



**AGENCY OF HUMAN SERVICES**  
**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

October 19, 2023

Ms. Tracy Fisher  
Atwood House  
1132 Pine Street  
Burlington, VT 05401

Dear Ms. Fisher:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 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,

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0670</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2023</b>
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R100	Initial Comments:  The Division of Licensing and Protection conducted an unannounced on-site relicensure survey on 8/28/23. The following regulatory deficiencies were identified:	R100		
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 staff interview there was a failure to complete an admission assessment within 14 days of admission for 2 applicable residents (Residents #1 and #2). Findings include:</p> <p>1. Per record review Resident #1 was admitted to the home on 10/17/22 and his/her admission assessment was signed as completed on 12/14/22.</p> <p>2. Resident #2 was admitted to the home on 2/1/22 and his/her admission assessment was signed as completed on 11/29/22.</p> <p>The Residential Manager confirmed Resident #1 and #2's admission assessments were not completed within 14 days of admission on the afternoon of 8/28/23.</p>	R134		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jracy Fisher* TITLE *Senior Manager* (X6) DATE *10-10-23*

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R162 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure signed medication orders for 1 applicable resident (Resident # 1). Findings include:</p> <p>1. Per signed orders dated 10/24/22 Resident #1's prescriber ordered Levitiracetam 500 mg tablets Two tablets twice daily for seizures. Resident #1's August 2023 Medication Administration Record (MAR) listed the anti-seizure medication Topiramate 100 mg tablets One tablet twice daily for which there was no signed prescriber's order; and did not include an order for Levitiracetam for which there was no signed order to discontinue. On the afternoon of 8/28/23 the Manager stated Resident #1's Levitiracetam order was discontinued and Topiramate was started following a recent medication change.</p> <p>2. Resident #1's record did not include signed orders for the Epinephrine 0.3 mg Pen as needed (PRN) to prevent loss of airway during severe allergic reaction to bee venom; and for Diclofenac 1% Gel Applied topically PRN for pain, which were both listed on Resident #1's Medication Administration Record for PRN medications.</p>	R162		

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R162	<p>Continued From page 2</p> <p>3. Resident #1's medication orders signed by the prescriber on 10/24/22 included an order for Fluticasone Propionate 50 mcg per actuation scheduled once daily in the morning, however Resident #1's Medication Administration Record (MAR) included Fluticasone Propionate 50 mcg per actuation every 4 hours as needed for nasal congestion. Resident #1's record did not include a signed order to change Fluticasone from a scheduled medication to a PRN (as needed) medication.</p> <p>4. Resident #1's prescriber ordered Vitamin D3 1.25 gm (50,000 IU) every 28 days on 10/24/22, however the August 2023 Medication Administration Record indicated Vitamin D3 25 micrograms (1,000 IU) was administered daily. Resident #1's record did not include an order to change the dose and frequency of Vitamin D3 administration.</p> <p>The Manager confirmed signed prescriber's orders for the administration of Epinephrine 0.3 mg via injection pen, Diclofenac 1% Gel, and Topiramate 100 mg; an order to discontinue Levitracetam 500 mg tablets; an order to change the dose and frequency of Vitamin D3 administration; and an order to change Fluticasone Propionate Nasal Spray from a scheduled to a PRN medication were not on file and available for review on the afternoon of 8/28/23. These findings were also confirmed during a second review with the Manager and the Quality Assurance Nurse at approximately 4:00 PM on 8/28/23.</p>	R162		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES	R167		

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R167	<p>Continued From page 3</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>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop a written plan for the administration of PRN (as needed) psychoacitve medications by unlicensed staff for one applicable resident (Resident # 2 ). Findings include:</p> <p>Per record review Resident #2 is prescribed Lorazepam 0.25 mg twice daily PRN for agitation.</p> <p>At 3:36 PM on 8/28/23 the Manager and Quality Assurance Registered Nurse confirmed written plans for the administration of PRN Lorazepam had not been developed for Resident #2.</p>	R167		
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES	R190		

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R190	Continued From page 4  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of criminal background and abuse registry checks as required for 3 out of 5 sampled staff. Findings include:  On the afternoon of 8/28/23 the Manager confirmed criminal background and abuse registry checks were not completed on hire for 3 out of 5 sampled Staff.	R190		
R246 SS=F	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure food items are safe for consumption and free of spoilage. Findings include:	R246		

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R246	<p>Continued From page 5</p> <p>During the facility tour commencing at 9:48 AM on 8/28/23 perishable food items were observed to be improperly stored and potentially spoiled including:</p> <p>a) A bowl of cherry tomatoes stored on the kitchen counter with cracks in them and fruit flies around the bowl</p> <p>b) In the fridge door there was a bottle of Alfredo sauce with the date opened worn off observed to have an unpleasant odor when opened; Italian dressing with an expiration date of 8/18/23; and unwrapped ears of corn with dried discolored husks and desiccated corn kernels.</p> <p>c) An unopened gallon jug of orange juice labeled to be stored in the refrigerator was observed in a kitchen cabinet. Staff on duty stated they were not aware the orange juice required refrigeration and reported the container had been stored in the cabinet since a shopping trip three days prior to the survey. The juice was later observed to be placed in the fridge. The Manager removed the juice from the fridge and instructed staff to discard it.</p> <p>These findings were confirmed by Staff on duty during the facility tour and acknowledged by the Manager on the morning of 8/28/23.</p>	R246		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or</p>	R247		

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R247	<p>Continued From page 6</p> <p>above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items were labeled, and dated. Findings include:</p> <p>During the facility tour commencing at 9:48 AM on 8/28/23 perishable food items were observed to be without required labels and dates as follows:</p> <p>In the kitchen refrigerator numerous opened and prepared perishable items were without dates indicating when they were opened including condiments; dressings; sauces, cut watermelon, beverages, dairy products, hot dogs, and deli meats. Containers of leftovers and a glass bottle filled with a red gelatinous fluid were without identifying labels and dates the items were prepared.</p> <p>In the kitchen cabinets opened boxes of cereals and crackers; bags of chia seeds, granola, and crispy fried onions; and bottles of balsamic vinegar and cooking oils were not labeled with the dates they were opened.</p> <p>These findings were confirmed by Staff on duty during the facility tour, and acknowledged by the Manager on the morning of 8/28/23.</p>	R247		
R266 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a</p>	R266		



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R266	<p>Continued From page 7</p> <p>safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe environment. Findings include:</p> <p>During a facility tour commencing at 9:48 AM on 8/28/23 chemicals were observed to be unsecured and accessible to residents. A janitorial closet containing hazardous chemicals and cleaning products such as disinfectants, multi-surface cleaners, toilet bowl cleaner, glass cleaner, and nail polish remover was unlocked and unattended; bug repellent and air freshener were observed on top of a piano in the common area of the home; and an unlocked cabinet under the kitchen sink contained cleaning supplies including Finish dishwasher pods, and Lysol disinfection spray.</p> <p>These findings were confirmed by 2 staff on duty during the facility tour on 8/28/23 and acknowledged by the Manager on the morning of 8/28/23.</p>	R266		
R314 SS=E	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds</p> <p>This REQUIREMENT is not met as evidenced</p>	R314		

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R314	<p>Continued From page 8</p> <p>by: Based on staff interview and record review there was a failure to provide quarterly statements for management of funds for both facility residents (Resident #1 and #2). Findings include:</p> <p>On the afternoon of 8/28/23 the Manager confirmed quarterly statements had not been provided for management of Residents #1 and #2's finances during the year 2023.</p>	R314		

## **Atwood Survey 08.28.2023 – Plan of Correction**

### **R134 Resident Care and Home Services**

#### **5.7 Assessment**

- 1) The assessment for resident 1 was completed on 12/14/2022.
- 2) Resident 2 was completed on 11/29/22.

The assessment is due within 14 days and the requirement was not met. Corrective Action has been taken. This policy has been reviewed with current residential staff and delegating nurses. The senior manager will oversee compliance with this. Going forward resident assessments will be completed no later than 14 days after admission. A new client admission checklist that includes this requirement is in process and will be implemented for new incoming residents beginning 10/15/2023. The residential will oversee compliance with this with oversight from senior manager. Accepted by Jo A Evans RN on 10/18/23

### **R162 Resident Care and Home Services**

#### **5.10 Medication Management – 5.10.c.**

- 1) Orders were present for current medication, Topiramate. A signed order to document the discontinuation of Levetiracetam has been obtained and is on file.
- 2) Updated orders for epinephrine 0.3mg and Diclofenac 1% gel have been created and sent to prescriber for signature on 10.03.2023.
- 3) An updated order for the change in fluticasone from scheduled to PRN has been created and was sent to the prescriber for signature on 10.03.2023.
- 4) An updated order for the change to daily Vitamin d3 from previously prescribed monthly dose has been created and was sent to the prescriber on 10.03.2023.

Corrective action has been taken. A thorough review of all Atwood resident medications has been completed. New and updated orders for all medications for existing residents were sent to prescribers for signature on 10.03.2023. All signed orders for resident medications are on file and located in the medication binder. The DS nurse and residential manager will oversee compliance with this with oversight from senior manager.

Accepted by Jo A Evans 10/18/23

### **R167 Resident Care and Home Services**

#### **5.10 Medication Management – 5.10.d.**

- 1) A psychoactive PRN plan for Lorazepam was developed by the Nurse and sent to the prescriber for signature on 10.03.2023.

Corrective action has been taken. The newly developed plan has been reviewed by the current residential manager. Medication delegates will review and sign off at each of their next shifts. The

target date for completion is 10.15.2023. DS Nurse and residential manager will oversee compliance with this and review at least annually during med re- delegation. Senior manager will provide additional oversight. Accepted by Jo A Evans RN 10/18/23

## **R190 Resident Care and Home Services**

### **5.12.b. (4) Background Checks**

Corrective action has been taken. Background checks have been located for Atwood staff. An agency wide plan to conduct new background checks on residential staff was completed between January and February 2023. There was a systems error during the upload and the screenings will be uploaded correctly by October 19<sup>th</sup>. Atwood staff will be confirmed and if a new screen is needed for existing Atwood staff, this also be completed by Oct 19<sup>th</sup>. Going forward, there is a plan in place to re-screen direct service providers annually. The residential Manager and HR department will oversee compliance for this with oversight from senior manager as needed.

Accepted by Jo A Evans RN 10/18/23

## **R 246 Nutrition and Food Services**

### **7.2.a. Food Safety and Sanitation**

Corrective action has been taken. A thorough inspection of all perishable and non-perishable foods has been completed and any expired, spoiled, or questionable items have been discarded. The remaining food items were labeled or discarded if the open date was unknown regardless of expiration. On 8/30, this regulation was reviewed with staff during the team meeting detailing the requirement to label items with the dates opened and leftovers dated to be discarded no more than 3 days after prepared. The residential manager will oversee compliance with this with oversight from senior manager as needed.

Accepted by Jo A Evans 10/18/23

## **R247 Nutrition and Food Services**

### **7.2.b. Food Safety and Sanitation**

Corrective action has been taken. A thorough inspection of all perishable and non-perishable foods has been completed and any expired, spoiled, or questionable items have been discarded. In the cabinets, open dry goods discarded have been replaced with new packages and placed in sealed containers if the original packaging does not have a re-sealable package. The remaining refrigerated food items were labeled or discarded if the open date was unknown regardless of expiration. On 8/30, this regulation was reviewed with staff during the team meeting detailing the requirement to label items with the dates opened and leftovers dated to be discarded no more than 3 days after prepared. On 8/30, this regulation was discussed in conjunction with the above regulation with staff to ensure compliance. The residential manager will oversee compliance with this with oversight from senior manager as needed.

Accepted by Jo A Evans 10/18/23

## **R266 Physical Plant**

### **9.1. Environment 9.1.a**

Corrective action has been taken. All chemicals including household cleaners, sunscreen and air freshener have been secured in a locked closet adjacent to the hallway. Staff carry the keys to this closet on their person and extract the items when needed for cleaning purposes, returning them when they are finished. Chemicals previously stored under the kitchen sink have been relocated to the same closet. On 8/30, this regulation was reviewed with staff to ensure compliance going forward. The residential manager will oversee compliance with this regulation with oversight from senior manager as needed. Accepted by Jo A Evans 10/18/23

## **R314 Resident Funds and Property**

### **11.2 Resident Funds**

Corrective action has been taken. A new quarterly update spreadsheet was developed. Quarterly updates have been created using shift count and purchase logs where this information has been previously documented dating back to January 1, 2023. These will be sent to residents and guardians on 10.05.2023. The shift counts and purchase logs have been separated onto two forms to ensure both are done accurately and are easily reviewed by the resident, guardian, staff, and Residential Manager. The Residential Manager will use the updated purchase logs to create the quarterly updates and send them to residents and guardians every three months in April, July, October, and January following the end of each quarter. The updated shift count log will be checked monthly to ensure accuracy with accounting. The residential will oversee compliance with this.

Accepted by Jo A Evans 10/18/23

Submitted by: Tracy Fisher

Date: October 6<sup>th</sup>, 2023