

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

June 8, 2018

Ms. Allyson Sweeney, Manager  
The Residence At Shelburne Bay East  
185 Pine Haven Shores Road  
Shelburne, VT 05482-7805

Dear Ms. Sweeney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 16, 2018**. 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,



Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/16/2018
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NAME OF PROVIDER OR SUPPLIER  THE RESIDENCE AT SHELburne BAY EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD SHELburne, VT 05482
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R100	Initial Comments:  An unannounced re-licensure survey and the investigation of four facility reported incidents and one complaint was conducted by the Division of Licensing and Protection on 5/14-16/2017. There were no regulatory deficiencies identified as a result of the investigations. The following regulatory deficiencies were identified as a result of the survey:	R100	R100 Initial Comments : The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation, to demonstrate the Residence at Shelburne Bay's commitment to continued improvement in the quality of our residents care.	
R130 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.6 Special Care Units  5.6.a The home must obtain approval from the licensing agency prior to establishing and operating a special care unit. Approval will be based on a demonstration that the unit will provide specialized services to a specific population.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to obtain approval from the licensing agency prior to operating a special care unit. Findings include:  Per definition, a special care unit provides specialized services to a specific population of residents. The facility second floor, often referred to as "the Dementia unit" in conversations with staff during the survey, is a secure unit for the residents residing there who are at risk for wandering and have impaired cognition. The unit is part of the facility Reflections Memory Care program according to the facility website and the advertising brochures. The unit is secure and if any resident wearing a Wander Gard enters the	R130	The Residence at Shelburne Bay has stopped advertising this section of the community as part of its Reflections Memory Care. The website has been updated, the rate sheets have been corrected and new brochures are on rush order.  The Residence at Shelburne Bay is in the process of assessing each resident residing in this area to determine if their needs can be met under the AL regulations or if transfer to Special Care unit is necessary. The Residence will work to transfer residents to SCU apartments over the next 60 days. If licensing is necessary at that time, proper licensing steps will be fulfilled. All of the residents will be reassessed and a decision will be made to either license this area or keep it under the AL license and discontinue the security features.  Completion Date: 08/05/18	

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

*Allyson Sweeney*

TITLE

*Executive Director*

(X6) DATE

*6/5/2018*

STATE FORM

6899

C3QV11

If continuation sheet 1 of 6

R130 - R252 POC's accepted 6/7/18 M Higgins RN/AME

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R130	Continued From page 1  elevator the elevator will not move. Someone with cognitive skills sufficient to use specific buttons must operate the elevator for those residents. The stairways are locked with key pads requiring a code. The Registered Nurse, Resident Care Director (RN, RCD) stated in an interview that all direct care staff receive education in working with residents with Dementia prior to working on the unit.  In an interview on 5/15/18 the Executive Director and the RCD confirmed that the facility has not submitted a request for approval to operate a special care unit.	R130		
R179 SS=E	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,	R179	R179 Actions to correct deficiency: All associate educational requirements per 5.11 (b) will be brought up to date.  Actions to prevent recurrence: Associate trainings will be tracked by RCD or designated nurse. The RCD or designated nurse will ensure compliance with educational requirements through audits of associate files weekly for 3 months, monthly for 3 months, and quarterly ongoing.  Completion Date: 08/15/18	

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R179	<p>Continued From page 2</p> <p>maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that staff providing direct care to residents receive twelve hours of training each year which includes, but is not limited to, seven mandatory topics for 5 of 5 randomly selected staff. Findings include:</p> <p>Per review of training/ inservice records, for the calendar year 2017, there is no evidence of the provision of one of the mandatory topics- General Care &amp; Supervision. In a review of five randomly selected active direct caregivers hired before 21017 the following was identified: Staff #1 completed the 6 mandatory inservices and an additional inservice for a total of 7 hours but has no further documented education. Staff #2 and #3 have no documented education hours. Staff #4 has no mandatory inservice education and has one hour of education on Harassment in the Workplace. Staff #5 has no mandatory inservice education and has one hour of education on Aging, Death, &amp; Dying. The RCD confirmed on the afternoon of 5/16/18 that there is no further education or training information available for the year 2017.</p>	R179		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES	R247		

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R247	<p>Continued From page 3</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 observations, the facility failed to assure that all perishable foods were labeled, dated and held at proper temperatures. This practice had the potential to affect all residents of the home. Findings include:</p> <p>During the initial tour of the kitchen on 5/14/18 commencing at 2 PM, the following perishable foods were not labeled and /or dated in accordance with regulations and safe food handling practices:</p> <p>Walk-in cooler observations -</p> <p>seafood salad dated 5/10/18 (out dated); green salad - no label/date; sliced cooked meat - no date/label, was roast beef per the Food Service Director (FSD); dessert bars - no label/date, were lemon bars, per FSD; fruit salad - no label/date; block of cooked meat - no label/date , was roast beef per the FSD; 3 containers sauces - no label/dates, were various types of demi glace per the FSD; mashed sweet potatoes dated 5/6/18 (out dated); mashed white potatoes labeled 5/11/18 (out dated).</p>	R247	<p>7.2 Food Safety and Sanitation</p> <p>All refrigerators and freezers where emptied, cleaned, and inspected. All food that was not properly labeled or any food that had been stored for longer than 3 days was discarded. All associates were re-educated on the LCB policy of "Date Marking Ready to Eat Hazardous Food" and was placed in associate files. We initiated a daily walk through to be completed by FSD or designee of all coolers and reach-ins to check for food storage compliance. Food will be dated immediately after it is defrosted and ready to use.</p>	
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R247	Continued From page 4  Per interview with the FSD at the end of the observation, he confirmed that all perishable foods should be labeled and dated, he was uncertain about the safe food dating timelines and said that most foods will last 1 week. Per review of the policy/procedure regarding perishable food labeling and dating, foods should be dated when they are made up and discarded after 3 days. There were items in the walk-in cooler that were identified as having been pulled from the freezer for re-use (including corned beef from March). When asked about these foods, the FSD said that they did not re-date these items and had no specific written guidance or recommended timelines to assure foods were used within recommended timelines.	R247	
R252 SS=F	VII. NUTRITION AND FOOD SERVICES  7.2 Food Storage and Equipment  7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean  This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to assure that all areas of the home where foods, drinks or equipment were stored were kept clean. This practice had the potential to affect all residents of the facility. Findings include:  During the initial tour of the kitchen on 5/14/18 at 2 PM, the following areas were not clean: a. trash cans and lids used in the kitchen were heavily soiled on the outside of the containers;	R252	R252 V11 Nutrition and Food Service 7.2 Food Storage and Equipment  Immediately, a weekly and bi-weekly cleaning schedule was created and initiated. All areas of concern were cleaned to include hood ventilation screens, trash cans, working such as walls, sinks and equipment. All food handlers were re-educated on cleaning supply storage outside of the kitchen.  R200 All culinary associates that handle food were re-educated on our Reheating Potentially Hazardous Food policy. This included but was not limited to, <ul style="list-style-type: none"> <li>Heat processed, ready to eat food from a package or can is heated to an internal temperature of at least 135F for 15 seconds.</li> <li>Reheat any precooked, processed foods that have been previously cooled to an internal temperature of 165F for 15 seconds.</li> <li>Allow all food to sit for 2 minutes after heating in a microwave oven.</li> </ul>

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R252	Continued From page 5  b. the cooking equipment, including the stove, gas grill ovens and hood ventilation screens were soiled with a build up of dirt and grease. ac. a food preparation bench with under counter shelves holding dry food supplies (flour, sugar etc.) had a build up of dust and crumbs; d. a cart storing clean dishware had crumbs and visible dust and dirt on the shelves; e. a baker's rack for storage of sheet trays/foods had greasy visible soiling on all of the shelf glides; f. there were crumbs and dust observed under the toaster tray; under counter shelves next to the prep shelving were also soiled. g. the floor mop and the mop bucket were stored in the midst of the food preparation area due to a lack of other appropriate space per staff, in close proximity to foods being prepared; h. the wall area around the hand wash sink was visibly soiled with a build up of dirt; When a copy of the cleaning schedules was reviewed, it only addressed the cleaning to be done on a daily basis; there was no written cleaning schedule to include all areas of the kitchen, to maintain a sanitary environment. This was confirmed at the time of the observations on the afternoon of 5/14/18.	R252	