

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

January 8, 2019

Ms. Sarah Jane Alexander, Manager Eagle Eye Farm Po Box 247, 3014 Abbott Hill Road West Burke, VT 05871-0247

Dear Ms. Alexander:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 5, 2018.** 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 Licensing Chief

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PRINTED: 12/06/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED		
	*	0513	B. WING	12/05/2018	
AME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE	1 12/03/2018
AGLE	EYE FARM	PO BOX WEST BU		BBOTT HILL ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DILL DE COMME
T 001	Initial Comments		T 001		
	completed by the L	nsite re-licensing survey was Division of Licensing and 18. The following regulatory ntified.			
T 129 SS=C	VII.7.2.d Nutrition a 7.2 Food Safety an		T 129		
	mandling and storag	ce shall ensure that food ge techniques are consistent by Principles and Guidance for current Dietary Guidelines for			
en e	Based on observation Therapeutic Committee ensure that proper filter maintained at the re	on and staff interview, the unity Residence failed to lood storage techniques were sidence. This has the I residents. Findings include:			
	1). The following observations were made during the initial environmental tour of the residence with direct care staff at 0950 on 12/5/2018:			- Purchased & installed 12/12 with refrigerator temp on dai	2/18 recorded ly chore list.
*	 a. The residence fregauge to ensure frozapropriate tempera 	eezer lacked a temperature zen foods were held at the ture.		-Record documentation adde list 12/13/18.	d to daily chore
	residence retrigerate present stated there monitoring or record ensure perishable fo	or, however, direct care staff was no established ing process in place to ods were consistently propriate temperature.		90 acent 12.26	, 18 9 W/8

Div

LIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

R) FEF CASE MANAGER

/Z-/3-/8
If continuation sheet 1 of 2

Division of Licensing and Protection FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED 0513 B. WING 12/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 247, 3014 ABBOTT HILL ROAD EAGLE EYE FARM WEST BURKE, VT 05871 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) T 181 IX.9.8.b Physical Plant T 181 SS=C 9.8 Heating -Thermostat replaced and lock box installed. (see attachment photo) Set @ 70 degrees F. 9.8.b The minimum temperature shall be maintained at an ambient temperature of 70 12/12/2018 degrees Fahrenheit in all areas of the residence utilized by residents and staff during all weather conditions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the Therapeutic Community Residence failed to maintain a minimum ambient temperature of 70 degrees Fahrenheit in all areas of the residence utilized by residents and staff. This has the potential to effect all residents and direct care staff. Findings include: During the initial tour of the facility with direct care - 2 of the 3 thermostats were non-functioning & staff on 12/5/18 at 9:30-10:00 AM, the ambient temperatures were noted to feel cool in the disconnected. Removed 12/12/18 kitchen, common dining area, 3 resident apartments, and the staff office in the main farmhouse. Each wall thermostat in these areas was observed and all were found to be set at and reading 64-65 degrees Fahrenheit. Poc aunt 12.26.18 94/86 Division of Licensing and Protection

STATE FORM

If continuation sheet 2 of 2

Chore List 2019

Eagle Eye Farm

Sunday	Monday	Tuesday	Modesade	71		
 		Tucsuay	vveuriesday	Inursday	Friday	Saturday
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A 7						
10.00		7163			174	
					77.35	SE HELT
	Sunday	Sunday Monday	Sunday Monday Tuesday	Sunday Monday Tuesday Wednesday	Sunday Monday Tuesday Wednesday Thursday	Sunday Monday Tuesday Wednesday Thursday Friday I Sunday Monday Tuesday Thursday Thursday Friday I Sunday Monday Tuesday Thursday Thursday Thursday Thursday Thursday Thursday Thursday I Sunday Monday Tuesday Thursday Th

DAY SPECIFIC TASKS

SUNDAY:	S	U	N	D	A	Y	:
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Create weekly menu, develop shopping list, thorough fridge clean out. Clean out toaster oven. Put away chemicals.

MONDAY:

Fold and put away CF and DS laundry. Put away groceries/rotate stock. Freeze foods prone to spoilage that will be used Thursday through Saturday, based upon posted menu.

TUESDAY

Vacuum client living spaces, staff office, and common areas. Straighten and vacuum staff office.

WEDNESDAY:

Clean DS, CF, and RH bathrooms thoroughly: toilet, sinks, floors, surfaces. Organize pots and pans, and put away

THURSDAY:

Change out CF bedsheets. Switch out bath towels. Clean out outdated food from fridge. Wipe down kitchen cabinets, dining room table, and tidy dining room shelves.

FRIDAY:

Sweep, mop CF floors. Wipe down CF surfaces. Scrub kitchen sinks and clean stove.

Take all client's weights and record them upstairs only. Sweep/mop common areas. Check and remedy vehicle fluids. Deliver client schedules. Wipe down fridge and microwave. Cover stand mixer. Assist DS with face shaving. Take and record temperature readings for the fridge and freezer. Freezer temp.

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