



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

January 11, 2024

Mr. Luis Marin, Manager
Vista Senior Living
103 Us Route 4
Killington, VT 05751

Dear Mr. Marin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 5, 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0664	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2023
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NAME OF PROVIDER OR SUPPLIER VISTA SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 103 US ROUTE 4 KILLINGTON, VT 05751
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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted on 12/5/23 by the Division of Licensing and Protection. The following regulatory violations were identified:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, there was a failure to update a care plan for 1 applicable resident who is receiving wound care and also has a history of falls with injury. (Resident #1) Resident #1 receives Home Health Agency (HHA) services for wound care twice weekly for an ongoing infection of his/her right foot. The resident also has a history of significant falls with injury to include periorbital and facial bruising and a previous traumatic subdural hemorrhage. The resident continues to remain vulnerable to falls due to impulsivity, lower leg weakness and confusion. The care plan did not reflect precautions related to management of the resident's foot wound and a comprehensive plan for fall prevention. This was confirmed by the	R145	R145 RESIDENT CARE AND HOME SERVICES Wellness Director will review and update care plan for resident #1 and note all changes in condition, mobility, fall risk and skin integrity. Wellness Director will do quarterly care plan reviews on all residents and will update accordingly. RN will develop and implement a care plan tracking tool to better track changes. all corrective actions will be completed by 1/10/2024.	

R 145 Accepted
Jenielle M Shea, RN
1/9/24

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jenielle M. Shea

TITLE

Executive Director

(X8) DATE

1/9/24

Division of Licensing and Protection

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R145	Continued From page 1 Acting Wellness Director on the afternoon of 12/5/23.	R145		
R161 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility manager and Acting Wellness Director failed to ensure staff were following the policies and procedures regarding the management of controlled substances. Findings include:</p> <p>Per review of the facility policy Controlled Substances F-146 states "4....at the end of each shift, Controlled substances will be counted by two staff members, one from each shift for accuracy. If there is a discrepancy, the nurse in charge will be notified immediately"</p> <p>1. Per review of both narcotics and controlled substances stored on the Memory Care Unit on 12/5/23 at 4:40 PM found Fentanyl patches 12 & 25 mcg/hr; liquid and pill form of Lorazepam and Valium suppositories had not been accounted for as per the facility policy. This lack of accountability was confirmed by the Acting Wellness Director who was unaware of this significant oversight.</p>	R161	<p>R161 Medication Management</p> <p>RN will keep a bound controlled substance log book in each medication cart for controlled substance accounting.</p> <p>RN will train delegated staff on controlled substance accounting policy and procedure.</p> <p>RN will implement controlled substance counts at shift change in accordance with facility policy and procedure.</p> <p>RN to perform weekly QA checks on narcotic count/log book</p> <p>RN to perform monthly cart audit to ensure discrepancies do not recur</p> <p>All corrective actions will be completed by 1/5/2024.</p> <p style="text-align: right; color: blue;">R 161 Accepted Jenielle M Shea, RN 1/9/24</p>	

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R164	Continued From page 2	R164		
R164 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure of the RN (registered nurse) to delegate the responsibility for the administration of specific medications to designated staff for designated residents: Findings include:</p> <p>Per interview on the afternoon of 12/5/23 the Acting Wellness Director and supervising RN disclosed the Wellness Director who was previously responsible for the delegation of specific staff to administer medications to the designated residents has been out on leave since mid October. Presently, the process to re-delegate all staff by the newly employed supervising RN has not been conducted, resulting in 7 staff performing medication administration under the license of the RN who is presently on leave.</p>	R164	<p>R164 Medication Management</p> <p>Acting Wellness Director/RN to re-delegate designated staff to perform medication administration.</p> <p>The Wellness Director will add "medication delegation of staff" to the orientation packets for all per-diem nurses acting as Wellness Director.</p> <p>Wellness Director will create a log and record all RN employed by Vista along with delegations and place it in the delegation binder.</p> <p>This corrective action will be completed by 1.5.2024</p>	
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES	R173		
	5.10 Medication Management			

R 164 Accepted
Jenielle M Shea, RN
1/9/24

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R173	<p>Continued From page 3</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by RN, there was a failure to maintain a secure and locked medication room. Findings include:</p> <p>Per observation on 12/5/23 at 4:40 PM, the medication room where narcotics and controlled drugs are stored was found to be unlocked, making the room accessible to residents and visitors. This was confirmed by the Acting Wellness Director at the time of observation. It was also noted per facility policy Controlled Substances F-146, states: " 8. Narcotics shall be doubled locked in the med room....." At the time of the observation, narcotics and controlled drugs were stored in the medication room.</p>	R173	<p>R173 RESIDENT CARE AND HOME SERVICES</p> <p>RN will ensure the door that leads to the Med-Room remains locked at all times.</p> <p>RN will in-service all staff on safe medication storage.</p> <p>Management will update daily caregiver's task log to include the monitoring of medication room, locked med cart and controlled substance storage.</p> <p>These corrective actions will be completed by 1/5/202</p>	
R176 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h (4)</p> <p>Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the</p>	R176	<p>R 173 Accepted Jenielle M Shea, RN 1/9/24</p>	

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R176	Continued From page 4 home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure out dated medications were disposed of promptly. Findings include: During a review of the medication storage on the Memory Care Unit accompanied and confirmed by the Acting Wellness Director a Comfort Kit dated 6/2/22 was still being stored. The kit includes multiple medications utilized by Hospice and staff when a resident is being managed during the dying process. However Resident #2, has been discharged from Hospice services weeks prior and the medication had not been disposed of promptly to include: Roxanol (Morphine concentrated solution), Lorazepam, Compazine, Acetaminophen and liquid Haldol.	R176	R176 RESIDENT CARE AND HOME SERVICES RN will ensure medications left after death, discharge, or outdated are disposed of immediately according to facility policy and with the guidance/assistance of our preferred pharmacy. RN will perform weekly medication room audits to ensure all medications stored are not ones left after death, discharge, or outdated and are disposed of properly to be in compliance with state regulations. Resident #2 medications will be disposed of properly immediately. These corrective actions will be completed by 1/10/24.	
R177 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by interview,	R177		R 176 Accepted Jenielle M Shea, RN 1/9/24

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R177	<p>Continued From page 5</p> <p>there was a failure to account for narcotics on a daily basis and other controlled drugs to be accounted for on a weekly basis. Findings include:</p> <p>Per review of the facility policy Controlled Substances F-146 states "4....at the end of each shift, Controlled substances will be counted by two staff members, one from each shift for accuracy. If there is a discrepancy, the nurse in charge will be notified immediately"</p> <p>1. Per observation on 12/5/23 at 4:40 PM of the drug storage on the Memory Care Unit found the following: Fentanyl patches 12 & 25 mcg/hr (narcotic) have not been counted at the end of each shift as per policy. Controlled drugs to include lorazepam (benzodiazepine), Valium (anxiolytic/sedative) are also not accounted for unless administered. The Acting Wellness Director confirmed observations and s/he had not been aware staff had failed to follow policy and standards of practice to ensure accountability of narcotics and controlled medications.</p>	R177	<p>R177 MEDICATION MANAGEMENT</p> <p>RN will keep a bound controlled substance log book in each medication cart for controlled substance accounting.</p> <p>RN will train delegated staff on controlled substance accounting policy and procedure.</p> <p>RN will implement controlled substance counts at shift change in accordance with facility policy and procedure.</p> <p>RN to perform weekly QA checks on narcotic count/log book</p> <p>RN to perform monthly cart audit to ensure discrepancies do not recur</p> <p>All corrective actions will be completed by 1/5/2024.</p>	
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p>	R179		<p>R 177 Accepted Jenielle M Shea, RN 1/9/24</p>

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R179	<p>Continued From page 6</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure of the facility to ensure staff who provide direct care services receive the required 12 hours of yearly training: Findings include:</p> <p>During the course of survey on 12/5/23, evidence to validate the 12 hours of required training to include: resident rights; fire safety and emergency evacuation; resident emergency response procedures and first aid; mandatory reporting of abuse, neglect and exploitation; respectful and effective interaction with residents; infection control measures/ blood borne pathogens and universal precautions; and general supervision and care of residents had not been provided. Per review of 5 staff members identified only one had received required training.</p>	R179	<p>R179 Resident Care and Home Services</p> <p>RN will conduct remedial in-service training with all staff to ensure compliance with annual requirements.</p> <p>RN will develop and implement employee education tracking tool to ensure that all staff receive the required minimum twelve hours of training annually.</p> <p>RN to perform monthly QA to ensure ongoing staff compliance with annual requirements</p> <p>These corrective actions will be completed by 1/5/2024.</p> <p style="text-align: right; color: blue;">R 179 Accepted Jenielle M Shea, RN 1/9/24</p>	
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R190	Continued From page 7	R190		
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure by the facility to demonstrate criminal and abuse checks were conducted for all employees upon hiring. Findings include:</p> <p>At the time of survey, the Administrative staff was requested to demonstrate proof of the required criminal and abuse checks. Upon review, only 2 of the 5 employees randomly chosen had adult and child abuse screenings and none of the 5 employees had criminal records completed, as required. Surveyors were informed by Administration staff further research of the corporation files was required and evidence would be provided. No further evidence was ever provided.</p> <p>This is a repeat citation.</p>	R190	<p>R190 RESIDENT CARE AND HOME SERVICES</p> <p>Executive Director will conduct personal criminal and abuse background checks for all Vista employees and new hires; will enforce adherence to PP and Vermont's state regulations.</p> <p>The Executive Director will update the hiring packet and will work with HR to ensure all criminal background checks are completed on any candidates prior to being considered for employment with Vista.</p> <p>All criminal and abuse records will be stored inside the employee files.</p> <p>This has been completed.</p> <p style="text-align: right; color: blue;">R 190 Accepted Jenielle M Shea, RN 1/9/24</p>	
R244 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.c. (3) Residents shall be allowed an adequate amount of time to eat each meal at an unhurried pace.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations during the lunch meal on</p>	R244		

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R244	Continued From page 8 the Memory Care Unit there was a failure of staff to allow 2 applicable residents adequate time to eat their meal. (Residents #3 & #4) Findings include: Per observation at 12:40 PM of the noon meal served on the Memory Care Unit noted a facility employee standing at a table occupied by Resident #3 & Resident #4. Resident #3 required assistance with his/her meal. The employee stood beside Resident #3 and failed to provide adequate amount of time to eat his/her meal at an unhurried pace. Instead, food servings of ham and potato were loaded onto a spoon and fed to Resident #3 without awareness Resident #3 required time to consume what s/he was being fed. As soon as a serving was placed in the resident's mouth the employee was again attempting to have Resident #3 consume another spoonful of food. While rapidly feeding Resident #3, the employee was also attempting to feed Resident #4 who was actually feeding himself/herself. Although Resident #4 had fed himself a serving of the lunch meal, the employee was attempting to also place more food into Resident #4's mouth, although the resident had already placed a serving in his/her mouth. There was no interaction from the employee and the residents, only a spoon placed to their mouths. The lunch meal for both residents became a rapid and impersonal experience.	R244	R244 NUTRITION AND FOOD SERVICES Management will in-service all staff on proper feeding techniques while maintaining the safety and dignity of our residents. Dietary Manager will perform random supervision observations during meals to monitor feedings techniques. These corrective actions will be completed by 1/10/2024	
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures:	R247		

R 244 Accepted
Jenielle M Shea, RN
1/9/24

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R247	Continued From page 9 (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure to label and date all food stored in the walk-in refrigerator. Findings include: 1. During a tour of the kitchen commencing at 9:30 AM a variety of cold cuts stored in the walk-in refrigerator were found opened and unlabeled to include turkey, chicken and ham. There was also a large container of shredded cheese without a date.	R247	R247 NUTRITION AND FOOD SERVICES Dietary Manager will develop and implement a daily monitoring log to ensure all foods are labeled and dated. This will be located outside walk-in refrigerator and freezer. Dietary Manager will provide an in-service to all dietary staff and new hires on food safety and sanitation techniques. Dietary Manager will monitor these logs on a daily basis. These corrective actions will be completed by 1/5/2024	
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 observation and staff interview, the facility failed to ensure equipment in the kitchen was maintained and kept clean. Findings include: During a tour of the kitchen on 12/5/23 commencing at 9:30 AM the following observations were made: 1. Within the ice machine and sitting directly below the ice cube dispenser, an undetermined	R252	R 247 Accepted Jenielle M Shea, RN 1/9/24	

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R252	<p>Continued From page 10</p> <p>amount of blackish water was observed in close proximity to where ice cubes are accessed. Attached behind the ice machine was a hose dripping slightly. Per interview of the cook at the time of observation, stated s/he was unaware if the hose attached to the ice machine was suppose to drain the blackish water that remained stagnant. Also noted, the drain behind the ice machine with other tubing from unknown sources were all covered in dust and debris.</p> <p>2. On a side wall beside the ice machine was an air vent approximately 2 feet wide and 3 feet long covered in thick dust. This vent is located opposite where meal tray preparations are conducted.</p> <p>3. The drain located near the dishwasher was covered in dirt and other debris.</p> <p>4. The shelf located under the stove was covered with food crumbs and debris.</p> <p>5. A vent located in proximity to the dishwashing area was covered in thick dust and debris.</p> <p>6. A tile near the ceiling and adjacent to the food preparation location was opened and hanging, exposing the kitchen to unwanted elements to include dust, particle debris and possible victors.</p> <p>Per interview with the facility cook at the time of observations the surveyors were informed a cleaning schedule is not utilized and confirmed s/he only washes the floor.</p>	R252	<p>R252 NUTRITION AND FOOD SERVICES</p> <p>Maintenance department will secure all ceiling tiles in place to prevent any dust particles, vectors, and/or debris.</p> <p>Maintenance department will create a maintenance log to place in the kitchen where kitchen staff can note any issues that require work or attention.</p> <p>Maintenance Department will perform weekly walkthroughs and repairs of any noted items in this log.</p> <p>These corrective actions will be completed by 1/5/2024</p> <p style="text-align: right; color: blue;">R 252 Accepted Jenielle M Shea, RN 1/9/24</p>	
R258 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects</p>	R258		

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NAME OF PROVIDER OR SUPPLIER VISTA SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 103 US ROUTE 4 KILLINGTON, VT 05751
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R258	Continued From page 11 and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure to ensure trash in the kitchen area was covered. Findings include: Based on observation during a tour of the kitchen on 12/5/23 at 9:45 AM found a container which included 3 dividied bins. Trash and garbage was being disposed of within the 3 bins, however no covers were being utilized, as required. This is a repeat deficiency.	R258	R258 NUTRITION AND FOOD SERVICES Dietary Manager will ensure the garbage container is covered at all times and will in-service and instruct all dietary staff to cover the garbage bin at all times. Signage will be placed above waste and compost bins as a reminder to remain these containers closed. Dietary Manager will monitor and enforce compliance on a daily basis. These corrective actions will be completed by 1/5/2024 R 258 Accepted Jenielle M Shea, RN 1/9/24	
R259 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 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. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff, there was a failure to properly store cleaning products; failure to label cleaning products and keep floor mop and buckets separated from the food preparation area. Findings include: During a tour of the kitchen commencing at 9:30	R259	R259 NUTRITION AND FOOD SERVICES Dietary Manager will ensure all cleaning chemicals and supplies are stored in a designated room away from the food preparation area. Dietary Manager will in-service all dietary staff on proper chemical labeling and storing. Dietary Manager will monitor enforce compliance on a daily basis. These corrective actions will be completed by 1/5/2024 R 259 Accepted Jenielle M Shea, RN 1/9/24	

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R259	Continued From page 12 AM on 12/5/23 the following observations were made: 1. Underneath a sink near the dishwasher and adjacent to the food preparation area were undetermined amounts of cleaning products, several plastic gallon containers, some unmarked or without a cover, all sitting on the kitchen floor. 2. A mop and bucket was found sitting beside the stove area where food is prepared for residents.	R259		
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 confirmed by interview, the facility failed to ensure a safe environment was consistently being provided for residents residing on the Memory Care Unit. Findings include: During a tour of the Memory Care Unit at 10:30 AM on 12/5/23 accompanied by the Acting Wellness Director, the Laundry Room was found to be unlocked, although there was a keyless entry lock to secure the room from wandering residents. Stored in the laundry room several containers to include laundry detergent, Oxiclean, Mr. Clean, Shout, multiple EcoLab products to include all purpose cleaners.	R266	R266 PHYSICAL PLANT Management will ensure the door that leads to the laundry room remains locked at all times. Management will in-service all staff on proper chemical labeling and storing. Management will update lead caregiver's tasks to include the daily monitoring of door security. These corrective actions will be completed by 1/5/202	R 266 Accepted Jenielle M Shea, RN 1/9/24

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R266	<p>Continued From page 13</p> <p>Observation at 10:40 AM noted a unattended housekeeper's cart left outside room #159 in the Memory Care Unit hallway where residents ambulate throughout the day. Sitting on the cart and easily accessible was Comet (disinfectant cleanser with bleach that could be harmful if ingested and/or inhaled or serious eye injury if contact occurs); Scrubbing Bubbles Bathroom cleaner (hazardous compounds which can cause severe eye irritation, moderate skin irritant on contact and inhalation and/or ingestion requires medical attention); Clorox Germicidal (fumes are irritants to eyes and lungs).</p> <p>Further observations found the closet, located within the living/dinning room area was unlocked. The closet contains electrical panels. Plugs, switches and panel wiring was observed within the closet. In addition, a draw within the small kitchenette area on the Memory Care Unit contained a manicure set with scissors, clippers and tweezers. This area is also accessible to residents.</p> <p>All observations were confirmed by the Acting Wellness Director.</p> <p>This is a repeat violation.</p>	R266	R266	
R999 SS=C	<p>MISCELLANEOUS</p> <p>4.14.f The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is</p>	R999		

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R999	<p>Continued From page 14</p> <p>requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on observation and staff interview there was a failure to ensure a current written report with results of inspection was readily available to residents. The residence shall make current written report results from inspection readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. Findings include:</p> <p>On the afternoon of 12/5/23, when asked to show surveyors where the written reports with inspection results that should be available to the public and residents was posted the Resident Liaison was unable to locate the reports. Initially, the Resident Liaison thought they were in a draw, then over in another section of the entrance to the facility. However, no postings were found.</p> <p>4.12 The home's current license certificate shall be protected and appropriately displayed in such a place and manner as to be readily viewable by persons entering the home. Any conditions which affect the license in any way shall be posted adjacent to the license certificate.</p> <p>This requirement was NOT MET as evidenced by:</p>	R999	<p>R999 MISCELLANEOUS</p> <p>Resident Liaison will place a survey report where it's readily accessible to residents and where individuals wishing to examine the results do not have to ask to see them.</p> <p>A copy of the report will be placed anywhere our license is displayed.</p> <p>Resident Liaison will perform weekly checks to ensure these records are in place at all times.</p> <p>These corrective actions will be completed by 1/5/2024</p> <p style="text-align: right; color: blue;">R 999 Accepted Jenielle M Shea, RN 1/9/24</p>	

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R999	Continued From page 15 Per observation on 12/5/23 there was a failure to post the most current license for the Memory Care Unit. Presently the facility has posted an expired license dated 11/30/23. Although they had competed an renewal application for re-licensure, the Administration failed to post the new license, as required.	R999	<p>R999 MISCELLANEOUS</p> <p>Resident Liaison will replace the expired license for our current license and will ensure these are visible to all residents, visitors and state representatives.</p> <p>Resident Liaison will monitor these monthly and will update when required.</p> <p>Resident Liaison will communicate to management team at the two month mark, and again at the 1 month mark prior to expiration of licenses to ensure these are replaces promptly after reception.</p> <p>This task has been completed.</p> <p style="text-align: right; color: blue;">R 999 Accepted Jenielle M Shea, RN 1/9/24</p>	
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