

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

May 29, 2018

Ms. Kathy Chandler, Manager
Emma's Place
Po Box 75
Wallingford, VT 05773

Dear Ms. Chandler:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 23, 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/23/2018
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NAME OF PROVIDER OR SUPPLIER
EMMA'S PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE
**212 NORTH MAIN ST
WALLINGFORD, VT 05773**

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R100 Initial Comments:

R100

An unannounced relicensure survey was conducted by the Division of Licensing & Protection on 4/23/2018. The following regulatory deficiencies were identified as a result of the survey:

R142 V. RESIDENT CARE AND HOME SERVICES
SS=D

R142

5.8 Level of Care and Nursing Services

5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and staff interviews the facility failed to assure that a resident was not retained who required services including oral suctioning, and a two person transfer, without obtaining a variance granted by the licensing agency. Findings include:

Per observation and record review the Resident #1 requires oral suctioning to remove secretions. The resident is transferred via pivot transfer, which not all staff are strong enough to safely accomplish alone, or via a two person lift. The resident resists the use of a Hoyer lift for transfers. There is no variance for these services found in the records or at the licensing agency. On the afternoon of 4/23/18 the facility Manager confirmed that there was no variance addressing these specific services.

SEE ATTACHED

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

TITLE

(X6) DATE

STATE FORM

6899

GFE211

If continuation sheet 1 of 6

Mr. Bobe

LICENSEE

5/15/18

R142-R179 POC accepted 5/24/18 mHiggmura/aw

Division of Licensing and Protection

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R145	Continued From page 1	R145		
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 facility failed to assure that the plan of care for Resident #1 addressed the services necessary to assist the resident to maintain independence, regarding the provision of either a pivot transfer or two person lift for all transfers. Findings include:</p> <p>Per record review Resident #1 is transferred via pivot transfer, which not all staff are strong enough to safely accomplish alone, or via a two person lift. The resident resists the use of a Hoyer lift for transfers. The facility has discontinued attempts to transfer via Hoyer lift since the resident thrashes about and is unsafe during the transfer attempts. The plan of care states that the resident is transferred via Hoyer lift. On the afternoon of 4/23/18 the facility Manager confirmed that the plan of care had not been revised regarding the transfers now used.</p>	R145	SEE ATTACHED	
R146	V. RESIDENT CARE AND HOME SERVICES SS=E	R146		

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R146	<p>Continued From page 2</p> <p>5.9.c (3)</p> <p>Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility Registered Nurse (RN) failed to assure that all direct care personnel received nursing delegation for nursing tasks as appropriate for a number of tasks. Findings include:</p> <p>Per record review, unlicensed staff provide a number of nursing services, for which the nurse is required to provide delegation and supervision. These tasks include: oral suctioning, condom catheters, passive range of motion and other physical therapy exercise programs, pivot transfers, 2 Person lift transfers, and food tastes for a resident on enteral nutrition (tube feeding) with Dysphagia. Additionally, at one point, staff were performing PT/ INR (Prothrombin Time/ International Normalization Ratio) testing (to check for correct dosing of anticoagulant medication) for two residents. This is now being performed, at the home, by a hospital technician and not by facility staff.</p> <p>In an interview with the facility Manager on the afternoon of 4/23/18 there are no competencies available for the above services. In a telephone interview on 4/23/18 the facility RN confirmed that the staff performing the above tasks have not received nursing delegation for the nursing tasks.</p>	R146	SEE ATTACHED

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R165 SS=D	Continued From page 3 V. RESIDENT CARE AND HOME SERVICES	R165 R165	SEE ATTACHED	
	<p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <ul style="list-style-type: none"> i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility RN failed to assure that staff implement proper techniques for medication administration for one resident of two with enteral feedings, Resident #1. Findings include:</p> <p>Per observation of the noon medication, via PEG (Percutaneous Endoscopic Gastrostomy) tube, used for enteral feedings and medication administration, the unlicensed caregiver, delegated to administer medications, failed to</p>			

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R165	Continued From page 4 flush the tube after the administration of a medication. When questioned regarding the failure to flush the tube the caregiver stated I do not usually flush the tube after giving a medication. Flushing the tube with water after administering a medication is necessary to assure that the medication is delivered to the stomach rather than sitting in the tube. In a telephone interview on the afternoon of 4/23/18, the RN stated that s/he was not aware that the caregiver does not flush the tube after administering medications.	R165	SEE ATTACHED
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home 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: (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, handwashing, handling of linens, maintaining clean environments, blood borne	R179	

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R179	<p>Continued From page 5</p> <p>pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that staff receive at least twelve (12) hours of training each year including the seven (7) mandatory topics. Findings include:</p> <p>Per record review there is no evidence that in the 12 month period of 2017 staff received training regarding Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid.</p> <p>In an interview on the afternoon the facility Manager stated that the above topic was not covered in the 2017 education materials provided.</p>	R179	SEE ATTACHED

P.1 Emma's Place Correction Plan

An updated variance was signed by all parties and sent to DLP for Review 5/7/18 Completed
5//7/18

An approved Variance was received back from DLP 5/11/18 5/11/18

An original Variance was in place prior to Resident's Admission 9/2014 5/12/14
And is attached for DLP review 9/14

Suction training will be provided by RN and SLP (through Home Health Agency)
Starting week of 5/14/18 and will be ongoing

Staff has been collaborating with Home Health Service Providers on these procedures 9/14- 5/18/1
Since 9/14 and will continue to receive training by SLP in conjunction with RN

Training will be provided in collaboration with PT (through Home Health Agency) to
Ensure proper lifting technique. Resident is resistant to lift change, so team will work with resident
To gain trust. Resident has already been admitted to PT/OT services through Home Health
Assessments/training by OT/RN. Trainings will be ongoing starting week of 5/14/18 5/14/18
Ongoing

Cross training with Home Health PT/OT/SLP Team will be ongoing 5/14/18
Ongoing

P.2 Emma's Place Correction PlanCp

Completed

Variances have been updated

5/11/18

Care plans will be updated by RN to reflect current care needs

5/14/18

Plan of care now revised

5/7/18

P. 3 Emma's Place Correction Plan Completed

RN Reviewed Procedures with staff and re-certifies on an ongoing basis 5/7/18
5/30/18

Flushing after med is clarified in training manual 5/8/18

Delegation and Supervision will be provided by RN for suctioning, condom catheter, PROM and transfers
Collaboration with PT/OT/SLP services with SLP providing all swallow training for designated staff only.
Referral has been placed for further evaluation of staff for food tasting. Re-trainings to start 5/14/18
5/30/18

Two staff members had been trained and comped regarding PTINR most of the time and staff was
trained in the even RN was not present. Initial training 10/4/17

RRMC house lab now completes 5/8/18

P. 4 Emma's Place Correction Plan

See next page

P. 5 Emma's Place Correction Plan

Completed

Staff are trained to flush after medications, and all are tested by RN before they are Med delegated. RN will review all procedures and protocols with all staff. Competency day is scheduled for week of 5/14/18 and will be ongoing until complete. 5/14-30/18

Each staff is given 12 hours training in the 7 areas and signs the training manual upon receipt and completion.

These areas are part of a standard training/curriculum/manual and training is provided by RN and Manager

5/14/18

P.6 Emma's Place Correction Plan

Completed

The one missing area, Heimlich Maneuver was added to the manual 5/18/18 and will be Trained /Presented/Reviewed by RN 5/14-30/18

Staff to complete First Aid/CPR/Heimlich training by a certified outside source

12/31/18

The manual includes existing procedures on when to call for assistance.

Staff sheet signed and available for review

5/14/18