



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 9, 2023

Ms. Sarah Stimson, Manager
Homestead Senior Living
64 Harborview Drive
St Albans, VT 05478-4477

Dear Ms. Stimson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 11, 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: 0605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2023
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 64 HARBORVIEW DRIVE ST ALBANS, VT 05478
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R100	Initial Comments: On 10/11/23 the Division of Licensing and Protection conducted and unannounced on-site investigation of 4 complaints and 3 facility reported incidents. The following regulatory deficiencies were identified:	R100		
R116 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.b Emergency Discharge or Transfer of Residents (1) An emergency discharge or transfer may be made with less than thirty (30) days notice under the following circumstances: i. The resident's attending physician documents in the resident's record that the discharge or transfer is an emergency measure necessary for the health and safety of the resident or other residents; or ii. A natural disaster or emergency necessitates the evacuation of residents from the home; or iii. The resident presents an immediate threat to the health or safety of self or others. In that case, the licensee shall request permission from the licensing agency to discharge or transfer the resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgement that discharge or transfer must occur immediately. In such cases, the licensing agency shall be notified on the next business day; or	R116	Resident #4 was discharged in 2022. Wellness Director and oncoming Executive Director to be in-serviced on emergency discharge requirements, as well as 30 day discharge notice procedure. Audits of any discharge will be performed by the Executive Director and/or designee to ensure the appropriate procedure has been followed. Audits will occur weekly times 4 and then monthly times 2. Results of these audits will be brought to the QA committee for review. R116 accepted by Carol Scott-LTCM 11-9-23	11/10/2023

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* MBA
 TITLE: Area - Executive Director
 STATE FORM 5899 S0GB11 (X6) DATE: 11/9/2023
 If continuation sheet 1 of 8

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R116	<p>Continued From page 1</p> <p>iv. When ordered or permitted by a court. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to adhere to the emergency discharge process and comply with emergency discharge requirements for one applicable resident (Resident #4). Findings include:</p> <p>Per review of Progress Notes during the month of May 2022 Resident #4 was noted to have occasional confusion and aggressive behaviors during his/her admission at the Residential Care Home (RCH). On the morning of 5/20/22 the RCH requested a meeting with Resident #4 family to discuss sending Resident #4 to the hospital for evaluation of a possible urinary tract infection and aggressive behaviors. It was determined that Resident #4 had no physical or medical need to be admitted to the hospital.</p> <p>Per record review, on 10/11/23 it was noted that on 05/25/22 the RCH requested a meeting with Resident #4 family where it was stated that Resident #4 could return to the facility but that the family would have to provide 1:1 care for Resident #4 at their cost as a condition of Resident #4's return to the RCH. At that point the family stated that they could not afford the cost of 1:1 care in addition to the facility cost.</p> <p>Per review, Resident #4's record did not contain a request for permission from the licensing agency to discharge without notice due to an immediate threat; documentation from the attending physician stating an emergency discharge was necessary; documentation of an immediate threat requiring intervention from law enforcement, a mental health professional or emergency medical</p>	R116		

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R116	Continued From page 2 services, or a court order as required for emergency discharge of a resident. On the afternoon of 10/11/23 the Interim Executive Director of the RCH confirmed they were not aware of any official written notifications related to Resident #4's discharge from the RCH; S/he further confirmed that the RCH did require 1:1 care at the family's expense for Resident #4 as a condition of his/her return to the facility.	R116		
R191 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours,	R191	The plumbing issue has been corrected at this time. The Maintenance Director, Executive Director and Wellness Director will be in serviced on the reporting regulations regarding the breakdown or cessation of the physical plant's major functions. An audit will occur by interviewing the facilities maintenance director weekly times 4, and then monthly times 2 by the Executive Director and/or designee to ensure no breakdowns of functions have occurred that were not reported. Results of these audits will be brought to the QA committee. R191 accepted by Carol Scott-LTCM 11-9-23	11/10/2023

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R191	<p>Continued From page 3</p> <p>a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Residential Care Home (RCH) failed to report a breakdown in the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied services, which disrupts the normal course of operations to the licensing agency. Findings include:</p> <p>Per record review conducted on 10/11/23 it was noted that on 6/16/23 Resident #1 and Resident #2's apartment had a cracked pipe determined by a leak causing damage to the ceiling in Resident #3's apartment located directly below. On 6/16/23 Resident #1, #2, and #3's water was shut off for repairs. On review of a repair invoice dated 6/19/23, cold water pipes were replaced and water was restored on 6/19/23.</p>	R191		

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R191	Continued From page 4 Per interview with the Interim Executive Director conducted on 10/11/23 at 2:00 PM it was confirmed there had been a breakdown in plumbing affecting two resident apartments for approximately four days, s/he further confirmed this incident was not reported to the licensing agency.	R191		
R226 SS=G	VI. RESIDENT'S RIGHTS 6.14 Residents subject to transfer or discharge from the home, under Section 5.3 of these regulations, shall: 6.14.a Be allowed to participate in the decision-making process of the home concerning the selection of an alternative placement; 6.14.b Receive adequate notice of a pending transfer; and 6.14.c Be allowed to contest their transfer or discharge by filing a request for a fair hearing before the Human Services Board in accordance with the procedures in 3 V.S.A. §3091. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure one applicable resident's right to participate in the decision-making process of the home concerning the selection of an alternative placement. Findings include: Per review of Progress Notes on 10/11/23 Resident #4 was transported to the emergency room following a change in behaviors. On 5/25/22	R226	Resident #4 was discharged in 2022. Wellness Director and oncoming Executive Director to be in-serviced on emergency discharge requirements, as well as 30 day discharge notice procedure. These requirements include the right to appeal and the how-to appeal process. Audits of any discharge will be performed by the Executive Director and/or designee to ensure the appropriate procedure has been followed. Audits will occur weekly times 4 and then monthly times 2. Results of these audits will be brought to the QA committee for review. R226 accepted by Carol Scott-LTCM 11-9-23	11/10/2023

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R226	<p>Continued From page 5</p> <p>the facility notified the resident's responsible party Resident #4 would not be able to return to the RCH without 1:1 care due to behaviors and increased need for supervision. At approximately 2:00 PM on 10/11/23 the Interim Executive Director confirmed Resident #4's responsible party was informed s/he could not return to the home without the required 1:1 supervision.</p> <p>On 5/25/22 Resident #4 was discharged from the home while hospitalized without the opportunity for Resident #4 and his/her Power of Attorney to participate in selecting an alternative placement or having the opportunity to appeal the decision.</p> <p>Refer to R116</p>	R226		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to hold perishable food items at 40 degrees Fahrenheit or cooler. Findings include:</p> <p>1. During at tour of the dining room during the breakfast meal service on 10/11/23 the temperature of 3 out of 3 beverages dispensed from the juice dispenser were observed to be</p>	R247	<p>A service call was placed to the vendor who provides service to the juice machine on 10/11/2023. The juice machine was placed out of order until the repairs occurred and an alternative method for juice was used during this time.</p> <p>An in-service will be provided to all dining staff regarding necessary temperatures of perishable foods.</p> <p>Random audits will occur of perishable foods being served from the kitchen weekly times 4 and then monthly times 2 by the Dining Services Director and/or designee. Results of these audits will be brought to the QA committee.</p>	11/13/2023

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R247	Continued From page 6 greater than 40 degrees Fahrenheit . The orange juice temperature was 46 degrees Fahrenheit, the Lemon Lime beverage was 42.3 degrees Fahrenheit, and the Peach beverage was 43 degrees Fahrenheit. This finding was confirmed by the Interim Executive Director of the home at 10:48 AM. 2. During observation of the lunch meal service on 10/11/23 the temperature of the cottage cheese served was observed to be 50.7 degrees Fahrenheit. This finding was confirmed by the cook during lunch service and acknowledged by the Interim Executive Director on the afternoon of 10/11/23.	R247	R247 accepted by Carol Scott-LTCM	11-9-23
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interviews with staff and residents there was a failure to ensure care in a safe, sanitary, homelike environment. Findings include: During the facility tour commencing at 8:45 AM on 10/11/23 carpets throughout the facility were observed to be stained and in need of cleaning throughout the home. During an interview conducted in Resident #5's room commencing at 11:04 AM on 10/11/23 the carpets were observed	R266	The facility carpet has been cleaned in the dining room with an industrial carpet cleaner. The hallways are being cleaned with the same cleaner. Quotes for work are being obtained to replace the dining room carpet on 11/8/23. The facility's carpet installer is coming in to pull/stretch the carpet and ensure it is secured well to the floor. Resident # 5 will have the apt. carpet cleaned on the areas available. Facility maintenance director will be in-serviced on doing checks on the carpet for pulling, etc. Random audits of the carpet will be done weekly times 4 and monthly times 2 by the Executive Director and/or designee. Results of the audits will be brought to the QA committee.	11/17/2023

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R266	Continued From page 7 to be stained in the living room and along the sides of his/her bed. Resident #5 stated requests to address the condition of his/her carpeting had not resulted in the carpeting being cleaned or replaced. Areas of rippling and fraying of the carpet were also observed, particularly in high traffic areas including the dining room. This finding was confirmed by the Interim Executive Director on the morning of 10/11/23.	R266	R266 accepted by Carol Scott-LTCM 11-9-23	
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