



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

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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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: 0115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2023
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NAME OF PROVIDER OR SUPPLIER BROOKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2 SCHOOL STREET NORTH SPRINGFIELD, VT 05160
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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:	R100		
R138 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>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.</p> <p>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 assessment for one applicable resident (Resident #1) and 2 annual reassessments for one applicable resident (Resident #2). Findings include:</p> <p>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</p>	R138	<p>R136 Tag Accepted Jenielle Shea, RN 8/21/23</p> <p>1, Post hospital + post Rehab check list which includes Confirming all med changes + shipped orders if change in status Assessment is needed Update care plan</p>	7/10/23

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

Jennifer Silva RN

TITLE

RN/owner

(X6) DATE

6/30/23

Division of Licensing and Protection

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R138	Continued From page 1 medication due to this change.	R138	The check list will be filed only once every item is addressed, by RNC	
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced 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:</p> <p>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.</p>	R145	<p>Resident #2 - Grid spread sheet made 6/30/23 with Alerts 1 month prior to All Assment due dates Alarm Daily can not be shut off until assessment done.</p> <p>R145 Tag Accepted Jenielle Shea, RN 8/21/23</p>	
R160 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The</p>	R160	<p>Care plan update in 7/10/23 ON NEW POST HOSPITAL and Rehab Check list</p>	

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R160	<p>Continued From page 3</p> <p>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,</p> <p>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.</p> <p>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.</p>	R160		
R162 SS=D	<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</p>	R162	<p>Signed orders will 7/8/23 be obtained by Nurse Manager within 10 days of writing a Telephone order OR a confirmation of order.</p>	

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R160	<p>Continued From page 2</p> <p>policies must cover at least the following:</p> <p>(1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission.</p> <p>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview the Residential Care Home failed to develop a written policy and procedure describe disposed of outdated or unused medication, including designation of a person or persons with responsibility for disposal. Findings include:</p> <p>Per observation of the facility medication cart, as needed (PRN) medications were found expired</p>	R160	<p>update current policies 7/10/23 to include nurse manager + RN dispose of medications that are discontinued or expired</p> <p>Weekly check list has 4/24/23 been developed for lead caregiver. part of checklist is to go through med cart weekly and ✓ for outdated medications lead floor then gather + gives to nurse manager for disposal.</p> <p>This will be done weekly. The Lead caregiver then sends check list to RN and Nurse manager weekly.</p> <p>R160 Tag Accepted Jenielle Shea, RN 8/21/23</p>	

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R162	<p>Continued From page 4</p> <p>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 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:</p> <p>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:</p> <ol style="list-style-type: none"> 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	<p>The nurse will fax order to provider daily written + attach confirmation of delivery - if not returned in 3 days will re-fax + write second attempt after 1 week Nurse manager will call office obtain name of staff in office fax directly to them. Then call daily until returned.</p> <p>R162 Tag Accepted Jenielle Shea, RN 8/21/23</p>	
R176 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h (4)</p> <p>Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was failure by the RCH Nurse to ensure proper</p>	R176	<p>This issue will be Resolved with the Weekly Lead floor check list, on this list the Lead floor checks All meds in acct for expiration dates.</p>	

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R176	<p>Continued From page 5</p> <p>the disposal of outdated medications stored in the medication cart. Findings include:</p> <p>Per observation of the medication cart, seven medications were observed to be expired and within the medication cart. Of the seven medications noted, three were labeled as house stock, these medications were a bottle of 500 count Tylenol 500 mg tablets expired on 9/2022 and two bottles of Ibuprofen 200 mg tablets, bottle #1 was a 500 count bottle expired on 5/2022 and bottle #2 was a 100 count bottle expired on 7/2021. The other four noted expired medications were resident specific medications, these medication were Olanzapine 2.5 mg tablet expired on 1/20/23, Lactaid caplets expired on 7/31/22, Furosemide 20 mg expired on 12/29/22, and Tylenol 500 mg expired on 12/2022.</p> <p>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 "I try to go through the carts at least monthly to audit the medications and proper stock of supplies."</p>	R176	<p>If dates are expiring or expired. Lead caregiver gives medication to Nurse manager for disposal.</p> <p>R176 Tag Accepted Jenielle Shea, RN 8/21/23</p>	
R190 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>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:</p>	R190	<p>Manager has check list 6/30/23 to document Result of Abuse + Criminal Checks. This get filed once New Staff orientation is complete - Manager can</p>	

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R190	Continued From page 6 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 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.	R190	NOT file without All components completed + addressed Will be checked by owner prior to filing After manager compls	
R247 SS=E	<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 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 foods and drinks were labeled and dated. Findings include:</p> <p>During the facility tour commencing at 9:15 AM on 6/14/23 unlabeled and undated perishable foods and drinks were items were observed including:</p> <p>1. In the refrigerator: opened undated prune juice, milk, root beer were stored. Unlabeled and undated items included part of a brownie stored in an open cup without a cover, and two bags of muffins.</p>	R247	<p>R190 Tag Accepted Jenielle Shea, RN 8/21/23</p> <p>Added daily check list 6/27/23 for kitchen staff to confirm everything in Refrigerator is labeled + dated. Manager to Review Weekly to ensure Compliance.</p> <p>R247 Tag Accepted Jenielle Shea, RN 8/21/23</p>	

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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.	R247		
R268 SS-F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a 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: During the facility tour commencing at 9:15 AM on 6/14/23 the following environmental issues were observed: 1. There was a thick coating of grease and burnt food on the bottom of the oven. 2. Cleaning chemicals including oven cleaner 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	R268	Oven cleaning has been added to weekly Cleaning Check list Manager to oversee compliance. Chemicals removed + stored in Laundry Room where residents can not reach supplies.	

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R266	<p>Continued From page 8</p> <p>inside of the cabinet had a strong odor of mildew.</p> <p>3. The kitchen flooring in front of the kitchen sink and dishwasher was observed to have floorboards that moved when bearing weight. 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.</p> <p>These findings were confirmed by the Manager on the afternoon of 6/14/23.</p>	R266	<p>Floor + Cabinets We all removed New Flooring in underneath joices replaced New base cabinets installed New Countertops</p> <p>R266 Tag Accepted Jenielle Shea, RN 8/21/23</p>	6/30/23