



**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

October 4, 2023

Ms. Kim Russell-Peck, Manager  
Kirby House, Inc.  
64 South Main Street  
Waterbury, VT 05676-1517

Dear Ms. Russell-Peck:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 28, 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:  <b>0058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C <b>06/28/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KIRBY HOUSE, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>64 SOUTH MAIN STREET WATERBURY, VT 05676</b>
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R100	Initial Comments:  The Division of Licensing and Protection conducted unannounced onsite investigations of a facility self report and a complaint on 6/28/23. There were no regulatory deficiencies related to the two investigations. Additionally, a re-licensure was conducted with the following regulatory findings:	R100		
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse failed to complete a change of condition assessment for one applicable resident (Resident #1) following new onset of seizures. Findings include:</p> <p>During an interview on the morning of 6/28/23 the Registered Nurse (RN) stated Resident #1 had an initial episode of seizure like activity during an inpatient hospitalization from 3/10/23 - 3/15/23 following 3 falls. A second seizure was observed by the RN and noted on 5/4/23. At 11:30 AM on 6/28/23 the RN confirmed a significant change assessment was not completed for Resident #1 following the new</p>	R136	<p>R136- RN completed reassessment of Resident #1 on 6/28/2023. RN will complete reassessments for all Residents discharging from hospitals and/or any new conditions or diagnosis moving forward. This will be monitored by House Manager.</p> <p>R136 accepted on 10/3/2023 by C. Scott</p>	6/28/23

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

*King Russell-Lake*

TITLE

Manager

(X6) DATE

7/19/2023

Division of Licensing and Protection

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R136	Continued From page 1  onset of seizures.	R136		
R145 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></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 staff interview and record review the Registered Nurse failed to update the written plan of care for one applicable resident (Resident #1) following new onset of seizures. Findings include:</p> <p>During an interview on the morning of 6/28/23 the Registered Nurse (RN) stated Resident #1 had an initial episode of seizure like activity during an inpatient hospitalization from 3/10/23 - 3/15/23 following 3 falls. A second seizure was observed by the RN and noted on 5/4/23. At 11:30 AM on 6/28/23 the RN confirmed Resident #1's written plan of care was not updated to include care and services related to seizures.</p>	R145	<p><b>R145-</b> Seizure protocols were added to Resident #1 care plan on 6/28/2023. RN and House Manager have derived a checklist for all hospital discharges to include new diagnosis/conditions to be added to care plans upon readmission. RN will review all new diagnosis/conditions and add to Resident care plan. This will be monitored by House Manager.</p> <p>R145 accepted on 10/3/2023 by C. Scott</p>	7/10/23
R162 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.10 Medication Management</p>	R162		

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R162	Continued From page 2  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure signed physician's orders for medications prescribed for 1 applicable resident (Resident #1). Findings include:  At approximately 1:50 PM on 6/28/23 the Manager confirmed signed physician's orders for Clobetasol 0.05% Topical Solution (for skin irritation and rash) and Ventolin HFA 90 mcg/ actuation inhaler (for wheezing) for Resident #1 were not on file and available for review.	R162	R162- Signed orders were obtained for Resident #1 on 6/28/2023 and added to Resident record. RN and House Manger have created a medication/treatment change check list to include ensuring that signed orders are obtained to add to Resident records. This will be monitored by House Manager.  R162 accepted on 10/3/2023 by C. Scott	7/10/23
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the	R167	R167- Undesired side effects were added to Resident #1 Behavior Management plan and record for psychoactive PRN on 6/28/2023. RN and House manager will add undesired side effects to Resident Behavior Management plans and records for all psychoactive PRN's. This will be completed by 8/1/2023. This will be monitored by House Manger.  R167 accepted on 10/3/2023 by C. Scott	8/1/23

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R167	Continued From page 3  medication use.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to include the potential side effects the staff must monitor for in the written plan for the use of the PRN psychoactive medication Lorazepam for one applicable resident (Resident #1). Findings include:  At approximately 1:50 PM on 6/28/23 the Manager confirmed the written plan for the use of PRN Lorazepam (for anxiety) for Resident #1 did not include the undesired side effects for which the staff must monitor.	R167		
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete criminal record and abuse registry checks for 1 out of 5 sampled staff . Findings include:  On the afternoon of 6/28/23 the Manager confirmed criminal record and abuse registry checks were not completed for 1 out of 5 sampled staff on rehire to the facility as required.	R190	R190- Current and previous records checks are done on said employee. Unable to show proof of checks at rehire date. We will put into practice using our new hire checklist when rehiring to ensure that all record checks are completed.  R190 accepted on 10/3/2023 by C. Scott	6/29/23

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R221  R221 SS=E	<p>Continued From page 4</p> <p><b>VI. RESIDENTS' RIGHTS</b></p> <p>6.9 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written requests to manage finances for 3 applicable residents (Residents #1, #2, and #3). Findings include:</p> <p>On the afternoon of 6/28/23 the Administrator confirmed signed written requests for the management of personal finances of 3 applicable staff (Residents #1, #2, and #3) were not on file and available for review.</p>	R221  R221	<p><b>R221-</b> Written requests for the management of personal finances were obtained for Resident #1, 2 and 3 on 6/29/2023. We have added written requests for management of personal finances to our new admission check list and our annual Resident record audit checklist. This will be monitored by House Manager.</p> <p>R221 accepted on 10/3/2023 by C. Scott</p>	6/29/23
R222 SS=F	<p><b>VI. RESIDENTS' RIGHTS</b></p> <p>6.10 The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care. Release of any record,</p>	R222		

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R222	<p>Continued From page 5</p> <p>excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that all resident's right to privacy extends to all records and personal information. Findings include:</p> <p>During the initial facility tour on 6/28/23 at 9:10 AM, Resident medical records were observed in an unsecured location. There is an unlocked storage room on the 2nd floor that is readily accessible by ambulatory residents. The room contained approximately 30 - 40 banker- sized boxes which were identified by the Caregiver as containing old medical records. The facility Manager confirmed that this was an ongoing issue and that the door should be locked to protect resident's privacy.</p>	R222	<p>R222- Our policy for keeping storage room doors locked was reviewed with all staff. A sign has been placed on the door, reminding staff to close and lock door.</p> <p>R222 accepted on 10/3/2023 by C. Scott</p>	6/29/23
R266 SS=E	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced</p>	R266		

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R266	<p>Continued From page 6</p> <p>by: Based on observation and staff interview, the facility failed to provide and maintain a safe, functional, sanitary, homelike and comfortable environment. Findings include:</p> <p>During the initial facility tour on 6/28/23 at 9:10 AM, the following observations were made:</p> <ol style="list-style-type: none"> <li>1. In room 301, there was visibly peeling paint on a large section of this occupied room. The paint was within a large brown stained area.</li> <li>2. There was an operating box fan in a 4th floor hallway that is heavily soiled with dust.</li> </ol> <p>The above observations were confirmed by the accompanying Caregiver at the time of observation.</p>	R266	<p>R266-</p> <ol style="list-style-type: none"> <li>1. Room #301, the ceiling has been cleaned, repaired and repainted.</li> <li>2. The fan on the 4th floor has been cleaned and the frequency of cleaning/checking fans has been increased.</li> </ol> <p>R266 accepted on 10/3/2023 by C. Scott</p>	<p>7/14/23</p> <p>6/28/23</p>
R270 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.2 Residents' Rooms</p> <p>9.2.c Each bedroom shall have an outside window.</p> <p>(1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment.</p> <p>(2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the</p>	R270		



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R270	<p>Continued From page 7</p> <p>facility failed to ensure each bedroom shall have an outside window. Findings include:</p> <p>During the initial facility tour on 6/28/23 at 9:10 AM, an occupied room on the 4th floor (room 405) did not have an outside window. This was confirmed at the time of observation by a facility Caregiver and again at exit by the facility Manager.</p>	R270	<p>R270- Resident in room #405 has been given a transfer notice and as soon as another bed becomes available within the facility, Resident will be moved. This room will no longer be used as a Resident Bedroom.</p> <p>R270 accepted on 10/3/2023 by C. Scott</p>	6/29/23
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