VERMONT

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

Mr. Jerett Turnbaugh, Manager
Loch Lomond
700 Willson Road
North Concord, VT 05858-7007

Dear Mr. Turnbaugh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 1, 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,

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

PRINTED: 06/26/2023
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0062	A. BUILDING: _____ B. WING _____	05/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCH LOMOND	700 WILLSON ROAD NORTH CONCORD, VT 05858

(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: On 5/1/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	R100		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 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: (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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there	R179		

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R179	Continued From page 1 was a failure to ensure 5 out 5 sampled staff completed all required yearly trainings. Findings include: On the afternoon of 5/1/23 the Manager confirmed 2 out of 5 sampled staff had not completed any of the required yearly trainings; and 5 out of 5 sampled staff had not completed training on policies and procedures regarding mandatory reports of abuse, neglect, and exploitation.	R179		
R190 SS=F	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 record review and staff interview there was a failure to complete criminal record and abuse registry checks as required for 5 out of 5 sampled staff. Findings include: At 3:28 PM on 5/1/23 the Manager confirmed documentation of criminal record and abuse registry checks were not on file and available for review for 3 out of 5 sampled staff; and criminal record and abuse registry checks were not completed on hire for 2 out of 5 sampled staff.	R190		
R221 SS=F	VI. RESIDENTS' RIGHTS 6.9 Residents may manage their own personal finances. The home or licensee shall not manage	R221		

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R221	Continued From page 2 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to keep an accurate record of all transactions for 5 out of 7 applicable residents (Residents #1, #2, #3, #4 , and #5) and to provide 7 out of 7 applicable residents with a quarterly accounting of all transactions (Residents #1, #2, #3, #4 , #5 , #6, and #7). Findings include: At 4:16 PM the Manager confirmed quarterly accounting of all transactions was not provided to Residents #1, #2, #3, #4, #5, #6, and #7; and recording of transactions was not maintained to account for the correct amount of funds held by the facility for Residents #1, #2, #3, #4, and #5.	R221		
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.	R266		

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R266	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide care in a safe, functional, homelike, and comfortable environment. Findings include: During the facility tour commencing at 10:25 AM on 5/1/23 the following environmental issues were observed: 1. Access to the living room doorway which provides access to the backyard was observed to be completely blocked with a chair and plants; and an additional living room to the left of the front entryway was observed to be missing 2 window screens. 2. The placement of a dresser in resident room #1 blocked access to a window; and the placement of resident's beds blocked access to the bathroom in resident room #2 and access to a closet in room #5. 3. In the dining room, which is open to the facility kitchen, one window was observed to have a broken pane of glass and was without a screen; and one additional dining room window was without a screen. The environmental issues listed above were confirmed by the facility Manager at 12:35 PM on 5/1/23.	R266		
R270 SS=F	IX. PHYSICAL PLANT 9.2 Residents' Rooms	R270		

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R270	Continued From page 4 9.2.c Each bedroom shall have an outside window. (1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment. (2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide openable and screened windows in resident rooms.. Findings include: On the afternoon of 5/1/23 the Manger confirmed resident rooms #3 and #7 were without screens on the windows. Additionally, the screened door in resident room #9 that leads to the porch and exterior staircase was confirmed by the Manager to have large tears in the screen and a broken door handle.	R270		

Loch Lomond Care Home Plan of Corrections:

R179:

On May 2, 2023 I removed the two per diem staff's names that were on the staff delegation to administer medication. Since these two girls had not worked in almost a year we took them off of all records and explained if they did come back to work even for emergencies/fill in etc. they would have to participate in all monthly trainings and work at least 1 day per month. This would meet our requirement and prevent this deficiency in the future. We now have a policy for all per diem staff. This will be monitored by the homes manager and the registered nurse. Also on May 2, 2023 we added a list of all mandatory trainings to our training log including reports of abuse, neglect and exploitation. Plus the other 6 listed to the right. We provided our staff with a training on abuse, neglect and exploitation on May 2nd . This will be monitored by the homes manager and registered nurse who provide these trainings monthly.

Tag R179 accepted on 7/30/23 - J. Evans

R190:

The homes manager contacted Jared Hodgdon who is the tech support person for Adult Protective Services/Adult Abuse Services on 5/11/2023 he was able to determine what the issue was and fix my account so that I could again access it and conduct Adult Abuse registry checks on our staff. Vermont criminal background checks were conducted on 5/8/2023 for all staff that did not have it done. I had mistakenly thought this system was unreachable as well but realized it was separate from the Adult Abuse check system which I had been unable to attain. We have written a policy for new hires including instructions on websites and contact information for those sites in order to prevent this from occurring again in the future. The Homes manager will oversee this upon the hire or rehire of any and all residents.

Tag R190 accepted on 7/30/23 - J. Evans

R221:

On May 1, 2023 all funds for each resident was corrected so that the funds and balance sheets matched before the inspector left the building. Some of these funds were off by 1 cent or a few cents. Another was off because staff was busy when a resident asked for money and the amount was not logged immediately. These were all corrected right away on May 1st. In the future all funds will be accurate down to the penny with the manager over seeing this ,all funds will be documented immediately even in times of being hurried to ensure that this does not occur again. A policy has been adopted regarding this matter. The manager has provided all residents who's funds are held with an account of their funds on June 1, 2023 and will continue to do so quarterly. A record will be kept in the resident funds folder along with each resident's balance sheet, documentation of these quarterly accounts to ensure this does not recur with the manager overseeing this.

Tag R221 accepted on 7/30/23 - J. Evans

R266:
On May 2, 2023 the chair and plants that were blocking the access to the backyard were moved. One of our residents enjoys moving furniture, plants, and nick nacks etc. around the home, she was asked to please keep entrances clear. We also put a sign on the door asking not to block the entrance. We have other residents who tear signs down so we are actively looking for better signage or alternative ways of making sure this does not recur. All staff have been instructed to be mindful of this and move things blocking entrances if they reappear. Management will oversee this to ensure it does not recur. Tag R266 accepted on 7/30/23 - J. Evans

(This section has been revised with updated info from the original) Currently the broken pane of glass has been sent to a glass repair business and we are waiting for its return. Also we have found almost all of the screens for windows missing them, all have been replaced except for two which we are having the glass repair business make for us and waiting for them to be done. Residents take these screens out and put holes in them so it is hard to keep up with this, but we have asked residents to please be mindful of taking care of the screens and if they need them out for some reason to please let staff know. This should all be completed by July 30th, 2023. The manager will oversee this project to ensure it does get done by that date and we have added screen checks to our monthly managers check list.

R270:
The screen door in room #9 has been removed. One of the residents in this room goes in and out of this door excessively. The door gets extreme wear and tear so it was removed. In the future we may put another back on but for now the resident's are happy that it doesn't slam every time he goes thru it and both residents stated they don't want another one put on. We have added to our manager's monthly quality checks to check the home for environmental hazards such as ripped/ broken screens and doors and window panes. This will help ensure this does not happen again. This was completed on July 12th 2023.
On May 2rd the dresser in room #1 which blocked a window was moved, a policy has been written and put in place stating that furniture cannot be blocking windows and door ways. As for the beds which are blocking a bathroom in #2 and access to a closet in room #5, these rooms have had the furniture arranged in this manner for 20 years of our ownership and 20 years of the previous ownership. There is no other way to arrange these rooms. The residents are happy with their rooms and are able to access both bathrooms and closets. I have spent time in each of these rooms and even tried moving furniture around to make this situation work better than it is. Residents do not like the changes and so we moved them back. This was all done on May 4th and we have continued to try to come up with a solution for this issue. However it does not seem to be an easy fix. I feel the only other option for a resolution is to apply for a variance which I'am prepared to do as early as the week of July 17th. As the manager I will oversee this process to make sure we are in compliance with these regulations.

Tag R270 accepted on 7/30/23 - J. Evans