



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 20, 2023

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 **August 22, 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: 0513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/22/2023
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NAME OF PROVIDER OR SUPPLIER EAGLE EYE FARM	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 247, 3014 ABBOTT HILL ROAD WEST BURKE, VT 05871
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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
T 001	Initial Comments On 8/22/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	T 001		
T 025 SS=D	V.5.5.c Resident Care and 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 medications consistent with the physician's orders. Findings include: On 1/24/23 Resident #1's physician ordered Ketaconazole 2 % Cream Apply thin layer to both feet every other day for a fungal skin infection. Resident #1's August 2023 Medication Administration Record listed Ketaconazole 2% Cream to be applied to the feet twice daily as needed. This finding was confirmed by the Case Manager at 12:27 PM on 8/22/23; and acknowledged by the Registered Nurse during an interview commencing at 2:15 PM on 8/22/23.	T 025	<i>Please See Attached</i>	
T 052 SS=F	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services	T 052		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Jacob James R Alexander, Manager
9/19/2023

Division of Licensing and Protection

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T 052	<p>Continued From page 1</p> <p>5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 4 out of 5 sampled staff completed the required yearly trainings. Findings include:</p>	T 052	<p><i>Please See Attached</i></p>	
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T 052	Continued From page 2 During a review of entrance requests on the morning of 8/22/23 the Owner stated staff trainings were not up to date and completed as required. At 1:58 PM on 8/22/23 the Case Manager confirmed 4 out of 5 sampled employees did not complete the required yearly trainings. This is a repeat citation.	T 052		
T 060 SS=F	V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services 5.10 Records/Reports 5.10.b The following records shall be maintained and kept on file: (1) A resident register including all admissions to and discharges out of the residence. (2) A record for each resident which includes: i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin; ii. The health care provider ' s name, address and telephone number; iii. Instructions in case of resident's death; iv. The resident ' s intake assessment summary, identification of problems and areas of successful life function; v. Data from other agencies;	T 060	<i>Please see Attached</i>	

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T 060	<p>Continued From page 3</p> <p>vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;</p> <p>vii. A signed admission agreement;</p> <p>viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);</p> <p>ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure a resident register including all admissions and discharges out of the residence is maintained for all residents; and to ensure current resident's records included an intake assessment (Resident #1 and #2). Findings include:</p> <p>1. During a review of entrance requests at 10:00 AM on 8/22/23 the Owner confirmed a resident register with a record of all admission to and discharges from the home was not maintained by the home.</p>	T 060	<p><i>Please see Attached</i></p>	

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T 060	Continued From page 4	T 060			
T 085 SS=D	<p>VI. 6.1 Residents' Rights</p> <p>VI. Resident Rights</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident ' s dignity, individuality, and privacy. A residence may not ask a resident to waive the resident ' s rights. A resident has the right to exercise any rights without reprisal.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure the right to privacy for one applicable resident (Resident #1). Findings include:</p> <p>At 2: 45 PM on 8/22/23 the Registered Nurse confirmed Resident #1's personal living quarters including and his/her sleeping area has half walls and is without a door to ensure his/her right to privacy.</p>	T 085	<p><i>Please See Attached</i></p>		
T 139 SS=F	<p>VII.7.3.g Nutrition and Food Services</p> <p>7.3. Food Storage and Equipment</p> <p>7.3.g Doors, windows and other openings to the outdoors shall be screened against insects, as required by seasonal conditions.</p>	T 139			

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T 139	Continued From page 5 This REQUIREMENT is not met as evidenced by: There was a failure to ensure windows screened against insects. Findings include: On the afternoon of 8/22/23 the Registered Nurse confirmed two windows in the common area of the home, which is open to the food prep area, were observed to be without screens and one window was observed to have a ripped screen	T 139		
T 141 SS=F	VII.7.3.i Nutrition and Food Services 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure hazardous chemicals in the food storage area are stored in a locked compartment. Findings include: At 2:45 PM on 8/22/23 the Registered Nurse confirmed poisonous compounds including bleach wipes, Comet disinfecting powder, and insect repellent were accessible in an unlocked cart in the kitchen. This is a repeat citation.	T 141	<i>Please see Attached</i>	
T 154 SS=D	IX.9.2.e Physical Plant 9.2 Residents ' Rooms	T 154		

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T 154	Continued From page 6 9.2.e Resident bedrooms shall be used only as the personal sleeping and living quarters of the residents assigned to them. Halls, storerooms or unfinished attic rooms shall not be used as bedrooms, except in emergency situations on a temporary basis, not to exceed 72 hours. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure one resident's apartment was used only as the personal sleeping and living quarters for the resident assigned to the apartment (Resident #1). Findings include: On the afternoon of 8/22/23 Resident #1's apartment was observed to include a staff office which can only be accessed by walking through Resident #1's personal living and sleeping quarters. This was confirmed by the Registered Nurse at 2:45 PM on 8/22/23.	T 154	<i>Please see Attached</i>	
T 174 SS=F	IX.9.6.d Physical Plant 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures do not exceed 120 degrees Fahrenheit in an area of the home utilized by all residents. Findings include: At 2:45 PM on 8/22/23 the Registered Nurse	T 174		

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T 174	Continued From page 7 confirmed the water temperature in the Farmhouse kitchen sink, which is accessible to all residents, was observed to be 129 degrees Fahrenheit.	T 174	<i>Please See Attached</i>		

Eagle Eye Farm Rehabilitation Center
Plan of Correction
Survey Results- 8/22/2023

- T 025
 - General Care

Tag 025 Accepted by
Jo A Evans RN on 10/20/23

- All support staff will administer medication according to doctor's orders & document appropriately.
- The RN will inform support staff of any/all doctor's orders and document change in MAR binder.
- The RN will ensure that the doctor's orders are being followed and checking MAR on a regular basis.
- This became effective 9/19/2023.

- T 052
 - Staff Services

Tag 052 Accepted by
Jo A Evans RN on 10/20/23

- Newly hired staff will have completed all the required training prior to providing direct service.
- We will document & keep training logs to show when the required training is completed.
- The RN & Manager will monitor regularly to ensure everyone has completed the training on a yearly basis.
- The RN & Manager will send out reminder emails to those who have not completed the required training for the year. All annual trainings will be done every January.
- All required training will be completed annually beyond the initial training prior to direct service.

Names, pronouns, and sensitive
information omitted by DLP

- Cited Employees
 - [REDACTED] (hire date-[REDACTED]). [REDACTED] would have completed training by [REDACTED].
 - [REDACTED] (hire date-[REDACTED]). [REDACTED] would have completed training by [REDACTED].
 - [REDACTED] (hire date-[REDACTED]). [REDACTED] would have completed training by [REDACTED].
- We developed this new system for training:
 - [REDACTED]
 - When a newly hired employee completes the required training the completion date is captured automatically.

- T 060
 - Resident Care and Services

Tag 060 Accepted by
Jo A Evans RN on 10/20/23

- Records/ Reports
 - Resident Demographic Sheets exist but are incomplete.

- Part of the admissions process will be to make sure the Demographic Sheet is completed upon admission.
- A Resident Register has been created and will be kept up to date.
- We are currently developing a checklist form to be used when we have a new admission to ensure we have all the information needed to be compliant with licensing requirements.
- All records will be completed no later than 11/1/2023.

- T 085

- Resident Rights

- We have a carpenter coming to look at the half-walls in Resident #1 area 9/22/2023 to determine what it will take to construct solid walls to include a door.
 - Windows will not be open without screens.
 - Future Resident areas will provide privacy according to licensing requirements.
 - We will ensure that each Resident area offers privacy.
 - Walls in Resident #1 area will be constructed no later than 12/31/2023.

Tag 085 Accepted by
Jo A Evans RN on 10/20/23

- T 139

- 7.3 Food Storage and Equipment

- 7.3.g

- We are working on a plan to replace the downstairs windows. Due to the high cost of building materials, we are hoping to do at least one a month & will have all replaced by summer of 2024.
 - We will not use windows without screens and or with ripped screens.
 - We will monitor seasonally the integrity of all windows/screens.
 - We are having a carpenter measure for screens today (10/20/2023) so that we may give measurements to the hardware store so they can custom make them.
 - We will also order/replace mechanisms/cranks this date (10/20/2023) so that they are operational.

Tag 139 Accepted by
Jo A Evans RN on 10/20/23

- T 141

- 7.3.i Poisonous Compounds

- We will always keep all poisonous compounds in a secure locked location.
 - We will place signage as a reminder.

Tag 141 Accepted by
Jo A Evans RN on 10/20/23

- RN/Manager will monitor regularly to make sure all poisonous compounds are locked securely.
- This was done effective 8/25/2023.

- T 154

Tag 154 Accepted by
Jo A Evans RN on 10/20/23

- Residents' Rooms
 - Staff office (Resident #1) was moved upstairs 9/14/2023.
 - We will not have staff offices/spaces in places that compromise Resident privacy.
 - The back room of Resident #1 area will only be used for storage.
 - Resident personal areas will have their privacy protected moving forward.

- T 174

Tag 174 Accepted by
Jo A Evans RN on 10/20/23

- Plumbing
 - The hot water temperature decreased to 120 degrees Fahrenheit 9/19/2023.
 - RN/Manager will periodically test the water temperature to be sure it is at a safe level (no higher than 120 degrees Fahrenheit).
 - We will inform staff that the water temperature cannot be higher than 120 degrees Fahrenheit.

Summary

We will be better organized in the future. We have transitioned to using Google Workspace & have not transferred all information over. We did have a lot of the information, but it was not easily accessible- this has forced us into completing the changeover more quickly.

Thank You!