



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

July 25, 2023

Mr. Gregg Davis, Manager
Heartbeet Lifesharing
218 Town Farm Road
Hardwick, VT 05843-9885

Dear Mr. Davis:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **March 20, 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 cursive script that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0599	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2023
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NAME OF PROVIDER OR SUPPLIER HEARTBEET LIFESHARING	STREET ADDRESS, CITY, STATE, ZIP CODE 218 TOWN FARM ROAD HARDWICK, VT 05843
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T 001	Initial Comments An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 3/20/2023. There were regulatory violations identified during this survey.	T 001		
T 035 SS=F	V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services 5.8 Medication Management 5.8.a Each therapeutic community residence must have written policies and procedures describing the residence ' s medication practices. The policies must cover at least the following: (1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse. (2) Who will provide the professional nursing delegation if the residence administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the residence. (3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration.	T 035	See Attached	

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



TITLE
Executive Director

(X6) DATE
July 10, 2023

Division of Licensing and Protection

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T 035	<p>Continued From page 1</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>(8) Procedures for assessing a resident ' s ability to self-administer and documentation of the assessment in the medical record</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure a procedure for documenting the administration of PRN (as needed) medications as required. Findings include:</p> <p>At 4:05 PM on 3/20/23 the House Manager (House Holder) of the Cicada House confirmed a process was not in place to document the administration of PRN medications including supplements, herbal and homeopathic remedies, and over the counter medications.</p>	T 035		
T 037 SS=F	<p>V.5.8.c Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.c Staff shall not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's or other licensed health care provider's written, signed order and supporting diagnosis or problem statement in the resident's record.</p>	T 037	See Attached	

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T 037	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure the facility's documentation of standing orders for use of PRN medications for all residents included the provider's written signed orders and the supporting diagnoses or problem the medications are intended to treat. Findings include:</p> <p>Per record review the facility maintains a standing order form for the use of PRN (as needed) medications for all facility residents entitled "Heartbeat Lifesharing Consent Form for Non-Prescriptive Medical Treatment". This form contains a list of over the counter medications including Acetaminophen, Antibiotic Ointment, Antifungal Cream or Spray, Arnica, Aspirin, Bach Flower Essence Remedies, Echinacea, Hyland's Gas Relief, Ibuprofen, Weleda Burn Care, Weleda Carbo Betula, Weleda Traumeel, Weleda Wound Care, Calendula, and Ferrum Phosphoricum. While the form contains the names of medications to be used and the signature of each resident's Primary Care Provider, this form does not meet the regulatory requirements for signed physician's orders as the specific medication, dose, route, frequency, and indications of the specific condition or symptoms the each medication is intended to treat are not included on the forms.</p> <p>During an interview commencing at 3:50 PM on 3/20/23 the Amber House Manager (House Holder) confirmed the Heartbeat Lifesharing Consent Forms for Non-Prescriptive Medical Treatment were in use and on file for PRN</p>	T 037		

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T 037	Continued From page 3 medication administration for all facility residents; and does not include complete medication orders and the diagnoses or problems the medications are intended to treat.	T 037		
T 038 SS=F	V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services 5.8 Medication Management d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider ' s diagnosis and orders. (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: 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	T 038	See Attached	

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T 038	<p>Continued From page 4</p> <p>well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview there was a failure to ensure all unlicensed staff responsible for administering and dispensing medications to residents of the home have been trained and delegated to administer specific medications to specific residents to include observation of the staff passing medications by the Registered Nurse during the medication administration training process. Findings include:</p> <p>During an interview on the morning of 3/20/23 the Amber Rose House Manager (House Holder) described the facility's process for delegation of medication administration to staff and stated the House Holders are responsible for shadowing and observing staff during the delegation. At 10:44 AM on 3/20/23 the Amber Rose House Manager confirmed the Registered Nurse responsible for the delegation of medication administration does not complete a med pass observation with staff during the medication administration training process.</p>	T 038		
T 049 SS=F	V.5.8.h.4 Resident Care and Services 5.8 Medication Management	T 049	See Attached	

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T 049	<p>Continued From page 5</p> <p>5.8.h.4 Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the residence ' s policy and applicable standards of practice and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure outdated medications were disposed of promptly. Findings include:</p> <p>During a tour of the Cicada House on the afternoon of 3/20/23 expired medications were confirmed by the House Manager (House Holder) including Motrin (Ibuprofen) expired 4/2017, Delsym 12 Hour Cough Relief expired 10/2020, Cold Calm expired 6/2021, Rescue Remedy expired 2/2017, Claritin expired in 3/2020 and 7/2020, Alka Seltzer Plus expired 2/2017, Mucinex DM expired 3/2020, Vicks Sinex Liquicaps 1/2018, and Myco Shield Spray expired on 12/2021.</p>	T 049		
T 052 SS=F	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</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> <p>(1) Resident rights;</p>	T 052	See Attached	

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T 052	<p>Continued From page 6</p> <p>(2) Fire safety and emergency evacuation;</p> <p>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure 5 out of 5 staff completed all required yearly trainings. Findings include:</p> <p>At 12:47 PM on 3/20/23 the Amber Rose House Manager (House Holder) and Office Manager confirmed the following required yearly trainings were not completed:</p> <p>a) 1 out of 5 staff did not complete training in Resident Rights; and General Care and Supervision of Residents</p> <p>b) 2 out of 5 staff did not complete training in Fire Safety and Emergency Evacuation; Mandatory Reporting of Abuse, Neglect and Exploitation; and</p>	T 052		

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T 052	Continued From page 7 Respectful Effective Interaction With Residents c) 5 out of 5 sampled staff did not complete training in Resident Emergency Response Procedures and First Aid; and Infection Control Measures	T 052		
T 060 SS=E	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; vi. Treatment plans and goal, regular	T 060	See Attached	

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T 060	<p>Continued From page 8</p> <p>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 all required records for 2 applicable residents (Residents #1 and #2) were not maintained and kept on file. Findings include:</p> <p>At approximately 6:00 PM on 3/20/23 the Office Manager confirmed the following documents were not on file and available for review:</p> <p>1. Intake assessment summaries were not on file and available for review for Resident #1 and Resident #2.</p> <p>2. Appropriate medical information was not on file</p>	T 060		

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T 060	Continued From page 9 and available for review for Resident #1 and #2 to include: a) A list of diagnoses and conditions for Resident #1 including stomach issues; dental issues; skin conditions; foot and ankle issues with a history of falls and physical therapy; and intellectual disabilities. b) An accurate allergy list for Resident #2's as his/her record indicated s/he does not have allergies, however medical records indicated s/he is allergic to Lamictal (antidepressant and antiseizure medication).	T 060		
T 062 SS=E	V.5.10.b.4 Resident Care and Services 5.10 Records/Reports 5.10.b.4 The results of the criminal record and abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure criminal record and abuse registry checks were completed on hire for 2 out of 5 sampled staff. Findings include: At 1:22 PM on 3/20/23 the Office Manager confirmed criminal record and abuse registry checks were not completed on hire for Staff #1 and #2.	T 062	See Attached	
T 127 SS=F	VII.7.2.b Nutrition and Food Services 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be	T 127	See Attached	

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T 127	<p>Continued From page 10</p> <p>labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items are labeled and dated in 5 out of 5 applicable homes on the Therapeutic Community Residence (TCR) campus. Findings include:</p> <p>During the course of the facility tours of the 5 houses where residents live on the TCR campus the refrigerators in all 5 homes were observed to contain numerous perishable food items such as condiments, dairy products, sauces, and other prepared food items which were not labeled and dated. On the afternoon of 3/20/23 the Amber Rose House Manager (House Holder) confirmed a process for labeling and dating perishable food items was not in place in all 5 of the houses where residents live on the TCR campus</p>	T 127		
T 141 SS=D	<p>VII.7.3.i Nutrition and Food Services</p> <p>7.3 Food Storage and Equipment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there</p>	T 141	See Attached	

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T 141	Continued From page 11 was a failure to ensure cleaning products were stored in a separate locked compartment within the food storage area. Findings include: During at tour of the Amber Rose House on the afternoon of 3/20/23 the House Manager (House Holder) confirmed the laundry room contained a food storage area for dry goods in close proximity to cleaning products which were not stored in a separate locked compartment.	T 141		
T 187	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to conduct at least one fire drill during each quarter of the previous year for 4 out of 5 applicable homes on the Therapeutic Community Residence campus; and the time of each drill was not documented for 2 applicable homes. Findings include:	T 187	See Attached	

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T 187	<p>Continued From page 12</p> <p>During an interview commencing at 3:50 PM on 3/20/23 the Amber House Manager (House Holder) confirmed 4 out of 5 applicable homes on the TCR campus failed to conduct at least one fire drill during all four quarters of the previous year; and in 2 applicable homes the time of drills was not documented to ensure at least one drill was conducted during the morning, afternoon, evening, and night during the previous year as follows:</p> <ol style="list-style-type: none"> 1. Amber Rose House did not have documentation of fire drills conducted in the 3rd and 4th quarters. 2. Cicada House did not have documentation of a fire drill conducted in the 4th quarter. 3. Konig House did not have documentation of a fire drill conducted in the 2nd quarter; and documentation for the fire drill in the 3rd quarter did include the time the drill was conducted. 4. Cottage House did not have documentation of a drill conducted in the 1st quarter; and documentation of drills conducted in the 2nd, 3rd, and 4th quarters did not include the times the drills were conducted. 	T 187		
T 193 SS=E	<p>X.10.2.a.b.c.d.e.f Pets</p> <p>10.2 Pets, owned by a resident or the residence, may reside in the residence providing the following conditions are met:</p> <p>10.2.a The residence shall ensure that the presence of a pet causes no discomfort to any resident.</p>	T 193	See Attached	

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T 193	<p>Continued From page 13</p> <p>10.2.b The residence shall ensure that pet behavior poses no risk to residents, staff or visitors.</p> <p>10.2.c The residence must have procedures to ensure that pets are kept under control, fed, watered, exercised and kept clean and well-groomed and that they are cleaned up after.</p> <p>10.2.d Pets must be free from disease including leukemia, heartworm, hepatitis, leptos psoriasis, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations.</p> <p>10.2.e Pet health records shall be maintained by the residence and made available to the public.</p> <p>10.2.f The residence shall maintain a separate area for feeding cats and dogs other than the kitchen or resident dining areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure current vaccination records were maintained for two pets living at the residence. Findings include:</p> <p>On the afternoon of 3/20/23 the Amber Rose House Manager (House Holder) confirmed one dog living in the facility's Amber Rose House and one cat living in the facility's Casper House had a record of current vaccinations on file.</p>	T 193		

Deficiency Statement Plan of Correction (POC)

Survey Date: 3/20/2023

Facility Name: Heartbeet Lifesharing

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
<p>V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services</p> <p>V.5.8a.(1)</p> <p><i>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure a procedure for documenting the administration of PRN (as needed) medications as required.</i></p>	<ol style="list-style-type: none"> 1. Heartbeet’s PRN standing order form will be adapted to include sections for dosages, reasons, frequency, route of admin for all medications. The form will be visibly incomplete without this information filled in. 2. PRN form to include checklist of all meds HB currently and historically utilizes, to make the process easier for the licensed health care provider. The form will support the physician to default to a specific dosage, route, timing and reasons. 3. PRN Medications - non standing order. Individuals trained by Heartbeet’s RN will create the MAR sheet for the given acute situation, to confirm documentation is in place. 4. Education of all HB staff trained in med delegation. Trained staff will be informed of the deficiencies in PRN administration, Heartbeet’s corrective action plan, and will be introduced to the new template forms, and re-trained on Heartbeet’s existing policies. 	<p>No later than 7/31/2023</p>	<p>Annual in-person medical delegation and documentation training for all current staff responsible to dispense medications.</p> <p>Ongoing medical delegation training for new staff, using new PRN forms and updated protocols.</p> <p>Trainings are delivered by a RN.</p> <p>RN reviews MAR monthly.</p>	<p>RN</p>

	5. Heartbeat’s first updated Med Delegation Training will take place July 12, 2023.			
V.5.8.c Resident Care and Services This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure the facility’s documentation of standing orders for use of PRN medications for all residents included the provider’s written signed orders and the supporting diagnoses or problem the medications are intended to treat.	The facility’s PRN standing order form now includes sections for dosages, reasons, frequency, and route of administration for all medications. The RN ensures that signed physicians orders are in place for each medication, prior to administration of any medication. Education of all HB staff trained in med delegation. Trained staff will be informed of the deficiencies in PRN administration, Heartbeat’s corrective action plan, and will be introduced to the new template forms, and re-trained on Heartbeat’s existing policies. Heartbeat’s first updated Med Delegation Training will take place July 12, 2023.	No later than 7/31/2023	The new PRN form includes a checklist of all medications currently and historically in use, to make the process easier for the licensed health care provider. The form will support the physician to default to a specific dosage, route, timing and reasons. Annual in-person training.	RN
Tag T 037 POC accepted on 7/25/23 by J. Evans/P. Cota				
V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services 5.8 Medication Management This REQUIREMENT is not met as evidenced by: Based on staff interview there was a failure to ensure all unlicensed staff responsible for administering and dispensing medications to residents of the home have been trained and delegated to administer specific medications to specific residents to include observation of the staff passing medications by the Registered Nurse during the medication administration training process.	RN will monitor and evaluate designated staff performance in carrying out the nurse’s med delegation instructions. Med Delegation written test responses will be reviewed and uploaded to personnel files.	No later than 8/10/2023	Annual in-person training. RN monitors and evaluates designated staff’s performance in carrying out the nurse’s medical delegation instructions. Medical Delegation written test responses are reviewed and uploaded to personnel files. RN monthly assessment in residences. Director of Licensing and Compliance receives notifications via automated system for any pending or late Medical Delegation training forms.	RN
5.8.h.4 Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in	Review of medications and collection of expired medications for	No later than 8/10/2023	RN asks for expired medication during monthly assessment visits.	RN

<p>accordance with the residence 's policy and applicable standards of practice and regulations. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure outdated medications were disposed of promptly.</p> <p>Tag T 038 - T 049 POC accepted on 7/25/23 by J. Evans/P. Cota</p>	<p>documentation and disposal on 7/12/2023.</p>		<p>Designated staff fill out an expired medication form Heartbeat has now created. Annual training includes this topic.</p> <p>Checklist form for monthly verification in front of MAR binder, to be checked by the RN each month.</p>	
<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure 5 out of 5 staff completed all required yearly trainings.</p> <p>Based on record review and staff interview there was a failure to ensure 5 out of 5 staff completed all required yearly trainings.</p> <p>Tag T 052 POC accepted on 7/25/23 by J. Evans/P. Cota</p>	<p>Full review of completed and incomplete trainings of staff. Completion of incomplete trainings by September 15, 2023.</p>	<p>No later than 8/10/2023</p>	<p>Completion of required annual trainings integrated into HR system. Automatic notification of approaching expiration of trainings for existing staff in HR system. Calendar of schedule for annual trainings. Identification and scheduling of trainings for new staff: - To be completed before arrival - To be completed on arrival - To be completed before commencing work with residents</p>	<p>Director of Licensing and Compliance</p>
<p>V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview all required records for 2 applicable residents (Residents #1 and #2) were not maintained and kept on file.</p>	<p>Resident Intake Assessment summaries have been located and put on active file.</p> <p>Expansion of existing resident 'Fact Sheet' to incorporate the required intake assessment and medical information.</p>	<p>No later than 8/10/2023</p>	<p>Inclusion of Resident Intake Assessment summaries in active file for new residents.</p> <p>Resident Fact Sheet updated to include appropriate medical information.</p> <p>Annual Resident Fact Sheet review meeting to ensure updates.</p> <p>Guardians to review Fact Sheets annually.</p>	<p>Director of Licensing and Compliance</p>

<p>V.5.10.b.4 Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure criminal record and abuse registry checks were completed on hire for 2 out of 5 sampled staff.</p> <p>Tag T 060 - T 062 POC accepted on 7/25/23 by J. Evans/P. Cota</p>	<p>Criminal record and abuse registry checks have now been completed for all current staff.</p>	<p>No later than 7/31/2023</p>	<p>Criminal record and abuse registry checks will be completed prior to hire for all staff.</p> <p>Staff admissions coordinator is responsible for ensuring new staff do not begin duties before having a completed background check.</p> <p>Annual background check renewals are now required through the VCIS system and will be complied with.</p>	<p>Staff admissions coordinator</p>
<p>VII.7.2.b Nutrition and Food Services</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items are labeled and dated in 5 out of 5 applicable homes on the Therapeutic Community Residence (TCR) campus.</p> <p>Tag T 127 POC accepted on 7/25/23 by J. Evans/P. Cota</p>	<p>All perishable food items are labeled and dated as required in all residences and licensed areas.</p>	<p>No later than 8/10/2023</p>	<p>Staff education</p> <p>Pre-printed labels available to facilitate compliance.</p> <p>Spot checks quarterly.</p>	<p>Director of Licensing and Compliance</p>
<p>VII.7.3.i Nutrition and Food Services</p> <p>7.3 Food Storage and Equipment</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure cleaning products were stored in a separate locked compartment within the food storage area.</p> <p>Tag T 141 POC accepted on 7/25/23 by J. Evans/P. Cota</p>	<p>Cleaning products are not stored in food storage areas - unless stored in a separate locked compartment.</p>	<p>No later than 8/10/2023</p>	<p>Cleaning products will not be stored in food storage areas - unless stored in a separate lockable compartment.</p> <p>Spot checks quarterly.</p>	<p>Director of Licensing and Compliance</p>
<p>IX.9.11.c Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to conduct at least one</p>	<ol style="list-style-type: none"> Each residence will conduct the required fire drill each quarter. The time of each fire drill shall be recorded. 	<p>No later than 8/10/2023</p>	<p>Each residence and licensed area will conduct the required fire drill quarterly.</p> <p>Documentation includes the time of each fire drill.</p> <p>The fire drill report form is re-formatted to indicate the timing of each fire drill.</p>	<p>Director of Licensing and Compliance</p>

<p>fire drill during each quarter of the previous year for 4 out of 5 applicable homes on the Therapeutic Community Residence campus; and the time of each drill was not documented for 2 applicable homes.</p> <p>Tag T 187 POC accepted on 7/25/23 by J. Evans/P. Cota</p>				
<p>X.10.2.a.b.c.d.e.f Pets This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure current vaccination records were maintained for two pets living at the residence.</p> <p>Tag T 193 POC accepted on 7/25/23 by J. Evans/P. Cota</p>	<p>All pet vaccination records have been brought up to date as of 7/1/23.</p>	<p>No later than 7/31/2023</p>	<p>A review and update of current records for pets living in Heartbeat. Pet ownership requirements will be incorporated into staff onboarding training. Each pet will have a Pet Profile that is part of the staff member/owner's file.</p>	<p>Compliance coordinator</p>