



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

November 3, 2023

Ms. Wanda King, Manager
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 **September 13, 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: 0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/13/2023
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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
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R100	Initial Comments: On 9/13/23 an unannounced on-site follow-up survey was conducted to determine if the RCH (Residential Care Home) was back in compliance with regulatory violations identified during a complaint investigation which was originally conducted on 6/20/23 by the Division of Licensing and Protection. The following regulatory violations were found to not be back in compliance with the Licensing and Operating Regulations for RCHs, effective October 3, 2000.	R100		
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 record review and staff interview the Registered Nurse failed to complete a change of condition assessment for one applicable resident (Resident #1) as required. Findings include: On the afternoon of 9/13/23 the Manager confirmed a change of condition assessment following a decline in health was not on file and available for review in Resident #1's health record. Resident #1 experienced significant decline requiring hospitalization which resulted in initiation of hospice care.	R136		

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

TITLE

(X6) DATE

STATE FORM

6889

XVPX12

If continuation sheet 1 of 3

Wanda J Keag *owner/manager* 10/5/23

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 R-C 09/13/2023
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R145 R145 SS=D	<p>Continued From page 1</p> <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 Registered Nurse (RN) failed to ensure the development of a written plan of care based on abilities and care needs as identified in the resident assessment for 1 applicable resident (Resident #1). Findings include:</p> <p>Per record review on 9/13/23 Resident #1 was admitted to the facility on 12/1/21. Nursing overview is required due to diagnoses including arterial fibrillation, hypertension, Parkinson's disease, dementia, and edema. Resident #1 recently returned to the facility following a hospital admission where s/he was placed on hospice due to diastolic heart failure. Resident #1 has orders for continuous oxygen supplementation at 2 liters via nasal cannula whereas the written plan of care states 1 liter of oxygen. Additionally, the written plan of care on file for Resident #1 did not describe care and services required related to hospice care, use of the comfort kit medications, oxygen supplementation, and risk for cardiac insufficiency.</p>	R145 R145		

Division of Licensing and Protection

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R145	Continued From page 2 On the afternoon of 9/13/23 the Manager confirmed the written plan of care on file for Resident #1 did not address the care and services s/he required.	R145		

Fairwinds Residential Care Home
108 Mechanic Street
North Bennington, Vt. 05257
Response to September 13, 2023

R136 Residential care and Home services
5.7 Assessment

The nurse will be responsible for completing the admission assessment for new residents upon admission, also completing assessments following a hospital stay or a decline in the residents condition. The nurse has completed a new assessment to reflect the deterioration and new order following a hospitalization for resident #1. The nurse completed and signed on 9/16/2023.

It will be standard practice for the nurse to complete a new assessment following a hospitalization which will address any new concerns and orders for the specified individual.

The facility nurse has completed a new care plan on resident #1 addressing all health care needs and services required including admission to hospice and the use of supplemental oxygen 9/21/2023.

Pronoun
omitted by
DLP 11/3/23

R136 Accepted by C. Scott on 11/3/23

R145 Resident Care and Home services

The nurse has completed a new care plan addressing all new diagnosis and care needs for resident #1. The facility nurse is providing the necessary oversight and

overview to maintain the wellbeing and safety of all residents including resident #1.

The manager will be responsible for notifying the nurse of all admissions, hospitalizations, and change in conditions or medications so she can address these changes on the care plans and assessments upon the readmission following a hospital stay. 9/16/2023

The nurse is providing oversight and overview 3x a week to provide necessary documentation on care needs of each individual resident and assure that we are able to maintain their wellbeing and safety. Also allowing us to maintain compliance with licensing. 10/4/2023

R145 accepted by C. Scott on 11/3/23

To	
Cc	

Bcc	
Sugburnb ject	POC Sept 13,2023
