

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. Wanda King, Administrator
Fairwinds Residential Care Home
108 Mechanic Street
North Bennington, VT 05257

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 11, 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



MAY 2 2018

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
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NAME OF PROVIDER OR SUPPLIER FAIRWINDS RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC STREET NORTH BENNINGTON, VT 05257
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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: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 4/11/18. There were regulatory findings.	R100		
R115 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (3) A resident has the right to appeal the decision by the home to discharge or transfer. The process for appeal is as follows: i. To appeal the decision to transfer or discharge, the resident must notify the administrator of the home or the director of the licensing agency. Upon receipt of an appeal, the administrator must immediately notify the director of the licensing agency. ii. The request to appeal the decision may be oral or written and must be made within 10 business days of the receipt of the notice by the resident. iii. Both the home and the resident shall provide all the materials deemed relevant to the decision to transfer or discharge to the director of the licensing agency as soon as the notice of appeal is filed. The resident may submit orally if unable to submit in writing. Copies of all materials submitted to the licensing agency will be available to the resident upon request. iv. The director of the licensing agency will	R115		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wanda J. King TITLE: owner - administrator (X6) DATE: 5/15/18

STATE FORM 6899 FS4M11 If continuation sheet 1 of 6

R115 - R181 PDCs accepted 5/23/18 BBortner/PM

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R115	<p>Continued From page 1</p> <p>render a decision within eight business days of receipt of the notice of appeal.</p> <p>v. The notice of decision from the director will be sent to the resident and to the home, will state that the decision may be appealed to the Human Services Board, and will include information on how to do so.</p> <p>vi. The resident or the home will have 10 business days to file a request for an appeal with the Human Services Board by writing to the Board. The Human Services Board will conduct a de novo evidentiary hearing in accordance with 3 V.S.A. §3091.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide evidence of discharge and transfer requirements to 3 of 5 residents reviewed, Resident #1, 2 and 3. Findings include:</p> <p>During record reviews for Residents #1, 2 and 3, there was no evidence that the admission agreement included information regarding involuntary discharge or transfer of residents and the right to appeal the decision. Per interview with the owner/manager on 4/11/18 at 11:23 AM that the information is not available for residents. S/he further stated that the home has never required a resident to leave on an involuntary basis, but acknowledged that it is a regulation to have the information provided for the residents.</p>	R115		
R168 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p>	R168		

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R168	<p>Continued From page 2</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(6) Insulin. Staff other than a nurse may administer insulin injections only when:</p> <p>i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and</p> <p>ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and</p> <p>iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have the Registered Nurse monitor 1 applicable resident in the sample, Resident #1's diabetic condition regularly. Findings include:</p> <p>During interview with the owner/manager on 4/11/18, s/he stated that Resident #1 receives insulin and the resident is handed the insulin pen by staff, who then observes him/her administer the medication. S/he further stated that the resident is capable of dialing the insulin pen to the ordered dosage. There is no documentation in the record to provide evidence that the resident's diabetic condition is monitored by the Registered</p>	R168		

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R168	Continued From page 3 Nurse (RN). The owner/manager confirmed at 11:30 AM that the RN has not been documenting that the resident is stable and that s/he is capable of dialing the insulin pen to the correct dose.	R168		
R179 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol 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, handwashing, 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, the</p>	R179		

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R179	Continued From page 4 facility failed to insure that the direct care staff receive the required twelve hours of training per year. Findings include: During review of the in-service training records from March 1, 2017 to March 31, 2018, 4 of the 4 employees reviewed did not have training in Emergency Response and First Aid, nor in Respectful Effective Communication, as required by regulations. The owner/manager confirmed on 4/11/18 at 10:45 AM, that the training had not been completed.	R179		
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.	R181		

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R181	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to obtain background checks for 4 of 4 employees reviewed. Findings include:</p> <p>During the review of information surrounding required background checks, it was discovered that 1 employee that has been working as a direct caregiver for over a year, did not have a Vermont Criminal Information Center (VCIC) check, nor the Adult and Child abuse registry checks conducted. Review of the other 3 employees in the sample revealed that Child Abuse Registry checks had not been conducted. Per interview with the owner/manager on 4/11/18 at 10:50 AM, s/he confirmed that the VCIC check had not been done and s/he further stated that s/he was unaware that Child Abuse Registry had to be checked. Reviewed the changes that went into effect April 2006 and the owner/manager stated that s/he thought that the checks would automatically be done by the State Agency. Per review of the forms that are submitted, it was confirmed that the home is only requesting to have an Adult Abuse Registry check completed.</p>	R181		

Fairwinds Residential Care Home
108 Mechanic Street
North Bennington, Vt. 05257

Tuesday, May 15th, 2018

Regarding State Survey Plan Of Correction on April 11, 2018

In response to R115, 5.3 and 5.3a Discharge and Transfers requirements
And Involuntary Discharge or Transfer of Residents

On May 13th We added the Discharge and transfer requirements and the involuntary discharge and transfer of resident policy to our admission agreement. Each resident has been provided with a copy of the new admission agreement and a signed copy added to each resident's chart.

In response to R168, 5.10 Medication Medication 5.10d 6,1

On April 13th, 2018 our R.N assessed the resident receiving the insulin And documented the capability and stability of that resident in our daily Progress notes. The R.N. will continue to monitor and document on insulin dependent residents on a monthly basis.

In response to R179 5.11, 5.11b 1-6 Staff Services

We are diligent in providing and documenting our staff trainings, however we Did miss these particular trainings for this year since our survey was conducted we have provide the training on Respectful Effective Communication On April 26th 2018. The second training on Emergency Response and First Aid Will be provided in conjunction with our staff meeting on June 14, 2018.

Regarding State Plan of Correction on April 11,2018 continued

In response to R181 5.11 ,5.11d Staff Services

It is protocol to do the adult protective service checks along with the VCIC Checks before hiring a prospective employee however upon hiring my sister I had not done these checks on her. Since our survey we have submitted to new Forms on each employee and ourselves, to Child abuse Registry, Adult abuse Registry and VCIC. We will continue to conduct these checks on each and Every prospective employee.

Wanda J. Lang 5/15/18