



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

March 11, 2024

Laurie Griswold, Manager
Willows Of Windsor
121 State Street
Windsor, VT 05089-1213

Dear Ms. Griswold:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 30, 2024**. 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: 0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/30/2024
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R100	Initial Comments: An unannounced on site relicensure survey was conducted by the Division of Licensing and Protection on 1/30/24. Regulatory deficiencies were identified as a result. Findings include:	R100		
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 medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse (RN) failed to develop written plans to demonstrate the use of as needed (PRN) psychoactive medications for 1 out 3 residents of the applicable sample. Findings include: Per record review Resident #1 has a physician's orders for Clonazepam 0.5 mg, take 1 tablet daily as needed for anxiety. A plan was not identified within the record to demonstrate appropriate	R167		

Division of Licensing and Protection

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



TITLE

RN

(X6) DATE

2/22/24

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R167	Continued From page 1 indications of use for the medication, along with desired and undesired effects. Per the facility Policy and Procedures, a policy titled PRN Psychoactive Medications, states "... staff may administer PRN psychoactive medications only when a written plan for the use of the medication has been developed and addressing the following: 1. A description or statement of specific behaviors that the medication will address or control. 2. A description of the circumstances that will indicate the use of the medications. 3. Staff is knowledgeable about the desired effects and sides effects of the medications. 4. The location of the documents that indicates the time the medication is administered, the reason, for the medication, and the effect of the medication each time that medication is administered. 5. Each shift will document on behavior intervention monthly flow record, according to instruction given by the RN and from the flow record. " Per interview on 1/20/24 at 3:20 PM the Registered Nurse, confirmed a plan has not been developed for unlicensed staff to reference prior to the administration of the PRN psychoactive medication for Resident #1. The deficient practice is a potential risk for more than minimal harm for all facility residents due to administration of PRN psychoactive medications without monitoring the medication's effect, and potential medication errors including misuse.	R167		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R179		

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R179	<p>Continued From page 2</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> <ul style="list-style-type: none"> (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>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to ensure that all staff providing direct care to residents had at least twelve (12) hours of required training each year. Findings include:</p> <p>During the course of a re-licensing survey on 1/30/24, the manager was requested to demonstrate via training records that staff employed at the RCH who provide direct care to residents had received the twelve (12) hours of required yearly training. Per record review, four</p>	R179		
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R179	Continued From page 3 out of five staff completed education for Infection Control and had not completed the other required trainings. Additionally, one out of five staff had not completed any of the required trainings. Upon review of the requested facility policy and procedures, a policy is not established to account for required trainings and education for staff to complete and the frequency in which they are to be provided and completed. Per an interview the afternoon of 1/30/24 the Manager confirmed the training hours recorded for five out of five employees, were incomplete to demonstrate all required 12 hours of training. The manager acknowledged the requirement of required annual trainings for all staff providing direct care to residents. This deficient practice is a potential risk for more than minimal harm for all facility residents due to inadequate staff education and training to safely and effectively provide resident care.	R179		
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well,	R181		

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R181	<p>Continued From page 4</p> <p>regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Manager failed to ensure the required background checks for 5 out of 5 staff were completed upon hire who are assigned to provide care and services to the residents of the RCH. Findings include:</p> <p>Per record review of staff records 5 out of 5 currently employed staff, did not have results of the Adult and Child abuse registry checks on record.</p> <p>Upon review of the facility policy and procedure, a policy is not established to account for background checks and/or abuse registry checks to be collected for all prospective employees or current employees on an established continuing basis through employment.</p> <p>Per interview on 1/30/24 at 2:45 PM the Manager reviewed the staffing records and confirmed adult and child abuse registry checks were not completed on 5 out 5 staff. The Manager acknowledge to have the forms completed by all 5 staff, however the forms were not possessed to obtain results.</p>	R181		
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R181	Continued From page 5 This deficient practice is a potential risk for more than minimal harm for all facility residents related to the lack of proper measures taken by the home to ensure a safe and free from harm environemnt from potential staff provide care and services,	R181		
R200 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Manger failed to ensure policy and procedures were updated to demonstrate current practice and failure to ensure policies were established to govern all services provided by the home. Findings include:</p> <p>Upon entry to the home at 10:00 AM, an entry request was provided to the Manager for the facility policy and procedures that govern the home. Throughout the course of survey, the policy and procedures were referenced. Through review of the policies, policies were identified as not current with practice and/or not established.</p> <p>An interview with the manager on 1/30/24 at 4:00 PM, confirmed the facility's current policy for Medication storage is not reflective of current practice, as the policy states to "store medication in kitchen cabinet." The manager confirmed the home has changed its practice of storage and</p>	R200		

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R200	Continued From page 6 area of storage for medications. Further the manager confirmed a policy is not established to account for the storage and securement of chemical compounds (outside of food storage areas) within the home, a policy is not established to identify to requirements of background check and abuse registry checks of all staff, and a policy is not established to identify the frequency requirements required by staff to complete facility provided training and educations as established by the regulations or the facility. This deficient practice is a potential risk for more than minimal harm for all facility residents related to lack of written policies governing standards of practice to ensure all staff understand and adhere to practices for the safety and well being of residents.	R200		
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 interview the facility failed to ensure a safe environemnt to prevent residents from accessing areas that contain unsecured chemical and prescription medications. Findings include: Per observation during the facility tour commencing at 10:30 AM, an area in the home	R266		

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R266	<p>Continued From page 7</p> <p>that is located internally, with 2 entry points from oppising sides, presented to be an area in which the home utilizes as multipurpose space. Within the room, their is a refrigerator and freezer, and dry pantry storage area, a medication cart with medication binders, and laundry services to include washer and dryer, along with cleaning chemicals. The entry doors knobs have keyed locks, however both doors throughout the course of survey remained unlocked. The entry doors to the observed area within the hallways of the resident rooms.</p> <p>Upon the intial observation at 11: 25 AM, a storage bin was observed on the floor near the medication cart, when opened the the bin stored pharmacy dispensed medications cards, the storage bin was not secured. The chemcial in the in laundry area were in a cabinet, that was not secure, containing a bottle of Fabulose (20 ounce), a spray bottle of Glass Cleaner (67.4 ounces), Resolve Pet Stain Remover (60 Fliud ounces) , one gallon of Wall striper, a bottle of Comet Grease and Grime (16 fluid ounces), Scrubbing Bubbles bathroom cleaner. On the the counter near the laundry area, 2 containers of Xtra brand Laundry detergent were present.</p> <p>Per review of requested facility policy and procedures, the Medication Storage policy is not up to date with current practice. A policy in place Titled Food Storage and Equipment states "Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identifications and shall not be stored in a serperate, locked compartment with in the food stroage area." A policy was not provided to establish a procedure, for the storage of chemicals in alternate areas of the environment.</p>	R266		
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R266	<p>Continued From page 8</p> <p>At 11: 35 AM the manager was notified of the observation of unsecure medications and chemicals within the room. The manager confirmed the storage of the medications as overflow received from recent cycle delivered by the pharmacy. The manager further explained, the area observed is utilized as a central room for all staff, and serves as a multipurpose location for storage of food, the medications, and laundry services.</p> <p>An additional observation of the environemnt at 12:06 PM, revealed the room to remain unlocked and the medications bins to remain within the room unsecure, the cleaning chemicals and laundry detergent remained accessible, and the doors unlocked. A subsequent observation was made at 1:06 PM, all items remained unsecured (medication and cleaning chemicals) and the door remained unlocked.</p> <p>An observarion of the shared residential bathrooms identified the storage of checmials within the cabinet under the sinks to include Clorox disinfectant wipes and 16 ounce bottle of glass cleaner. Within the kitchen, a cabinet located under the sink stored a bottle of Bleach, 2 cans of Easy off, and a bottle of Cascade Dish detergent. The cabinets in both locations (kitchen and bathroom) were unsecure, and did not present with a locking mechanism.</p> <p>At 3:26 PM, a resident was observed to open and enter the mulitpurpose area from point of entry of the laundry services section, the manager responded and assisted the resident to his/her room. The manager stated " S/he will use this door to walk through to his/her room on the other side."</p>	R266		
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R266	<p>Continued From page 9</p> <p>An interview on 1/30/24 at 3:30 PM with a care staff member revealed, that residents do open the doors, however one resident has a habit of opening the door and enters the room, the staff noted the resident has a diagnosis of cognitive impairment and often associates the door within that hallway as his/her bedroom door, as it is positioned simialry to his/her bedroom door within their respective hallway. The staff memeber confirmed the are remains unlocked, all staff utilize the area and has not been instructed to lock and/r provided a key to the lock associated with the doorknobs.</p> <p>An interview on 1/30/24 at 3:40 PM with the Manager confirmed the door remains unlocked as staff are routinely entering the room. The manager confirmed residents do enter that space at times. The manager identified the cognitive impairment within the home's population and the staff support required to assist in their safety. The manager acknowledged the safety concern with access the area, as it containts unsecured chemical compounds and medications. The manager further acknowledged the unsecure cleaning chemicals stored in the cabintry of the bathrooms and kitchen.</p> <p>The facility practices of not securing checmical compounds and medciations poses a risk potential for more than minimal harm, as a portion of the population require care needs to support their safety due to diagnosis of cognitve impairment. It is of the homes resposibility to esnure safe environment, acess to chemical compounds and medications fails to ensure their safety.</p>	R266		
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R167: Resident 1

Deficiency has been corrected by the implementation of a written plan which is very specific to the affected resident.

This deficient practice will not reoccur as all med delegated staff will have had education regarding prn psychoactive medications.

In addition, all staff will document effectiveness within 30 minutes. This corrective action will be monitored by the staff RN.

The date this corrective action will be completed will be 4/30/2024.

R167 Accepted
Jenielle Shea, RN
3/11/24

R179:

The action taken to correct this deficiency is that we have reviewed training materials to include the 7 listed topics, in addition we are adding 5 others to total 12 topics.

The measures being implemented will be 1 education element done each month per caregiver to equal 12 hours.

The corrective action will be initiated by the RN and overseen by the owner/manager.

The date this corrective action will be completed is April 9th.

2/22/2024 A policy was created for Willows of Windsor with specifics for required training and education for staff.

R179 Accepted
Jenielle Shea, RN
3/11/24

R181:

The action taken to correct this deficiency is that the owner of Willows of Windsor resubmitted all current staff background checks and obtained adult abuse and child protection registry results.

A policy was created to include:

1. A completed application.
2. A background check to include adult and child abuse registry checks.
3. Reference checks.
4. A copy of the applicant's driver's license and SS card.

To ensure this deficient practice doesn't reoccur, we have updated our new hire checklist.

The person responsible for monitoring these corrective actions will be the owner/manager.

This corrective action has been completed.

R181 Accepted
Jenielle Shea, RN
3/11/24

R200:

The action taken to correct this deficiency is that a new process has been created to include the multipurpose room now having auto lock doors at both entries. This creates the ability for all medications and cleaning compounds to be stored where they are not accessible to any residents. Kitchen cabinets will have cabinet locks installed to prevent resident accessibility to dishwasher and dish detergent products.

We have updated two policy and procedures:

1. Medication storage
2. Chemical compound securement

To assure that this deficiency does not happen again all staff will be educated regarding these changes.

On a daily basis a nurse, manager, or owner, will be overseeing staff to ensure that this deficient practice does not reoccur.

This corrective action will be completed by 3/7/2024.

R200 Accepted
Jenielle Shea, RN
3/11/24

R266:

The action taken to correct this deficiency is that the multipurpose room has now been secured with use of keypad, auto locking doors at each point of entry.

These systemic changes will ensure that the deficient practice of having unsecured cleaning compounds and "overflow" cycle medications unsecured will not remain a safety issue. These changes will also prevent residents from utilizing the multipurpose room as a hallway passage.

This corrective action will be monitored daily.

This corrective action has been completed.

R266 Accepted
Jenielle Shea, RN
3/11/24