medications

as part of their job duties.

T 049 V.5.8.h.4 Resident Care and Services

5.8.h.4 Medications left after the death or discharge of a resident, or outdated medications,

5.8 Medication Management

T 049

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLET	
	0528	B. WING	?	02/28/	/2023
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(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
shall be promptly disp the residence 's polic of practice and regula This REQUIREMENT by: Based on observation was a failure to promp medications for 3 app #2, #4, and #5). Findi At 6:05 PM on 2/14/20 the following outdated medication closet were * Loratadine 10 mg ta and an Advair Discus expired December 20 Resident #2 * An Albuterol 90 mcg/ 8/7/22 belonging to Resident #2	posed of in accordance with by and applicable standards attions. It is not met as evidenced and staff interview there poly dispose of outdated dicable residents (Residents angs include: If the Manager confirmed and medications stored in the re not promptly disposed: It is not met as evidenced to an and staff interview there are interview the interview there are interview there are interview there are interview there are	T 049	with any changes, that all orders are a current, and have been signed by a pn Pharmacy handouts kept in med logbe information purpose (list of possible s etc.). Nursing/staff check list reviewed at each of the medication. MAR accurate, complete, of Signed orders for any med changes, addressed. Order day or problem statement in each medication. OTC form accurate, complete. Med delegated staff log accomplete, and up to date	ccurate, ovider. ook for side effects, ach visit up to date ication, s to include adicated for elete, up to ccurate,	4/23
5.9 Staff Services 5.9.b. The residence redemonstrate compete techniques they are exproviding any direct case at least twelve (12) for each staff person presidents. The training	nust ensure that staff ncy in the skills and spected to perform before are to residents. There shall hours of training each year providing direct care to	T 052			
	SUMMARY ST (EACH DEFICIENCY REGULATORY OR Continued From page shall be promptly disp the residence 's polic of practice and regula This REQUIREMENT by: Based on observation was a failure to promp medications for 3 app #2, #4, and #5). Findi At 6:05 PM on 2/14/2; the following outdated medication closet wer * Loratadine 10 mg ta and an Advair Discus expired December 20 Resident #2 * An Albuterol 90 mcg/8/7/22 belonging to Resident V.5.9.b.1.2.3.4.5.6.7 F 5.9 Staff Services 5.9.b. The residence r demonstrate compete techniques they are exproviding any direct ca be at least twelve (12) for each staff person presidents. The training	OF CORRECTION O528 PROVIDER OR SUPPLIER R WELDEN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 shall be promptly disposed of in accordance with the residence 's policy and applicable standards of practice and regulations. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to promptly dispose of outdated medications for 3 applicable residents (Residents #2, #4, and #5). Findings include: At 6:05 PM on 2/14/23 the Manager confirmed the following outdated medications stored in the medication closet were not promptly disposed: * Loratadine 10 mg tablets expired on 2/11/23 and an Advair Discus preloaded multidose inhaler expired December 2022 belonging to Resident #2 * An Albuterol 90 mcg/actuation inhaler expired 8/7/22 belonging to Resident #4. * Benzonatate 100 mg capsules expired 1/7/23 belonging to Resident #5 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services	OF CORRECTION OS28 STREET ADDRESS, CITY, S REVELDEN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 shall be promptly disposed of in accordance with the residence's policy and applicable standards of practice and regulations. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to promptly dispose of outdated medications for 3 applicable residents (Residents #2, #4, and #5). Findings include: At 6:05 PM on 2/14/23 the Manager confirmed the following outdated medications stored in the medication closet were not promptly disposed: * Loratadine 10 mg tablets expired on 2/11/23 and an Advair Discus preloaded multidose inhaler expired December 2022 belonging to Resident #2 * An Albuterol 90 mcg/actuation inhaler expired 8/7/22 belonging to Resident #4. * Benzonatate 100 mg capsules expired 1/7/23 belonging to Resident #5 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9. Staff Services 5.9. Staff Services 5.9. The residence 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	PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 107 FISHER POND ROAD SAINT ALBANS, VT 04478 REVELDEN SUMMARY STATEMENT OF DEFICIENCES (REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 8 shall be promptly disposed of in accordance with the residence 's policy and applicable standards of practice and regulations. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to promptly dispose of outdated medications for 3 applicable residents (Residents #2, #4, and #5). Findings include: At 6:05 PM on 2/14/23 the Manager confirmed the following outdated medications stored in the medication closet were not promptly disposed: **Loratadine 10 mg tablets expired on 2/11/23 and an Advair Discus preloaded multitose inhaler expired December 2022 belonging to Resident #4. **An Albuterol 90 mcg/actuation inhaler expired 87/22 belonging to Resident #4. **Benzonatate 100 mg capsules expired 1/7/23 belonging to Resident #5 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9.b. The residence 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. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The residents microlude, but is not	OF CORRECTION DENTIFICATION NUMBER: A BUILDING B. WING DOZ/28

Division of Licensing and Protection (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING 02/28/2023 0528 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 052 T 052 Continued From page 9 (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 butnot limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents All staff have a list of required training to complete annually This REQUIREMENT is not met as evidenced on an online portal (Relias), trainings include but are not limited to: Based on record review and staff interview there See attached training log for required trainings was a failure to ensure 5 out of 5 staffcompleted the required yearly trainings. Findings include: As of 2/15/2023, staff are required to print the certificate of completion for each training and add it into the staff training binder as evidence that they have completed the training. Per record review of staff in-service training House manager will check binder monthly to ensure all staff records for a sample of 5 staff: trainings are up to date * Staff #1 had not completed any trainings since 2020 * Staff #2, #3, and #5 had not completed any trainings * Staff #4 had not completed yearly trainings including Resident Emergency Response

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Infection Control.

Procedures and First Aid, Respectful and Effective Interaction with Residents, and

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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPL	ETED
		0528	B, WING		02/2	28/2023
	ROVIDER OR SUPPLIER	107 FIS	ADDRESS, CITY, S HER POND ROA ALBANS, VT 05	ND.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
T 052	Continued From page	10	T 052			
T 062 SS=F	On the afternoon of 2 confirmed 5 out of 5 s completed the require V.5.10.b.4 Resident C	sampled staff had not ed yearly trainings.	T 062	T062 HR created a share drive that all employee crimi and abuse registry checks for staff at this residen	ce are	2/21/22
	5.10 Records/Reports 5.10.b.4 The results of abuse registry checks	of the criminal record and		stored and the house manager has immediate acc drive. HR updates this drive to ensure all docume staff is complete		
	by: Based on record reviewas a failure to ensure criminal record and abmaintained and availa					
	abuse registry checks	for a sample of 5 staffwere and are managed by the				
	unable to provide the	manages the facility was required documentation on 2/16/23 staff the required ere received.				
	checks were not comp when hired. Staff #6 w however background of 8/14/20. Staff #7 was I	rds received the required oleted for 2 out of 5 staff ras hired on 8/24/2015, checks were completed on hired on 2/28/22, however ere completed until 4/8/22.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPL	I I EU
		0528	B, WING		02/2	8/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
22 UPPER	WELDEN	107 FISHER	R POND ROA	0		
22 011 210	WEEDEN	SAINT ALE	BANS, VT 054	78		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
T 105	Continued From page	e 11	T 105			
	VI.6.21 Residents'Rig	ghts	T 105			
SS=C	VI. Residents' Rights					
	print, given to resident in an accessible, proreach floor of the resident also state the resident and directions for converment protection at This REQUIREMENT by: Based on observation was a failure to post to residence's grievance the home. At 12:20 PM on 2/14/	tten in clear language, large its on admission, and posted minent and public place on dence. Such notice shall ince's grievance procedure intacting the designated and advocacy organization. Tis not met as evidenced and staff interview there the Resident Rights and the exprocedure on all floors of the Manager confirmed the residence's grievance		T105 Residents Rights and Grievance Procedures have posted on the bulletin board in the common area kitchen (on the first floor. As of 2/21/23, additio was added by the house phone in the hallway on floor.	been in the nal positing	2/21/23
	second floors of the h	nome.				
T 121 SS=C	VII.7.1.c.1 Nutrition a	nd Food Services	T 121			
30 0	7.1 Food Services					
	7.1.c Meal Service					
	times a day in accordance with shall be served at approportion	the guide (above). Meals priate temperature and at modifications will be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:		:	COMPI	
		0528	B. WING		02/	28/2023
NAME OF P	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
22 LIPPER	R WELDEN	107 FISH	HER POND ROA	AD		
ZZ OFFER	WELDEN	SAINT A	LBANS, VT 05	478		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
T 121	Continued From page	e 12	T 121			
	accommodated as needed.					
	by: Based on record revie	is not met as evidenced ew, and staff interview there meals three times a day in I planning guidelines.		T121 The monthly menu has been updated to offer 3 including client choice for each meal. The men every 6 weeks. The rotating menu is attached at this report	u rotates	3/30/23
	dinner are prepared be "on their own for brea waffles, yogurt, and fr prepare themselves. So routinely includes the breakfast. While the mappear to offer more of	diverse and nutritional the menu for the week of als did not meet meal				
	The following items w menu:	ere listed on the weekly				
	and salad" for lunch a smoothies" for dinner * On 2/14/23 "meatbal and apple slices" for ludinner * On 2/17/23 "chicken potatoes, and coleslav for dinner * On 2/18/23 "salmon with cottage cheese" for sandwiches" for dinner * On 2/19/23 "Waffles	Il subs with veggie chips unch and "leftovers" for drumsticks, roasted red w" for lunch and "leftovers" pea wiggle over saltines for lunch and "fish stick				

PRINTED: 05/26/2023 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: __ B. WING 0528 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 121 T 121 Continued From page 13 lunch and "choice of cereal with toast" for dinner On the afternoon of 2/14/23 the Manager confirmed the items listed above were on the menu for 2/13/23- 2/19/23. T 126 T 126 VII. 7.2.a Nutrition and Food Services T126 SS=F House Manager coordinates with NCSS Facilities Department. Facilities will monitor for any rodent problems. 7.2 Food Safety and Sanitation If there is an infestation, NCSS will contact a community exterminator for extermination 7.2.a Each residence must procure food from sources that comply with all laws relating to food House manager is responsible for compliance of these items: Cabinets are clients' personal cabinets where they 3/30/23 and food labeling. Food must be safe for human store personal items. These cabinets will be consumption, free of spoilage, filth or other inspected weekly at the time of client room contamination. All milk products served and used checks to insure they are in sanitary condition in food preparation must be pasteurized. Cans and that there are no expired food products in with dents, swelling, rust, missing labels or leaks them. This has been added to the staff weekly shall be rejected and kept separate until returned room check list Task has been added to staff weekly check list to to the supplier. 3/30/23 pull all items from cupboards and kitchen to dispose of any items that have expired. Food cabinet unit ordered and set up on 4/30/23 The shelving will be replaced with a secure cabinet to store food. This REQUIREMENT is not met as evidenced 3/20/23 The shelving was sanitized and any opened or damaged items were Based on observation and staff interview there disposed of. Shelving is being was a failure to ensure food is safe for human inspected for outdated and damaged items and cleaned weekly. consumption, free of spoilage, filth and other The shelf along the basement contamination; and to ensure cans with dents are stairwell was cleaned of all items on kept separate and not retained. Findings include: All basement shelving has been sanitized and new storage is setup to

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1. During a tour of the facility commencing at 9:40

AM on 2/14/23 expired and spoiled food items

were observed to be stored in the kitchen. The

bottom shelf of a cabinet above the microwave

and crumbs. Expired food stored in the cabinet

included a can of green beans expired in 2018

was observed to be caked with dried coffee spills

and a can of potatoes expired in 2021. There was

store both food and PPE

are found

Facilities will manage routine pest

regularly to prevent rodents/pests and

they will exterminate if any rodents

Orkin monitored for pests on 5/4/23

and did not find evident of infestation

control monitoring the building

PRINTED: 05/26/2023 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 0528 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 126 Continued From page 14 T 126 T126 see above a platter of discolored and withered grapes on the table. In the wall cabinets above the food prep area there was a box of macaroni and cheese that expired on 12/17/20, a can of Italian wedding soup expired on 8/25/22, panko bread crumbs expired on 11/24/22, and a container of chicken bouillon expired August of 2022. During the tour of the facility commencing at 9:40 AM on 2/14/23 the Staff conducting the tour confirmed the expired and spoiled food items observed in the facility kitchen. 2. During the tour of the facility basement on the morning of 2/14/22 particle board shelving used for storage of dry goods food storage was observed to be dusty. Rodent droppings were observed on the shelves and in an uncovered Tupperware container used to store packets of taco seasoning, ranch dressing mix, and chili seasoning. Many of the food items on the shelves were stored in penetrable containers made of paper, cardboard, and plastic bags. There was an unsealed box of rice with the lid left open on one shelf. Dusty and dented cans were stored on the particle board shelves and an adjacent set of metal shelves with other food items. Dented cans observed included 4 cans of chicken corn chowder, a can of crushed tomatoes, and a can of tomato paste.

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At approximately 12:00 PM on 2/14/23 the Manager confirmed the presence of dust and rodent droppings on shelves where food was stored; an open plastic tub used to store ranch dressing, taco and chili seasoning packets with rodent droppings observed in the tub; an open unsealed box of rice, and dented cans retained

the food storage area in the basement.

Division of Licensing and Protection
STATEMENT OF DEFICIENCIES (X1)

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED
		0528	B. WING		02/28/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST		
22 UPPER	RWELDEN	107 FISHEI	R POND ROA	D	
		SAINT ALE	3ANS, VT 054	78	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
T 127	Continued From page	e 15	T 127		
	VII.7.2.b Nutrition and 7.2 Food Safety and 7.2.b All perishable for labeled, dated and held foods shall be kercold foods foo	Sanitation ood and drink shall be eld at proper temperature. pt hot at 135 degrees F and ept at 41 degrees F or I is not met as evidenced in and staff interview there are perishable foods are indings include: If commencing at 9:40 AM immed the following is were observed without ened gallon of milk; an af green peas; a Ziploc bag of arkling waters, and single ter and cranberry grape gs; Worcestershire sauce; distrawberry jellies with dried af the container; relish; lic; hot sauce; mustard; tartar ketchup; whipped cream; techer of leftover fruit exer: Opened items without tainer of ice cream; a bag of	T 127 T 127	House manager is responsible for these items: New task has been added to the daily to insure that all open items in the re labeled and dated with the date the it opened All opened items in the freezer have labeled, and dated and this will be or New task has been added to the daily to insure that all open items in the pa labeled and dated with the date it was	been sealed, 3/20/23 begling check list array are
	smoothie. 2. In the kitchen freez dates included a cont berry blend, french fr	zer: Opened items without			

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		COMP	LETED
		0528	B. WING		02/	28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, S	TATE, ZIP CODE		
22 LIDOED	WEI DEN	107 FISI	HER POND RO	AD		
22 UPPER	WELDEN	SAINT	ALBANS, VT 05	478		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED T DEFICIO	ACTION SHOULD BE FO THE APPROPRIATE	(X5) COMPLETE DATE
T 127	Continued From page	e 16	T 127			
	3. In the Kitchen pani dates included 3 tubs	try: Opened items without of cereal; mashed potato s; oatmeal; breadcrumbs;				
SS=F	This REQUIREMENT by: Based on observation was a failure to ensurcanned goods were in premises. Findings inc. 1. During a tour of the 9:40 AM on 2/14/23 a expired in 2018, a car 2021, and a can of Ita on 8/25/22 were obsercabinets. This was conducting the tour ducommencing at 9:40 AM of 2. During the tour of the morning of 2/14/22 degree of chicken corn chowd tomatoes, and a can of observed on shelves if the basement. This was	Sanitation ated, unlabeled or ods is prohibited and such aintained on the premises. It is not met as evidenced and staff interview there e outdated and dented of maintained on the clude: It is not met as evidenced and staff interview there e outdated and dented of maintained on the clude: It is not met as evidenced and staff interview there e outdated and dented of potatoes expired in a can of green beans and of potatoes expired in a can of country in the facility basement on the outed cans including 4 cans a can of crushed of tomato paste were on the food storage area of	T 130	have been disposed of being inspected for of and cleaned weekly. All expired food fou area have been disposed.	nd in the basement storage osed of. Cabinets and pantry for outdated and damaged	2/15/23

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unsealed sharps containers containing hazardous materials. Rodent droppings were observed on basement shelves used for the storage of food items, personal protective equipment, and cleaning supplies and in the basement.

* Rodent droppings were also observed in the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
		0528	B. WING		02/2	28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	TATE, ZIP CODE		
22 UPPER	R WELDEN	107 FISHE	R POND ROA	.D		
		SAINT ALI	BANS, VT 054	178		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
T 146	Continued From page	: 18	T 146	T146 continued		
	the second floor of the			Facilities will replace decaying wood inside of th within 30 days. Facilities will manage routine pes monitoring the building regularly to prevent rode Mop bucket was removed and placed in proper st	st control ents/pests.	
		observed to be stored in the ing room without signs a stored or in use.		Oxygen in use signs have been hung in the facilit	y	2/15/2023
	routinely used by Resi	ner, which staff stated was dent #2, was observed on n the shared bathroom om and living room.		The rusted beard trimmer was disposed of.		2/15/2023
	room and in Resident	window screens in the living #2's room. Resident #2, ad torn window screens.		Facilities will replace screens in room numbers 2 within 30 days	, 4 & 6	5/6/23
	a section of the room pile of clothing on the sills were covered with paper and ceramic cu in poor repair and in n	was extremely cluttered with inaccessible due to a large floor. Shelves and window in tobacco, and stacked with ps. Resident #1's bed was eed of replacement with a distained mattress sunken ed.		Staff will take a client centered approach with the allow support in cleaning their room. Historica not allow staff to support him in putting laundry a Room checks are completed twice weekly to observe issues and to sweep and mop the room. Resident's bed was replaced 3/27/23. New sheets purchased. To date the resident has refused to have on his bed.	ally he does away. erve any have been	3/27/2023
	poor repair with the toi need of cleaning; and decaying and crumblin These findings were country the tour comme	onfirmed by Staff on duty		Facilities will address decaying and crumbling washower. Staff will clean bathroom during weekly cheeks as needed per resident report.		6/30/23

48PX11

PRINTED: 05/26/2023 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A: BUILDING: B. WING 0528 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 157 T 157 Continued From page 19 T157 T 157 T 157 IX.9.2.h Physical Plant 3/27/23 Beds and mattresses have been inspected for SS=D functionality and comfort. All residents have been 9.2 Residents ' Rooms supplied with a blanket, sheets, and pillowcase. 9.2.h Each bed shall be in good repair, with a clean, comfortable mattress that is at least six (6) inches thick, and standard in size for the particular bed, a pillow, bed covering, and a minimum of one (1) blanket, two (2) sheets, and one (1) pillowcase. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide a bed in good repair for one applicable resident (Resident #1). Findings include: Resident's bed was replaced on 3/27/23. New sheets 3/27/23 During a tour of resident rooms commencing at have been purchased. To date resident has refused to 1:00 PM on 2/14/23 the bed in Resident #1's have them put on his bed. Staff continue to take a room was observed to be in poor repair. A corner client centered approach and offer to assist with of the mattress at the head of the bed was sheets and laundry. sunken. The bed was without sheets; and the 4/30/23 All residents are provided clean linens weekly. mattress ticking (fabric covering) was stained and Residents are supported weekly to do laundry. If a covered with balls of colored fibers due to pilling resident is unable to clean their linens, staff will clean of blankets. When asked about the condition of them and return them to resident. Resident #2's mattress the Manager stated "[Resident #1] refuses to purchase a new one". At

Division of Licensing and Protection

SS=D

T 187 IX.9.11.c Physical Plant

2:24 PM the Manager confirmed s/he was unaware of the home's requirement to provide

9.11 Disaster and Emergency Preparedness

9.11.c Each residence shall have in effect, and

residents with a bed in good repair.

T 187

PRINTED: 05/26/2023 FORM APPROVED

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48PX11

Division o	f Licensing and Protect	etion				7.1110125
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETEU
			B. WING			0/0000
		0528	b. Willo		02/2	8/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, S			
22 UPPER	WELDEN		IER POND ROA			
			LBANS, VT 054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE	(X5) COMPLETE DATE
T 187	Continued From pag	e 20	T 187			
1 107	, -					
		residents, written copies of				
		ion of all persons in the ne evacuation of the building				
		staff shall be instructed				
		informed of their duties				
		drills shall be conducted on				
	, ,	asis and shall rotate times of				
		afternoon, evening, and ime of each drill and the				
	_	g staff members shall be				
	documented.	3		41		
	This REOUREMEN	T is not met as evidenced		T187 Fire drills are rotated monthly on all shifts (mor	mina	4/30/23
	by:	1 is not met as evidenced		afternoon, evening, and night shift). March drill	was	4/50/25
	-	ew and staff interview there		completed at 10:00pm, April drill was schedule and May is scheduled for 9:00pm. One drill per		
		e timing of fire drills to		occur after 11:00pm and before 4:00am	yeat will	
	_	early fire drill at night.				
	Findings include:					
	On the afternoon of 2	2/14/23 the Manager				
	confirmed facility a fi					
	conducted during the	night for the previous 12				
	months.					
		de and December	T 400	7104		2/15/23
T 196 SS=F	XI.11.3 Resident Fur	nds and Property	T 196	T196 Resident checks are now being stored in a locke		121 (31 2 3
	11.3 The residence s	shall have policies in place to		until staff are able to hand them to the residen		
		rsonal property when not in				
	use.					
	This REQUIREMEN	T is not met as evidenced				
	by:					
	Based on observation	n and staff interview there				
	was a failure to ensu	re policies and procedures				

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are in place to protect Resident's personal

(X3) DATE SURVEY

Division of Licensing and Protection

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A, BUILDING	B	COMPL	FIED
		0528	B. WING		02/2	28/2023
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD SAINT ALBANS, VT 05478					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
T 196	spending checks. Fin At 12:35 on the aftern manager confirmed coresidents were stored in the office, The clipt wall beside the unlock where it was accessive the facility. The Mana checks are dropped of placed on the unsecu unlocked entrance to residents pick them un Final Comments This REQUIREMENT by: 2.2 (u) "Manager" men has been appointed b or owner as responsive management of the re supervision of employ Based on staff intervice ensure the job duties of supervision of employ At 12:55 PM on 2/14/2 staff at the facility are Lead who oversees the the organization that re	noon of 2/14/23 the checks belonging to d on a clipboard on the wall board was observed on the ked entrance to the facility ble to anyone who entered ager stated when resident off by case managers are used clipboard beside the the facility until the try. The staff person who be the residence's licensee ble for the daily esidence, including yees and residents.	T 196	T999 Residential Service Coordinator title will be chan House Manager per review of the TCR regulation staff's job description currently meets the TCR rehouse manager and this staff is on site at the TCR approximately 40 hours a week unless supporting in the community. The staff has oversight of both residents and staff of the TCR, a Team Lead has a oversight of the TCR and residential staff for clin supervision and guidance. House Manager provides daily oversight of emploprovides direction. The team leader provides clin supervision to staff as needed or at least monthly attend monthly 1.5 hour staff meetings as well whereeive additional group supervision	nged to ns. This egulation of R g residents h the additional nical loyees and nical r. Staff also	

(X2) MULTIPLE CONSTRUCTION

Menu

WEEK 1

B: Peanut Butter Toast with Sliced Banana and Milk

L: Cheese ravioli with meatballs infused with Spinach & Salad (with cucumber, red peppers, and tomatoes) and garlic bread

frozen meatball, 3 bags of frozen cheese Ravioli, 2 cans of spaghetti sauce, garlic bread, cucumber, red pepper, tomato

D: Oatmeal (made with milk) with Strawberries, Fruit Smoothies (made with yogurt) & Sliced Avocado

B: Fruit & Yogurt Parfait with Milk

L: Italian Marinated Chicken with Seasoned Rice, Cottage Cheese & Broccoli

4 chicken breasts (cut to ½ thickness), Italian dressing, 3 Seasoned Rice, frozen broccoli

D: Hamburger with Mashed Potato, Corn, Cantaloupe and Milk

B: Cheerios with Blueberries (milk)

L: Crockpot Beef Stew (OVN please start) with Cottage Cheese & Blueberry Muffins

2# hamburger, minced garlic, 2 onion, ¾ box beef broth, 6 potatoes, 9 full size carrots, 2 stalks celery, 2 boxes blueberry muffins, 1 envelope onion soup mix

D: Ham, Swiss & Tomato Sandwiches with Veggie Chips, Sliced Pineapple and Milk

B: Mini Breakfast Quiche with Ham, Cheese & Spinach with Fresh Fruit & Milk

L: Baked Fish with Roasted Cauliflower, & Seasoned Rice

3 bags Swai, 1 bag salmon, 2 heads cauliflower, 3 seasoned rice

D: Cheese & Meat Pizza, Applesauce, Salad and Milk

B: Raisin Bran with Sliced Grapes (Milk)

L: Goulash (pasta, tomatoes & beef) infused with onions & peppers with Roasted Brussel Sprouts & Cottage Cheese

2 lbs Hamburg, elbow macaroni, minced garlic, 2 small cans of tomato sauce, 2 small cans diced tomatoes, frozen onions & peppers mix, fresh Brussel Sprouts

D: Chicken with Rice, Broccoli and Milk

B: Fruit Platter to include Cantaloupe, Blueberries, Raspberries & Yogurt

L: Chicken Salad & Cheddar Sandwich on 12 Grain Bread with Homemade Chicken Noodle Soup (Carrots, celery, bacon) & Fruit Salad

2-3 cans chicken, mayo, 1 loaf multi grain bread, 5 chicken breasts, 2 cans cheese soup, 3 boxes chicken broth, 4 celery, 4 carrots, 2 ranch packets, 1# bacon, 2 cups shredded cheddar, 2 bags egg noodles

D: Meatball Boat with Roasted Red & Yellow Peppers, Mozzarella Cheese and Milk

B: Warm Shredded Wheat with Blueberries (milk)

L: Veggie Stir Fry with Rice & Baked Chicken Strips with Cottage Cheese

4 chicken breasts, instant rice, 2 bags California blend veggies

D: Turkey, Gouda & Tomato Sandwich with Veggie Chips, Peaches and Milk

WEEK 2

B: Peanut Butter Toast with Sliced Banana and Milk

L: Meatloaf with Mashed Potato, Cheddar Cheese Slices & Steamed Spinach

3# hamburger, potatoes, frozen spinach, milk, butter, eggs, bread crumbs

D: Oatmeal (made with milk) with Strawberries, Fruit Smoothies (made with yogurt) & Sliced Avocado

B: Fruit & Yogurt Parfait & Milk

L: Sweet & Sour Chicken over Rice with Corn

4 chicken breasts, 1 can cranberry sauce, 1 bottle Catalina salad dressing, 1 envelope onion soup mix, 1 large frozen corn, instant rice

D: Hamburger & Potato with Salad, Sliced Cantaloupe and Milk (Leftovers)

B: Wheaties with Blueberries (milk)

L: Crockpot Chili with Corn Muffins (OVN start) & Cottage Cheese with Pineapple Chunks

2# Hamburg, 1 onion, 2 large diced tomatoes, 1 large tomato sauce, 2 cans kidney beans, 1 can black beans, 2 chili seasoning packets, bag of mini peppers, 2 boxes corn muffins

D: Fish Sticks with sweet potato fries and Milk

B: Scrambled Eggs with Cheddar Cheese & Sliced Pears

L: Black Bean Burgers (on buns) with Gouda Slices, Tomato and Roasted Squash

2 boxes Black Bean Burgers, 1 tomato, squash, hamburger buns, cheddar slices

D: Cheese & Meat Pizza, Applesauce, Salad and Milk

B: Raisin Bran (milk) with Sliced Grapes

L: Crockpot Macaroni N Cheese & Broccoli with Sliced Apples

1# elbows, 2 cans evaporated milk, milk, 1 stick butter, 2 eggs, 2# block sharp cheddar cheese, 2 bags frozen broccoli

D: Chicken over Rice with Yellow Beans and Milk (Leftovers)

B: Cinnamon Buns with Sliced Strawberries and Milk

L: Homemade Chicken Salad (with craisins) and Spinach Sandwich on 12 Grain Bread with

Creamy Veggie Soup & Salad OR

Macaroni Salad (1# elbows, 2 cans peas, red pepper, green pepper, 3 cans tuna)

2 chicken breasts, celery, craisins, mayo, 1 loaf multi grain bread, 2 boxes chicken broth,

frozen corn, 1 frozen California blend veggies, onion, 18oz evaporated milk, fresh parmesan cheese D: PB&J Sandwich with Applesauce and Milk

B: Warm Shredded Wheat with Blueberries (milk)

L: Chicken Fajitas with Veggies, Salsa, Seasoned Rice and Corn

1 bag frozen sliced chicken made for fajitas, 1 tomato, 1 Onion, salsa, green pepper, 2 cans whole kernel corn, shredded cheddar cheese, 2 rice a roni, fajita wraps

D: Scrambled eggs (milk) infused with Mushrooms, Toast and Banana & Orange Slices and Milk

WEEK 3

B: Peanut Butter Toast with Sliced Banana with Milk

L: Ranch Chicken Tenders with Seasoned Rice infused with Peas & Green Beans

4 chicken breasts, ranch dressing, Lactaid, Bisquick, 3 rice a roni, frozen green beans

D: Oatmeal (made with milk) with Strawberries, Fruit Smoothies (made with yogurt) & Sliced Avocado

B: Fruit & Yogurt Parfait with Milk

L: Italian Pasta infused with Spinach and Meatballs w/ Garlic Bread & Green Salad

1 1/2 box rotini, meatballs, frozen garlic bread, 3 spaghetti sauce, fresh spinach, salad, shredded parmesan cheese

D: Chicken & Rice with Green Beans, Apple Sauce & Milk (Leftovers)

B: Corn Flakes (Milk) with Blueberries

L: Crockpot Beef Stroganoff (OVN start, remember DO NOT double broth, use Mushroom Soup) with Salad

2# hamburger, 10 oz can beef broth (be sure to use a can and not a box), mushrooms, onion, Worcestershire sauce, Minced garlic, egg noodles, 1 small cream of mushroom soup, sour cream, salad OR

Crockpot Cheeseburger Soup (OVN start)

2# hamburger, 8 small potatoes, 2 small onions, 6 carrots, 2 cans beef broth, 2 cans cream of mushroom soup, 4 cups shredded cheddar, 2 blocks cream cheese

D: Tuna (Mayo) with Spinach on Bagel Thin with Sliced Grapes & Milk

B: Mini Quiche (with green peppers, cheese & onions) with Fresh Fruit Salad & Milk

L: Chicken Pot Pie with Salad & Cottage Cheese

4 chicken breasts, 2 bags frozen mixed veggies, 2 large cans chicken Soup, Bisquick, milk, eggs, 1 salad mix, 1 large cottage cheese

D: Cheese & Meat Pizza, Applesauce, Salad and Milk

B: Raisin Bran (Milk) with Sliced Grapes

L: Layered Ham & Cheese Pasta Bake (infused with spinach) with Corn & Sliced Honey Dew Melon

2# penne, 1 large container ham, 2 sliced swiss, 4 cups shredded swiss, 4 eggs, half n half, 1 corn

D: Meatball Subs, Salad & Milk (Leftovers)

B: Mini Pancakes with Peanut Butter, Sliced Strawberries & Milk

L: Tomato Macaroni Beef Soup with Italian Bread, Salad & Cottage Cheese

2 boxes elbows, 2# Hamburg, 1 large can diced tomatoes, 2 beef broth, Italian Bread

D: Chicken Noodle Soup infused with Carrots served with Sliced Cantaloupe & Milk

B: Warm Shredded Wheat (Milk) with Blueberries

L: Tacos with Hamburger & Shredded Cheese & Veggies (onions, tomatoes, salsa) and Homemade Mexican Rice (green pepper, tomato)

Soft tacos, 2# Hamburg, taco seasoning, onions, tomatoes, salsa, instant rice, 1 onion, 1 green pepper, 1 can diced tomato, shredded cheddar

D: Waffles with Sliced Bananas and Sausages with Milk

WFFK 4

B: Peanut Butter Toast with Sliced Banana & Milk

L: Chicken Alfredo (infused with Peas) with Penne and Broccoli

2 chicken breasts, 3 jars alfredo sauce, 2 boxes penne pasta, 1 bag frozen broccoli

D: Oatmeal (made with milk) with Strawberries & Walnuts, Fruit Smoothies (made with yogurt) &

Sliced Avocado

B: Fruit & Yogurt Parfait & Milk

L: Tuna Casserole, infused with Peas, Salad & Peaches

2 bags of egg noodles, 1 onion, 2 small bags shredded sharp cheddar cheese, 1 bag frozen peas, 2 cans tuna, 4 small cans cream of mushroom soup, 1 container French fried onions, 1 salad kit

D: Pasta with Chicken, Broccoli, Sliced Gouda Cheese and Milk (Leftovers)

B: Cheerios with Blueberries with Milk

L: Crockpot Sausage and Potatoes w/Green Peppers & Onions, Cottage Cheese & Applesauce (OVN start)

3lbs potatoes, 3 kielbasa, 1 bag frozen green pepper & onions, 2 small cans cream mushroom soup, 1 cottage cheese, and applesauce

D: Ham & Swiss Sandwich with Tomato, Chips, Fruit Cup and Milk

B: Waffles with fresh fruit & Milk

L: Parmesan Chicken with Mashed Potatoes (milk) and Peas

4 chicken breasts, 1 parmesan, ritz crackers, butter, potatoes, 1 Bag frozen peas

D: Cheese & Meat Pizza, Applesauce, Salad and Milk

B: Scrambled Eggs (milk) with Onion, Pepper & Cheese with Fruit Cup & Milk

L: Sausage Tomato Tortellini Soup with Crusty Italian Bread

2# ground sausage, 1 onion, 56oz CRUSHED tomatoes, 2 boxes chicken broth, 2 packages tortellini, 1 bag fresh spinach, loaf Italian bread

D: Chicken, Potatoes, Applesauce & Milk (Leftovers)

B: Crescent Rolls with Cream Cheese & Raspberry Jam, Fresh Raspberries & Milk

L: Ham, Cheddar & Spinach Quiche with Yellow Beans & Salad

2 pie crusts, fresh spinach, 1 ham steak, 1 block cheddar, 10 eggs, Lactaid, 1 salad kit, 2 frozen yellow

D: Pancakes with Peanut Butter and Bananas, Sausages and Milk

B: Warm Shredded Wheat (milk) with Blueberries

L: Waffles with Strawberries, Warm Soft Boiled Egg, Sausages, Sliced Avocado & Milk

2 boxes waffles, frozen strawberries, 1 bag sausages, eggs, and apples

D: Chicken Patty (Swiss, Tomato, Lettuce) Sandwich with Veggies, Ranch Dip and Milk

WEEK 5

B: Peanut Butter Toast with Sliced Banana & Milk

L: Mexican Tater Tot Casserole infused with peppers & onions, cottage cheese & Green Beans

2lbs hamburg, 2 tsp taco seasonings, 1 frozen bag green pepper and onions, 2 small cans black beans, ½ cup salsa, 2cups Mexican blend cheese, 32oz tater tots, sour cream, large cottage cheese, green beans **OR**

Chicken and Mushroom Soup, Cottage Cheese & Bread

2 onions, 6 large carrots, 4 celery stalks, 20oz sliced mushrooms, minced garlic, poultry seasoning, 3 boxes chicken broth, 4 chicken breasts, instant rice

D: Oatmeal (made with milk) with Strawberries, Fruit Smoothies (made with yogurt) & Sliced Avocado

B: Fruit & Yogurt Parfait with Granola & Milk

L: Meatball Subs with Veggie Chips & Apple Slices

Hot dog buns, meatballs, 2 cans spaghetti sauce, mozzarella cheese, apples, veggie chips

D: Hamburger and Potato Casserole with Salad and Milk (Leftovers)

B: Cheerios (milk) with Blueberries

L: Crock Pot Pork Chops, Potatoes & Onions with Salad, Sliced Cheddar & Applesauce (OVN Start)

2 onion, 3# red potatoes, 6-8 boneless pork chops, 2 cans mushroom soup, 2 packs ranch dressing mix, salad kit, applesauce

D: Chicken Alfredo with Penne, Peas & Milk

B: Breakfast Burrito (egg, cheese, ham, red peppers) with Milk

L: Baked Fish with Rice Pilaf & Yellow Beans and Sliced Cantaloupe

1 bag salmon, 3 bags swai, 2 boxes rice pilaf, 2 bags frozen yellow beans

D: Cheese & Meat Pizza, Applesauce, Salad and Milk

B: Raisin Bran (milk) with Sliced Bananas

L: Chicken Spaghetti Carbonara infused with peas and carrots and Cinnamon Sliced Apples

Bacon, 2 cans condensed cream of chicken soup, parmesan cheese, 1 bag of frozen peas and carrots mixed, large onion, chicken broth, spaghetti, 3 chicken breasts

D: Meatballs & Pasta with Peas and Milk (Leftovers)

B: Banana Bread with Peanut Butter, Sliced Strawberries and Milk

L: Tomato Soup with Grilled Ham & Cheese Sandwiches & Sliced Cucumbers

2 large cans tomato soup, sliced cheddar cheese, 1 loaf multi grain bread, cucumbers

D: Macaroni & Cheese infused with Peas, Applesauce and Milk

B: Warm Shredded Wheat with Blueberries & slivered almonds (milk)

L: Tacos with Veggies, Mexican Rice and Fruit Juice

Soft tacos, 2# hamburg, taco seasoning, onions, tomatoes, salsa, instant rice, 1 can diced tomatoes, 1 can rotel tomatoes, 1 onion, 1 green pepper

D: Turkey, Tomato & Cheese Sandwich with Veggie Chips and Milk

WEEK 6

B: Peanut Butter Toast with Sliced Banana and Milk

L: Stuffed Pork Chops (infused with carrots & Peas) with Cranberry Sauce, Roasted Cauliflower and Salad

8 boneless pork chops, 2 boxes pork stuffing, 1 can jellied cranberry, 2 bags frozen cauliflower, 2 jars pork gravy

D: Oatmeal (milk) with Strawberries, Fruit Smoothies (made with yogurt) & Sliced Avocado

B: Fruit & Yogurt Parfait with Granola & Milk

L: Baked Chicken Breast, Sweet Potato, Summer Squash & Fresh Sliced Pineapple

6 chicken breasts, sweet potatoes, summer squash, olive oil

D: Pork Chops, Seasoned Rice, Cauliflower and Milk (Leftovers)

B: Cheerios (milk) with Blueberries

L: Shepard pie infused with green pepper & onion (OVN Prep), Whole Grain Bread with

Peanut Butter, Cheddar Cheese Slices & Applesauce

2lbs Hamburg, 2 jars of beef gravy, frozen peppers & onions, 2 bags frozen corn, potatoes, Applesauce

D: Scrambled Eggs with Cheese, Roasted Peppers and Milk

B: Waffles with Peanut Butter, Fresh Fruit and Milk

L: Hobo Casserole with Green Salad and Sour Dough Bread

2lbs hamburger, 2 small onions, 8 potatoes, 1lb shredded cheddar cheese, 2 cans cream of chicken soup, 2 cans cream of potato soup, Creole seasoning, French fried onions, salad

D: Cheese & Meat Pizza, Applesauce, Salad and Milk

B: Mini Quiche (with green peppers, cheese & onions) with Fresh Fruit Salad & Milk

L: Spicy Sausage Pasta infused with Corn and Fruit Cup

3 onions, 3# ground sausage, heavy cream, 2 box chicken broth, 3

Cans Rotel tomatoes, 2 boxes penne, block Monterey Jack cheese, corn

D: Hamburger with Potatoes, Corn, bread and Milk (Leftover)

B: Blueberry Bread with Sliced Bananas, Fresh Raspberries and Milk

L: Chicken Quesadilla with Veggies & Seasoned Rice & Corn

1 bag frozen fajita chicken, Salsa, sour cream, 2 cans whole kernel corn, shredded cheese, soft flour shells, 3 boxes seasoned rice, onions, green pepper OR

Crockpot Corn Chowder infused with Peas & Carrots (OVN start)

2 cans corn, 5 potatoes 2 onions, 1 ham steak, 2 cubes chicken bouillon, 1 can evaporated milk, frozen peas & carrots mix

D: Hot Dogs on Buns with Baked Beans and Milk

B: Warm Shredded Wheat (milk) with Blueberries and Milk

L: Ham Steaks, Mashed Potato, Spinach & Fruit Cup

D: Egg Salad Sandwich on 12 Grain Bread with Fresh Green Salad and Milk

22 Upper Welden Staff Trainning Log

Complete a minimum of 1 training under each category (color) and have a total of 12 hours of training documented each year

(For each completed Relias training print out the certificate and add it to the training log)

Staff Name

Data & initials

Training

Training Credit/	hours	Date & initials
Knowing the Rights of Residents (online - audio) Resident Rights	1	4/14/23
NCSS's Rights of persons served(in binder) Resident Rights	.25	4114123
Fire Safety and Emergency Preparedness (online- audio) The Basics	2' 15	
Fire safety and emergency evacuation		4/22/23
Fire evacuation plan and house schematics (in binder) Fire safety and emergency evacuation	.25	4/14/23
Red Cross CPR course (classroom) Resident emergency response procedures	2.5	
Basic First Aid Course (classroom) Resident emergency response procedures	2	
First Aid Self Paced (online - audio) Resident emergency response procedures	1	416123
Safety in the Home (online – audio) Resident emergency response procedures	.5	4123123
The Basics of Workplace Safety (online – audio) Resident emergency response procedures	.25	4121123
The Vermont Statue; Reports of Abuse, Neglect, and Exploitation of Vulnerable Adults(in binder) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation	.5	4114123
Communication and Conflict Management Skills (online - audio)	.75	
Respectful and effective interaction with residents	4.	1/48/33
Effective Communication Skills Self Paced (online – audio/video)	25	4/22/23
Building Healthy Therapeutic Relationships (online - text)	2.25	
Respectful and effective interaction with residents		
Infection Control: The Basics self paced (online - audio)	.25	11.15
Infection control measures		4/21/23
About Infection Control and Prevention (online - audio) Infection control measures	1	4122123

Hand Hygiene: The Basics self paced (online – audio) Infection control measures	.25	4114/23 0.25
Enhancing Treatment Engagement of Individuals with Behavioral Health Disorders (online - text) General supervision and care of residents	1.75	
HIPPA Overview for Assisted Living and Residential Care (online – audio/video) General supervision and care of residents	1	ECIBAIP
Preventing Medication Errors (online - text) General supervision and care of residents	1	4188183

Other	Trainings:
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Hastha Safety Amount Transing 41/14/23 O.	
Incident Reporting in Between & Holt	
MCSS Cook of Ethica MIMIAS	
Affinition Code of Ethics 4114123	
Emplayed Use of Climical Service 4114123	
Social Media 4/14/23 . 25	
1411 mital stances all, mitraunis said - itmA	23 1hr
MC99 Confidentality 414123	
AR Policy Acknowledgement 4/14/23	
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22 Upper Welden Staff Trainning Log

Complete a minimum of 1 training under each category (color) and have a total of 12 hours of training documented each year

(For each completed Relias training print out the certificate and add it to the training log)

Staff Name ______
Credit/hours Date & initials

Training

Training Credity	nours	Date & initials
Knowing the Rights of Residents (online - audio) Resident Rights	1	1/22/23
NCSS's Rights of persons served(in binder) Resident Rights	.25	12/2/22
Fire Safety and Emergency Preparedness (online - audio) Fire safety and emergency evacuation	2	
Fire evacuation plan and house schematics (in binder) Fire safety and emergency evacuation	.25	11/30/22
Red Cross CPR course (classroom) Resident emergency response procedures	2.5	2/14/23
Basic First Aid Course (classroom) Resident emergency response procedures	2	2/14/23
First Aid Self Paced (online - audio) Resident emergency response procedures	1	2/18/23
Safety in the Home (online – audio) Resident emergency response procedures	.5	
The Basics of Workplace Safety (online – audio) Resident emergency response procedures	.25	
The Vermont Statue; Reports of Abuse, Neglect, and Exploitation of Vulnerable Adults(in binder) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation	.5	11/30/22
Communication and Conflict Management Skills (online - audio)	.75	4/28/23
Respectful and effective interaction with residents Effective Communication Skills Self Paced (online – audio/video)	1	
Building Healthy Therapeutic Relationships (online - text) Respectful and effective interaction with residents	2.25	
Infection Control: The Basics self paced (online - audio) Infection control measures	.25	4/28/23
About Infection Control and Prevention (online - audio) Infection control measures	1	

Hand Hygiene: The Basics self paced (online – audio) Infection control measures	.25	
Enhancing Treatment Engagement of Individuals with Behavioral Health Disorders (online - text) General supervision and care of residents	1.75	
HIPPA Overview for Assisted Living and Residential Care (online – audio/video) General supervision and care of residents	1	4/29/23
Preventing Medication Errors (online – text) General supervision and care of residents	1	

Other Trainings: understanding & treating borderline personality Disorder 12/12/22 1.25 hours 2/18/23 4 hours · Ansa-Certification Co-opporate compliance 4/22/23 = 5 hours harraggment. What employees need to kinow delegation training · understanding bloodborne porthogens VOSHA Covid 19 2/21/23 4/22/23 . 5 hours · Sexual harassment 1/5/23 · Red flags training .5 hours 8 hours · NCSS Mentee program · HITECH V. 2 2/21/23 ,5 hours · Health & Safety Annual Training 1/21/23 · 5 hours · bloodborne pathogen Classroom training 11/18/22 ,5 hours · Intro to trauma-informed Care 1.5 hours 225/23 :5 hours · Basics of defensive driving 5hours 5/6/23 Essentials of HiPAA

Complete a minimum of 1 training under each category (color) and have a total of 12 hours of training each documented each year

Name _

Training	Credit/hours	Date & initials
Knowing the Rights of Residents (online - audio) Resident Rights	1	3/13/23
NCSS's Rights of persons served(in binder) Resident Rights	.25	4/23/23
Fire Safety and Emergency Preparedness (online -audio) Fire safety and emergency evacuation	2	3/13/23
Fire evacuation plan and house schematics (in binder) Fire safety and emergency evacuation	.25	
Red Cross CPR course (classroom) Resident emergency response procedures	2.5	
Basic First Aid Course (classroom) Resident emergency response procedures	2	
First Aid Self Paced (online - audio) Resident emergency response procedures	1	3/13/23
Safety in the Home (online – audio) Resident emergency response procedures	.5	
The Basics of Workplace Safety (online – audio) Resident emergency response procedures	.25	
The Vermont Statue; Reports of Abuse, Neglect, and Exploitation of Vulnerable Adults(in binder) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation	.5	3/14/23
Communication and Conflict Management Skills (online - audio) Respectful and effective interaction with residents	.75	
Effective Communication Skills Self Paced (online – audio/video)	1	
Building Healthy Therapeutic Relationships (online - text) Respectful and effective interaction with residents	2.25	3/12/23
Infection Control: The Basics self paced (online - audio) Infection control measures	.25	3/19/23

About Infection Control and Prevention (online - audio) Infection control measures	1	3/19/23
Hand Hygiene: The Basics self paced (online – audio) Infection control measures	.25	
Enhancing Treatment Engagement of Individuals with Behavioral Health Disorders (online - text) General supervision and care of residents	1.75	3/20/23
HIPPA Overview for Assisted Living and Residential Care (online – audio/video) General supervision and care of residents	1	
Preventing Medication Errors (online – text) General supervision and care of residents	1	

Other Trainings:		
· Sexual Harassment	15	3/20/23
Health info tech for	Ecomonic Clinical	Health Act .5 3/20/23
· Henth 3 safety Annua	1 .5	3/20/23
· Ray Flay	.5	3/20/23
Medication Delegation	Training 1	3/4/23
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22 Upper Welden Staff Trainning Log

Complete a minimum of 1 training under each category (color) and have a total of 12 hours of training documented each year

(For each completed Relias training print out the certificate and add it to the training log)

Staff Nam

Training C	redit/hours	Date & initials
Knowing the Rights of Residents (online - audio Resident Rights	p) 1	3/4/23
NCSS's Rights of persons served(in binder) Resident Rights	.25	3/4/23
Fire Safety and Emergency Preparedness (online audio) Fire safety and emergency evacuation	- 2	
Fire evacuation plan and house schematics (in bir Fire safety and emergency evacuation	nder) .25	3/3/23
Red Cross CPR course (classroom) Resident emergency response procedures	2.5	2/14/23
Basic First Aid Course (classroom) Resident emergency response procedures	2	3/9/23
First Aid Self Paced (online - audio) Resident emergency response procedures	1	
Safety in the Home (online – audio) Resident emergency response procedures	.5	
The Basics of Workplace Safety (online – audio) Resident emergency response procedures	.25	
The Vermont Statue; Reports of Abuse, Neglect, Exploitation of Vulnerable Adults(in binder) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation	and .5	3/3/2-3
Communication and Conflict Management Skills (online - audio) Respectful and effective interaction with reside	.75	
Effective Communication Skills Self Paced (online audio/video)		
Building Healthy Therapeutic Relationships (online text) Respectful and effective interaction with reside		3/4/23
Infection Control: The Basics self paced (online audio) Infection control measures		
About Infection Control and Prevention (onlin audio) Infection control measures	e- 1	

Hand Hygiene: The Basics self paced (online – audio) Infection control measures	.25	4/27/23
Enhancing Treatment Engagement of Individuals with Behavioral Health Disorders (online - text) General supervision and care of residents	1.75	
HIPPA Overview for Assisted Living and Residential Care (online – audio/video) General supervision and care of residents	1	
Preventing Medication Errors (online - text) General supervision and care of residents	1	4/28/23

Other Trainings:		
ALICE	1	9/14/22
Health + Safety	0.5	8/23/22
First Aid online		9/14/22
Medication Delegation	1	4/4/23
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22 Upper Welden Staff Trainning Log

Complete a minimum of 1 training under each category (color) and have a total of 12 hours of training documented each year

(For each completed Relias training print out the certificate and add it to the training log)

Staff Name

Training	Credit/hours	Date & initials
Knowing the Rights of Residents (online - aud Resident Rights	io) 1	4/21/23
NCSS's Rights of persons served(in binder) Resident Rights	.25	4/21/23
Fire Safety and Emergency Preparedness (online audio) Fire safety and emergency evacuation	2	
Fire evacuation plan and house schematics (in biline safety and emergency evacuation	inder) .25	4/21/23
Red Cross CPR course (classroom) Resident emergency response procedures	2.5	
Basic First Aid Course (classroom) Resident emergency response procedures	2	
First Aid Self Paced (online - audio) Resident emergency response procedures	1	4/21/23
Safety in the Home (online – audio) Resident emergency response procedures	.5	
The Basics of Workplace Safety (online – audio) Resident emergency response procedures	.25	
The Vermont Statue; Reports of Abuse, Neglect, Exploitation of Vulnerable Adults(in binder) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation	and .5	4/21/23
Communication and Conflict Management Skills (online - audio) Respectful and effective interaction with reside		
Effective Communication Skills Self Paced (online audio/video)		4/21/23
Building Healthy Therapeutic Relationships (onlinetxt) Respectful and effective interaction with reside		
Infection Control: The Basics self paced (online audio) Infection control measures		
About Infection Control and Prevention (onlin audio) Infection control measures	e- 1	4/21/23

Hand Hygiene: The Basics self paced (online – audio) Infection control measures	.25	4/22/23
Enhancing Treatment Engagement of Individuals with Behavioral Health Disorders (online - text) General supervision and care of residents	1.75	4/22/23
HIPPA Overview for Assisted Living and Residential Care (online – audio/video) General supervision and care of residents	1	
Preventing Medication Errors (online – text) General supervision and care of residents	1	4/21/23

Other Trainings:
Mandated Reporting & Disclosures Training 4/28/23 1hr
Mandated Reporting & Disclosures Training 4/28/23 1hr Bloodborne Pathogen Classroom training 4/28/23 .50 h
intro to trauma informed care 4/28/23 1.5 hr
medication delegation training 4/7/23 1hr
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Complete a minimum of 1 training under each category (color) and have a total of 12 hours of training each documented each year

Name		
Training	Credit/hours	Date & initials
Knowing the Rights of Residents (online - audio) Resident Rights	1	
NCSS's Rights of persons served(in binder) Resident Rights	.25	3/6/23
Fire Safety and Emergency Preparedness (online -audio) Fire safety and emergency evacuation	2	
Fire evacuation plan and house schematics (in binder) Fire safety and emergency evacuation	.25	3/6/33
Red Cross CPR course (classroom) Resident emergency response procedures	2.5	भाराहरू
Basic First Aid Course (classroom) Resident emergency response procedures	2	2/14/32 CIV (22
First Aid Self Paced (online - audio) Resident emergency response procedures	1	81001300
Safety in the Home (online – audio) Resident emergency response procedures	.5	3/6/23
The Basics of Workplace Safety (online – audio Resident emergency response procedures	.25	
The Vermont Statue; Reports of Abuse, Neglect and Exploitation of Vulnerable Adults (in binder Policies and procedures regarding mandatory reports of abuse, neglect and exploitation)	3 6/23
Communication and Conflict Management Skill (online - audio) Respectful and effective interaction with residents	s .75	4/35/25
Effective Communication Skills Self Paced (online – audio/video)	1	
Building Healthy Therapeutic Relationships (online - text) Respectful and effective interaction with residents	2.25	EC.
Infection Control: The Basics self paced (online - audio) Infection control measures	.25	

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About Infection Control and Prevention (online - audio) Infection control measures	1	8/86/32
Hand Hygiene: The Basics self paced (online – audio) Infection control measures	.25	
Enhancing Treatment Engagement of Individuals with Behavioral Health Disorders (online - text) General supervision and care of residents	1.75	
HIPPA Overview for Assisted Living and Residential Care (online – audio/video) General supervision and care of residents	1	
Preventing Medication Errors (online - text) General supervision and care of residents	1	5/14/23

Other T	rainings:
i AL	Ice - New Employee Dr. 115 1. Thurs 4/7/22
ALI	CE Training Online 9.0hr 8/21/22
13	asies of Corporate Compliance . 5hr 8/21/22
3	Sentials of HIPAP .5hr 8/3/22 Sentials of HIPAP .5hr 8/3/22
: He	2) (the avel Safety Annual Truming. The 8/13/2)
jje.	auth Entermedious, Technology tor Economic and Clinical Hailth Act . Thr 8/13/22
M	edication Delegation Training /hr. 4/2/23

22UW-Staff Med Delegation Tracking

Vied Delegated Staff	Initial Training w/Observation Date	Re- training w/changes Date	Re-training w/changes Date	Re-training w/changes Date	Re- training w/changes Date
	4/4/2393				
	4/4/23/13				
	415/2398				
	4/4/2398				
	4/5/2398	2_			
	4/6/23/19	1			
	4/7/2390				
	14/7/239	3			
	41712396	3			
	4/7/234	13			
	4/12/236	33			
	4/12/23/	3			
	4/13/23/2	5			
	4/13/230	3			
	te Uliulda	93			
	420/239	13-			
,	/ /	93			
	4/20/23	33			
	1/21/230)	3			
	4/21/234	B			

Med Delegated Staff	Initial Training w/Observation Date	Re-training w/changes Date	Re-training w/changes Date	Re-training w/changes Date	Re-training w/changes Date
	4/27/2396	B			
	4/27/23/26 5/4/23/26	3			