VERMONT

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

April 8, 2024

Amanda St. Cyr, Manager
Brownway Residence
328 School Street
Enosburg Falls, VT 05450-5500

Dear Ms. St. Cyr:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 6, 2024.** 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0118	A. BUILDING: _____ B. WING _____	C 03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNWAY RESIDENCE	**328 SCHOOL STREET ENOSBURG FALLS, VT 05450**

(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 3/6/24 the Division of Licensing and Protection conducted on unannounced on-site investigation of one complaint. The following regulatory deficiencies were identified:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure administration of a dietary supplement ordered by the prescribing physician for one applicable resident (Resident #1). Findings include: Per record review the facility's General Care policy and procedures provided for review on request on the afternoon of 3/6/24 state, "Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders". Per record review, on 9/13/23 Resident #1's physician prescribed one can of the nutritional supplement beverage Ensure three times daily. Notation on the signed orders indicates this was an increase from two times to three times daily due to weight loss. The orders for Ensure listed in Resident #1's September, October, and November 2023	R128	See attached POC	

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R128	Continued From page 1 Medication Administration Records (MARs) read, "Ensure 1 can twice a day Chocolate three times a day for supplement" with a start date of 9/13/23 and administration times listed as 8:00 AM, 2:00 PM, and 8:00 PM daily. Per review of the September, October, and November 2023 MARs, there is no documentation indicating Ensure was administered or refused between 9/13/23 and 11/8/23 when staff initials indicate administration of Ensure began. At 4:27 PM the RN on duty confirmed Ensure not documented on the Medication Administration Record as given between 9/13/24- 11/8/23, indicating the medication was not given as ordered during this time period. In conclusion this deficient practice is a risk for more than minimal harm resulting from the failure to administer medications as ordered and/or to document a medication as given.	R128		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 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 staff interview and record review there was a failure to complete a significant change	R136	See attached POC	

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R136	Continued From page 2 assessment when one applicable resident (Resident #1) experienced significant changes in mental and physical functioning. Findings include: The facility's Assessment policy and procedures effective 10/26/23 states, "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." Per record review assessments on file for Resident #1 included an admission assessment completed on 3/6/23, and an annual reassessment completed on 2/20/24. Significant change assessments were not completed in response to the following changes in Resident #1's condition: 1. Per record review Resident #1's documented weight on admission to the home on 2/20/23 was 202.6 pounds. On 3/4/24 Resident #1's weight was documented as 165.5 pounds, indicating a weight loss of 37.1 pounds and an 18.3% decrease in body weight since his/her admission to the facility. Significant change assessments were not completed in response to changes in Resident #1's body weight indicating a weight loss of greater than 5% overall body weight during a one month period of time and an overall body weight loss greater than a 10 % during a 6 month period of time as follows: a. On 3/20/23 Resident #1's weight was documented as 203.5 pounds and on 4/20/23 Resident #1 weight was documented as 176.8 pounds, indicating a 26.7 pound weight loss and a 13.1 % decrease in body weight during a one month period of time. b. On 8/20/23 Resident #1's weight was	R136		

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R136	Continued From page 3 documented as 178.8 pounds indicating a 23.8 pound weight loss and an 11.7% decrease in body weight during the 6 month period following his/her admission to the facility on 2/20/23. c. On 9/20/23 Resident #1's weight was documented as 176.4 pounds, indicating a 27.1 pound weight loss and a 13.3 % decrease in body weight during the 6 month period between 3/20/23- 9/20/23. d. Between 10/20/23 and 11/20/23 Resident #1's documented weight dropped from 174.6 pounds to 163 pounds indicating an 11.6 pound weight loss and a 6.6 % decrease in body weight during a period of one month. 2. Per review of Resident #1's admission assessment signed as completed by the Registered Nurse on 3/6/23, the assessment indicates Resident #1 was never verbally or physically abusive. Resident #1's Behavioral Notes document multiple incidents of physically and /or verbally abusive behaviors towards staff occurring between 8/2/23 and 1/29/24; however a significant change assessment was not completed in response to this change in Resident #1's condition. Incidents of abusive behaviors documented in Resident #1's record include: a. Kicking at and trying to punch staff, putting hands in staff's face, and attempting to flip a dining room table on 8/2/23. b. Verbally aggressive behavior towards staff attempting to provide incontinence care followed by kicking a wall when staff attempted to reapproach on 9/20/23; and throwing items at staff attempting to mop his/her floor and yelling	R136		

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R136	Continued From page 4 on 9/24/2. c. Noted to be hitting, kicking, and throwing soda cans at staff on 10/30/23; and on 10/31/23 hitting and yelling at staff attempting to provide care following urinary incontinence, followed by cornering staff in his/her room and chasing staff into the hallway. d. Hitting and kicking staff attempting to assist with fecal incontinence and grabbing staff by the neck on 11/1/23; aggressive combative behavior towards staff attempting to administer medication on 11/2/23; and hitting staff on the back of the neck on 11/3/23. e. Attempting to hit staff cleaning his/her room on 12/4/23; kicking staff attempting to clean his/her room and bolting towards staff attempting to provide a blanket at bedtime as noted on 12/6/23; and raising a fist at staff attempting to give medications on 12/20/23. f. Posturing and charging at staff, then hitting 2 staff and kicking 1 staff while wearing steel toe boots on 1/1/24; punching staff trying to administer medications, then attempting to kick staff as they were trying to walk away on 1/4/24; and slapping and grabbing a staff member by the neck after the staff exited his/her room on 1/29/24. At 1:21 PM on 3/6/24 a Registered Nurse on duty confirmed significant change assessments were not completed in response to changes in Resident #1's physical and mental condition including significant weight changes; and documented verbally and physically abusive behaviors not previously noted to be present.	R136		

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R136	Continued From page 5 In conclusion this deficient practice is a risk for more than minimal harm due to the failure to identify resident's changing needs which is the basis of ongoing resident care planning.	R136		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop a plan of care including goals and interventions related to risk for elopement; and to update the plan of care to address verbally and physically abusive behaviors for one applicable resident (Resident #1). Findings include: The facility's policy and procedures for General Care provided for review on request on 3/6/24 states, "Care plans shall be initiated and completed upon admission. Care Plans shall be updated, reviewed, and sign [sic] by a license nurse quarterly and updated PRN (as needed)." 1. Per record review Resident #1 has a diagnosis of Frontotemporal Dementia which has significantly diminished his/her cognitive function	R145	See attached POC	

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R145	Continued From page 6 and ability to engage in self care. Resident #1 has a history of wandering outside of the facility unattended and is at risk for elopement. Progress Notes indicate Resident # 1 "has gone outside x 1 without escorts" as noted on 4/20/23; was observed leaving facility grounds unattended and reacted with physical aggression on return to facility on 8/2/23; and will wander outside and requires 15 minute checks as noted on 8/7/2. Progress Notes dated 5/19/23 and 6/5/23 document incidents when Resident #1 left the facility grounds unattended and was found walking along a river adjacent to the Residential Care Home's property by staff. Resident #1's Plan of Care does not address goals and interventions to assist staff in safely managing Resident #1's risk for elopement to prevent potential negative outcomes associated with this behavior. 2. Per review of Progress notes Resident #1 began to display physically and/or verbally abusive behaviors towards staff on 8/2/23, with multiple documented incidents occurring between 8/2/23- 1/29/24 which posed a significant risk for harm and injury for Resident #1 and the staff involved. Per record review the documented incidents primarily occurred while staff attempted to perform essential care for Resident #1 including incontinence care, room cleanings, and medication administration. While Resident #1's Plan of Care states s/he has " had more behaviors kicking, hitting, spitting" , his/her Plan of Care was not updated in response to this change in his/her presentation to include a specific comprehensive plan to assist staff in maintaining safely while providing care, reducing risk of harm, and preventing injuries. At approximately 5:30 PM on 3/6/24 the Facility	R145		

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R145	Continued From page 7 Owner and Registered Nurse confirmed risk for elopement and abusive behaviors towards staff were not addressed in Resident #1's Plan of Care.	R145		

March 6,2024 Survey Plan of Correction

R 128.

Ordered was in computer for ensure. The issue was the wrong button clicked to push order to the eMAR so that staff could see to administer the ensure.

All orders will be second checked by Licensed Nurse to ensure accuracy of entered orders.

Audits will be conducted on All residents with ensure orders to ensure accuracy of being entered.

Audit will be completed by 5/5/2024.

R128 Plan of Correction accepted by Jo A Evans RN on 4/8/24.

R 136.

An Audit will be conducted of All Resident Assessments and Care Plans with Licensed Nursing team to ensure any significant changes have been noted and captured and updated appropriately for any significant changes.

The audit will be conducted during the time frame of 4/5/24 and completed by 5/5/24.

The audit will continue to take place with quarterly resident summaries.

Monthly audits of vitals signs and weights to be completed by Licensed Nurses.

R 145.

R136 Plan of Correction accepted by Jo A Evans RN on 4/8/24

Risk for Elopement, Audit to be conducted and completed between 4/5/24 and 5/5/24 on any residents at risk for elopement and care plans updated if needed. Care plans reviewed quarterly with notes by Licensed Nursing staff.

R145 Plan of Correction accepted by Jo A Evans RN on 4/8/24