

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

<u>Division of Licensing and Protection</u> 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

September 21, 2023

Ms. Alyssa Matulonis, Manager Brookwood 2 School Street North Springfield, VT 05150

Dear Ms. Matulonis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 14**, **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 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 0115 06/14/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2 SCHOOL STREET BROOKWOOD** NORTH SPRINGFIELD, VT 05160 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ED (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY)** R100 R100 Initial Comments: On 6/14/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified: R136 R138 V. RESIDENT CARE AND HOME SERVICES SS=E 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to complete a change of condition R136 Tag Accepted assessment for one applicable resident (Resident Jenielle Shea, RN #1) and 2 annual reassessments for one applicable resident (Resident #2). Findings 8/21/23 include: 1. At 1:33 PM on 6/14/23 the Nurse Manager confirmed a significant change of condition assessment was not completed for Resident #1 following a fall with a subsequent extended stay in a rehab facility. Progress Notes indicated Resident #1 required additional assistance with activities of daily living and physical therapy following the injury from the fall. Additionally, Progress Notes stated 12 days after return from the hospitalization Resident #1 had extremely slow mobility and a shuffling gate not previously noted. Resident #1 began taking anti-Parkinson's Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of Licensing and Protection (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NI IMPER-COMBI ETED A. BUILDING: B. WING 0115 08/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 SCHOOL STREET **BROOKWOOD** NORTH SPRINGFIELD, VT 05160 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE m (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) The Check bust will be R138 Continued From page 1 R136 filed only once every iten is actuessed, by RNO medication due to this change. 2. On the afternoon of 6/14/23 the Nurse Manager confirmed annual reassessments for Resident#2 -2021 and 2022 were not completed Resident #2. Brid Spread Sheet made 480/83 Lowh Alerts I month prior R145 V. RESIDENT CARE AND HOME SERVICES R145 SS=D to All usement due dates 5.9.c (2) Alaum Daily can not be Oversee development of a written plan of care for each resident that is based on abilities and needs Shut aff until assessment as identified in the resident assessment. A plan of care must describe the care and services Care. necessary to assist the resident to maintain independence and well-being: R145 Tag Accepted Jenielle Shea, RN 8/21/23 This REQUIREMENT is not met as evidenced Care plan update in 7/10/28 ON NW post nospital and Rehabahect list by: Based on record review and staff interview the Registered Nurse failed to oversee development of a written plan of care for one applicable resident (Resident #1). Findings include: On the afternoon of 6/14/23 the Nurse Manager confirmed a plan of care for Resident #1 was not on file and available for review. R160 V. RESIDENT CARE AND HOME SERVICES R160 SS=F 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The

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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:** COMPLETED A. BUILDING: B. WING 0115 06/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 SCHOOL STREET BROOKWOOD** NORTH SPRINGFIELD, VT 05160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (D (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R160 Continued From page 3 R160 within the medication cart. Findings include resident specific medications and house stock supply. Resident specific medications noted were: Olanzapine 2.5 mg tablets expired on 1/20/2023, Lactaid Caplets expired on 7/31/2022, Tylenol 500 mg tablets expired on 12/2022 and Furosemide 20 mg tablets expired on 12/29/2022. House stock medications noted were: a Bottle of Tylenol 500 mg tablets expired on 9/2022 and Two bottles of Ibuprofen 200mg tablets expired on 5/2022, and 7/2021. Per interview with Medication Technician (MT) on 6/14/23 2:10 PM, the seven medications found were confirmed to be expired. The MT was unaware of a policy or procedure to perform audits on the medication carts to ensure medication are within appropriate dates of use. Per interview with the Nurse Manager on 6/14/23 at 2:30 PM, a policy and procedure was unable to be provided to identify medication management practices for disposal of outdated or unused medications. The nurse manager stated "The medication carts are to be audited monthly by a nurse, however a policy is not in place to indicate procedures to perform medication cart audits and/or disposal of medications." The nurse manager confirmed the medications noted were expired. Signed orders will 7/8/23 be obtained by NUTSC Manager. Within 10 days of withing a Telephoneouth R162 V. RESIDENT CARE AND HOME SERVICES R162 SS=D 5.10 Medication Management 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

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Division of Licensing and Protection										
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
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2 SCHOOL STREET										
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R160	Continued From page	2	R160		·					
	policies must cover a	t least the following:								
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		nust provide medication he supervision of a licensed	ļ	to sindudu Nurse	minda					
		es must determine whether		+RN dispose of ma	had the					
	the home is capable of and willing to provide			LIKIN DISPOSED III	with down					
	assistance with medications and/or administration			laved discontinued	OK EXPLIES					
	of medications as provided under these regulations. Residents must be fully informed of									
	the home's policy prior to admission.			Weetly Check lis	t hus 626/27					
	(2) Who provides the professional nursing									
	delegation if the home administers medications to residents unable to self-administer and how the			been deheloped for						
	process of delegation is to be carried out in the home.			Corregives. part of	chacklist—					
	(3) Qualifications of	the staff who will be	1	is to go through	" Mad					
	managing medication			MILT WAS BLOOM	N WEB					
	medications and the home's process for nursing			out weetly an	d V					
	supervision of the staff.  (4) How medications shall be obtained for		Ì	for outdited med	cirations					
	residents including choices of pharmacies.			Lead floor then	20.16					
	(5) Procedures for documentation of medication			LEAL STOCK THEN O	Junes					
	administration. (6) Procedures for disposing of outdated or			takes to hurse	managu					
	unused medication, i	ncluding designation of a		for disposal.	b					
	, •	th responsibility for disposal.		ior croposaci	1.					
	(7) Procedures for magnetical psychoactive medical	onitoring side effects of tions.		This will be done k	reetly.					
	This REQUIREMENT	is not met as evidenced	~	The will be done k the Lead covering sends check h	er thin					
	by:			1 ( 100010 14	int to					
		ew the Residential Care		sinos cruir o						
, ,		op a written policy and lisposed of outdated or		IKD ong Doce	- Mancell.					
		ncluding designation of a		Sinds check l RN and Norse Weekly,	0, ,					
	person or persons wi	th responsibility for disposal.								
	Findings include:			R160 Tag A	•					
	Per observation of th	e facility medication cart, as		Jenielle She	a, RN					
		ations were found expired		8/21/23						

Division of Licensing and Protection

PRINTED: 08/26/2023 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 0115 06/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 SCHOOL STREET BROOKWOOD NORTH SPRINGFIELD, VT 05160** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) R162 R162 Continued From page 4 written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure there were signed physician's orders for 3 medications administered to one applicable resident (Resident #1). Findings include: At 2:02 PM on 6/14/23 the Nurse Manager confirmed the following medications were administered to Resident #1 without signed physician's orders: 1. Melatonin 5 mg tab One tablet by mouth at bedtime 2. Stool Softener with Laxative 50 / 8.6 mg tab One tablet by mouth twice daily 3. Acetaminophen 325 mg tablet 2 tablets (650 mg) by mouth every 6 hours as needed for pain R162 Tag Accepted Jenielle Shea, RN R176 R176 V. RESIDENT CARE AND HOME SERVICES 8/21/23 SS=F This issue will be 5.10 Medication Management Resolved with the 5.10.h (4) Medications left after the death or discharge of a resident, or cutdated medications, shall be

bv:

practice.

promptly disposed of in accordance with the home's policy and applicable standards of

This REQUIREMENT is not met as evidenced

Based on observation and staff interview there

was failure by the RCH Nurse to ensure proper

for expiration dates.

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the disposal of outdated medications stored in the medication cart. Findings include:  Per observation of the medication cart, seven medications were observed to be expired and within the medication acut. Of the seven medications were to be obtie of 500 court Tylenol 500 mg tablets expired on 82022 and two bottles of the profen 200 mg tablets, bottle #1 was a 500 count bottle expired on 52022 and bottle #2 was a 100 count bottle expired on 72021. The other four noted expired medications were resident specific medications, these medication were resident specific medications, these medication were resident specific medications, these medication were versident specific medications, these medication were confirmed the noted medications were expired. The nurse stated "1 try to go through the carts at least mortifly to audit the medications and proper stock of supplies."  Per interview with the Nurse Manager on 6/14/23 at 2:30 PM, the nurse confirmed the noted medications were expired. The nurse stated "1 try to go through the carts at least mortifly to audit the medications and proper stock of supplies."  Price Per interview with the Nurse Manager on 6/14/23 at 2:30 PM, the nurse confirmed the noted medications were expired. The nurse stated "1 try to go through the carts at least mortifly to audit the medications and proper stock of supplies."  Price Per interview with the Nurse Manager on 6/14/23 at 2:30 PM, the nurse confirmed the noted medications were expired. The nurse stated "1 try to go through the carts at least mortifly to audit the medications and proper stock of supplies."  Price Per interview with the Nurse Manager on 6/14/23 at 2:30 PM, the nurse confirmed the noted medications were expired. The nurse stated "1 try to go through the carts at least mortifly to audit the medications and proper stock of supplies."  Price Per interview with the Nurse Manager on 6/14/23 at 2:30 PM, the nurse carts at 100 PM to 4/14/23 at 2:30 PM, the nurse stated "1 try to go through the carts at least mortifly to audit the	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE						
within the medications noted, three were labeled as house stock, these medications were a bottle of 500 count Tylenol 500 mg tablets expired on 92022 and two bottles of buprofera 200 mg tablets, bottle #1 was a 500 count bottle expired on 522022 and bottle #2 was a 100 count bottle expired on 72021. The other four noted expired medications were resident specific medications, these medications were resident specific medications, these medication were Clarzapine 2.5 mg tablet expired on 120223, Lactaid caplets expired on 773122, Furosemide 20 mg expired on 1222922, and Tylenol 500 mg expired on 1222922, and proper stock of supplies.*  Per interview with the Nurse Manager on 8/14/23 at 2:30 PM, the nurse confirmed the noted medications were expired. The nurse stated 1 try to go through the carts at least monthly to audit the medications and proper stock of supplies.*  R160 V. RESIDENT CARE AND HOME SERVICES  SS-E  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 record review and staff interview there was a failure to complete criminal record and adult abuse registry checks on hire for 2 out of 5 sampled staff. Findings include:  WUSE MONAGET FOR CAISON.  R176 Tag Accepted Jenielle Shea. RN  8/21/23  R180  MANGET FOR CAISON.  R180  MANGET	R176	Continued From page	<b>5</b>	R176								
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medications were resident specific medications, these medication were Olanzapine 2.5 mg tablet expired on 17/31/22, Furosemide 20 mg expired on 12/29/22, and Tylenol 500 mg expired on 12/29/22, and Tylenol		5/2022 and bottle #2 was a 100 count bottle				•						
these medication were Olarizapine 2.5 mg tablet expired on 1/20/23, Lactaid caplets expired on 7/31/22, Furosemide 20 mg expired on 1/2/29/22, and Tylenol 500 mg expired on 1/2/20/22.  Per interview with the Nurse Manager on 6/14/23 at 2:30 PM, the nurse confirmed the noted medications were expired. The nurse stated "I try to go through the carts at least monthly to audit the medications and proper stock of supplies."  R190  SS=E  R190  S. This results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to complete criminal record and adult abuse registry checks on hire for 2 out of 5 sampled staff. Findings include:  The results of the criminal record and adult abuse registry checks on hire for 2 out of 5 sampled staff. Findings include:					8/21/23							
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Division of Licensing and Protection

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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:** COMPLETED A. BUILDING: 0115 B. WING 06/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 SCHOOL STREET BROOKWOOD** NORTH SPRINGFIELD, VT 05150 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY R190 R190 Continued From page 6 not file without All components completed At 11:32 AM on 6/14/23 the Manager confirmed criminal record and adult abuse registry checks were not completed at the time of hire for 2 staff. One staff's criminal record and adult abuse be Checked be registry checks were completed 8 months after hire. One staff's criminal record checks were completed 6 months after hire and adult abuse registry checks were completed 3 months after hire. R247 R247 VII. NUTRITION AND FOOD SERVICES R190 Tag Accepted SS=E Jenielle Shea, RN 8/21/23 7.2 Food Safety and Sanitation 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 above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable foods and drinks were labeled and dated. Findings include: During the facility tour commencing at 9:15 AM ionaliance on 6/14/23 unlabeled and undated perishable foods and drinks were items were observed including: R247 Tag Accepted 1. In the refrigerator: opened undated prune juice, Jenielle Shea, RN milk, root beer were stored. Unlabeled and 8/21/23 undated items included part of a brownle stored in an open cup without a cover, and two bags of muffins.

Division of Licensing and Protection

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: \_ B. WING 0115 06/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COCE **2 SCHOOL STREET BROOKWOOD** NORTH SPRINGFIELD, VT 05150 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R247 R247 Continued From page 7 2. In the freezer: two opened undated containers of ice cream and an opened unsealed undated bag of peas On the afternoon of 6/14/23 the Manager confirmed undated and unlabeled perishable foods were stored in the kitchen refrigerator. R266 R266 IX. PHYSICAL PLANT SS=F 9.1 Environment 9.1.a The home must provide and maintain a Over cleaning has been added to weekled Cleaning Check hist Manger to over see compliance. safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to maintain a safe, functional. sanitary, homelike and comfortable environment. Findings include: Chemicals Removed During the facility tour commencing at 9:15 AM on 6/14/23 the following environmental issues + Stored in Laundy were observed: Roon where residents 1. There was a thick coating of grease and burnt ccun mot Reach food on the bottom of the oven. 2. Cleaning chemicals including oven cleaner Supplies. spray and an uncovered container of dishwasher detergent pods were stored in the unlocked cabinet under the kitchen sink. The floor of the cabinet had a large hole cut out of it and there was a thick layer of spray foam filling the open area where the cabinet floor was missing. The

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Division of Licensing and Protection (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 0115 06/14/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2 SCHOOL STREET BROOKWOOD** NORTH SPRINGFIELD, VT 05150 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) **R266 R266** Continued From page 8 Floor + Cabinets We all Removed inside of the cabinet had a strong odor of mildew. 3. The kitchen flooring in front of the kitchen sink and dishwasher was observed to have floorboards that moved when bearing weight. New Flooring There is a trap door on the floor to access the crawl space below the kitchen which was in the middle of this area of the floor. Per discussion with the maintenance staff the floor and supports beneath had been in this condition for a significant amount of time. A plan was made by the Nurse Manger and maintenance staff to take the immediate corrective action of reinforcing the floor joists while a plan to replace the kitchen flooring and repair the area under the kitchen sink is implemented. These findings were confirmed by the Manager on the afternoon of 6/14/23. R266 Tag Accepted Jenielle Shea, RN 8/21/23

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