

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

July 23, 2018

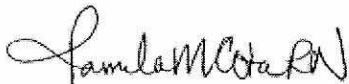
Ms. Sarah Holm, Manager
Allenwood At Pillsbury Manor
90 Allen Road
South Burlington, VT 05403-7856

Dear Ms. Holm:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 7, 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

Allenwood Pillsbury
State Survey 6/17/18
Revised

PRINTED: 06/18/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/07/2018
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NAME OF PROVIDER OR SUPPLIER
ALLENWOOD AT PILLSBURY MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE
90 ALLEN ROAD
SOUTH BURLINGTON, VT 05403

(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
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R100 Initial Comments:

An unannounced onsite re-licensure survey was completed by the Vermont Division of Licensing and Protection from 6/5/18 - 6/7/18. The survey also included review of a facility mandated self-report and a complaint investigation. The following regulatory violations are related to the re-licensure survey. There were no regulatory violations related to the self-report and the complaint investigation.

R100

See attached
POC

R101 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.1. Eligibility

5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide.

R101

See attached
POC

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the home accepted for admission, and retained a resident who met nursing home level of care eligibility, for 1 of 5 residents in the total sample. (Resident #4) Findings include:

Per record review for Resident #4, the resident's care needs met Nursing Home LOC (level of care) upon admission to the home during mid-May, 2018. The transfer sheet from the Nursing Home the resident was admitted from stated that the resident required an assist of 2 staff for transfers. The home's (residential care home) face sheet in the medical record stated the resident ambulated with a physical assist of 2

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

TITLE

(X6) DATE

STATE FORM

6899

B5BS11

If continuation sheet 1 of 11

R101 - R302 POC accepted 7/18/18
M Bolton RN / POC

Sampson
covering
manager
Allenwood
Pillsbury
7/12/18

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R101	<p>Continued From page 1</p> <p>staff. The resident admission assessment included the following assistance needed for ADLs (activities of daily living): transfer - 2 assist, locomotion (wheel chair primary mode of transportation) - assist of 1 staff daily, toileting assistance - 2 staff, and bathing assistance - 2 staff.</p> <p>The resident also required nursing assessment of edema and skin rashes and daily leg wraps to manage pitting edema. Progress notes of 6/5/18 state "Caregiver stated that the resident had a hard time standing up". Another progress note of 6/7/18 stated "Resident had difficulty transferring.....Res. said was going down...writer had to support resident up and place on bed, assist needed to lift legs to bed.."</p> <p>The care plan noted that the resident required extensive assistance with most daily activities. Per interview, the nurse on duty during the day shift on 6/6/18, confirmed that the resident did require extensive assistance of 2 staff for ADLs on a daily basis. The covering manager could not confirm if a waiver had been requested from the licensing agency for this resident. Per interview with a regulatory agent on 6/6/8, there was no record of a waiver request to admit nor retain this resident, whose care needs exceeded those the home is licensed to provide.</p>	R101	
R113 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.3 Discharge and Transfer Requirements</p> <p>5.3.a Involuntary Discharge or Transfer of Residents</p>	R113	<p>See attached POC</p>

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R113	<p>Continued From page 2</p> <p>(1)An involuntary discharge of a resident is the removal of the resident from a residential care home when the resident or the resident's legal representative has not requested or consented in advance to the removal. A transfer is the removal of the resident from the room the resident currently occupies to another room in the home or to another facility with an anticipated return to the home. An involuntary discharge or transfer may occur only when:</p> <ul style="list-style-type: none"> i. The resident's care needs exceed those which the home is licensed or approved through a variance to provide; or ii. The home is unable to meet the resident's assessed needs; or iii. The resident presents a threat to the resident's self or the welfare of other residents or staff; or iv. The discharge or transfer is ordered by a court; or v. The resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that all resident admission agreements/contracts included language which was in accordance with the reasons specified in the Residential Care Home Licensing Regulations regarding involuntary discharge from the residence. This practice was noted for 1 of 5 residents in the applicable sample. (Resident #2). Findings include:</p> <p>Per review of the Admission Agreement for Resident # 2 on 6/6/18, the agreement was executed by the resident's legal representative</p>	R113	<p><i>See attached POC</i></p>	

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R113	Continued From page 3 and signed on 8/22/15. Under the area # 5. INVOLUNTARY DISCHARGE, the facility stated it may, at it's sole discretion, terminate this month to month lease with a 30 day notice for the following reasons: 1. If a resident's appropriateness, social behavior, attitude, or mannerisms, creates a situation which affects the well-being of the other residents, or excessively taxes the services of our staff to the detriment of other residents, we have the option of giving the resident a written thirty (30) day notice to vacate. There are channels for the resident to appeal, which will be furnished at the time the notice is given. The language in the above agreement was not in accordance with the Residential Care Licensing Regulations for Vermont. Per review, there are 5 reasons specified in the regulations stating under what conditions facilities may discharge a resident involuntarily; no other reasons are allowed. Per interview with the facility accountant and the covering manager the afternoon of 6/6/18, the accountant stated that the facility revised the Admission Agreement form in 2016 to conform with the required language and they had failed to execute a revised 2016 agreement with Resident #2's legal representative.	R113		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission	R135		

*See attached
POC*

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R135	<p>Continued From page 4</p> <p>to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN (Registered Nurse) failed to complete the resident admission assessments within 14 days of admission to the facility for 2 of 5 residents in the applicable sample. (Residents #1 and #3). Findings include:</p> <p>Per review of the medical record for Resident #3, the resident was admitted to the home on 1/29/18. The admission assessment was not signed as complete until 2/20/18, the 23rd day in the facility.</p> <p>Per review, Resident #1 was admitted to the home on 9/18/17. The admission assessment was signed as complete by the RN on 10/4/17, the 17th day after admission.</p> <p>The admission assessments are required to be completed within 14 days of admission, with day 1 being the day of admission. The late assessments were confirmed during surveyor interview with the covering manager and the LPN on duty for the day on 6/7/18.</p>	R135		
R200 SS=D	<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</p>	R200	See attached POC	

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R200	<p>Continued From page 5</p> <p>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 staff interview, the facility failed to develop a policy and procedure (P/P) to address dietary needs regarding safe food handling practices for storage of perishable food and drinks. There was also no P/P that included a cleaning schedule for addressing all areas of the kitchen and storage areas. This failure has the potential to affect all residents of the home. Findings include:</p> <p>Per observations of the kitchen food preparation and storage areas, including all refrigerators and freezers, many refrigerated foods were observed to have no dates and/or labels to identify the food and the date it was made, or opened for use. There was no specific guideline for disposing of potentially unsafe or outdated perishable foods made in the facility. When the surveyor requested to see the facility's policy and procedure for the labeling and dating of perishable foods, the Food Service Director (FSD) stated that the facility did not have one. The FSD also confirmed that there was no cleaning schedule to address all areas of the kitchen and food storage areas.</p> <p>Refer also to R 247 and R 252.</p>	R200		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be</p>	R247	<p><i>See attached POC</i></p>	

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R247	<p>Continued From page 6</p> <p>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 observation and staff interview, the facility failed to assure that all perishable food and drink was labeled and dated and held at the proper temperatures. Findings include:</p> <p>Per observations during the initial tour of the facility kitchen, accompanied by the Food Service Director (FSD), on 6/5/18 at 10:15 AM, the following perishable items were observed without appropriate labels and/or dates or were outdated per the FSD:</p> <ol style="list-style-type: none"> 1. Walk-in refrigerator - a pan of cooked food identified as chicken almond casserole, no label/date made; A pan identified as containing a s'more dessert, no label/date; A portion of meat identified as cooked ham, no label/date; A portion of meat identified as cooked turkey labeled 5/19/18, outdated; A pan of cooked pasta, dated 5/23/18, outdated; A bag of cooked cubed chicken, removed from the freezer and not dated; A mozzarella container storing pasta salad with no label/date made; A container of beef pulled from the freezer yesterday (6/4/18), per the FSD, but not dated. 2. Per observation, the salad cooler did not have a properly working thermometer. <p>The above observations were confirmed at the</p>	R247			

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R247	Continued From page 7 time of the tour on the morning of 6/5/8. The FSD stated that the weekend staff should have labeled and dated those items listed above and disposed of outdated items. The FSD will replace the thermometer for the salad unit.	R247		
R252 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Storage and Equipment</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all areas used for food and drink storage and equipment and utensils shall be constructed to be easily cleaned and shall be kept clean. Findings include:</p> <p>Per observations made on the morning of 6/5/18 in the kitchen storage and food preparation areas, the following areas were not kept clean and sanitary:</p> <ol style="list-style-type: none"> 1. In the dry food storage and equipment storage area, the ice machine was located on top of a dolly made with an unsealed wood surface (not easily cleanable); floor tiles were missing under one area and exposed plywood flooring was visible. 2. In the service and food storage room, a staff member's coat and bag was stored on a food storage rack; flooring in this room was visibly stained/soiled; stainless steel kitchen work tables had soiled and rusty shelves holding food 	R252	<p><i>See attached POC</i></p>	

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R252	Continued From page 8 containers and equipment; 2 containers holding grill cleaning scrub pads were excessively dirty with mold and black material in the bottom of the containers; a mop bucket and mop were stored immediately adjacent to the clean slicer machine; the hand sink next to the mop was soiled, as well as another hand sink on the other side of the kitchen; During interview after the tour, the FSD confirmed that s/he had not developed cleaning schedules and policies to help assure that all areas of the kitchen and dietary spaces were cleaned regularly and kept clean.	R252		
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 staff interview, the facility failed to assure that poisonous compounds stored in food storage areas were stored in a separate locked compartment. Findings include: Per observations in the kitchen and food storage areas of the facility on 6/5/18, cleaning compounds were observed stored unlocked in the food storage area. The FSD confirmed that s/he was not aware of the requirement to store	R259	See attached POC	

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R259	Continued From page 9 any cleaning compounds/poisonous compounds in a separate locked area if they are located in the same room or area as stored foods.	R259		
R302 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that the required schedule of fire drills were completed during the 12 month period prior to the date of the recent survey. Findings include:</p> <p>Per review of the records of the fire drills conducted from May 2017 through June 7, 2018, the facility failed to complete any fire drill during the 3rd quarter of 2017. Vermont Residential Care Home Licensing Regulations state that "Fire drills shall be conducted on at least a quarterly basis.....". The lack of a 3rd quarter fire drill</p>	R302	<p><i>See attached POC</i></p>	

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R302	Continued From page 10 within the last year was confirmed during interviews with the covering facility Manager on the afternoon of 6/6/18.	R302		
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R101-

- A request for a variance was completed for Resident #4, sent to Suzanne Leavitt on 6/24/18
- Each potential Resident will be assessed to ensure appropriate level of care prior to admission by DOB/RN. No Resident that exceeds our level of care will be admitted.
- EO will oversee this prior to admission.

R113-

- An Audit of all Admissions Agreements will be completed. Any agreement not in compliance with regulations will be corrected and new agreement will be signed by Resident or POA and ELCM Allenwood representative.
- This will be completed by 7/23/18
- Each Resident will have a signed admission agreement prior to admission.
- Education will be provided to Community Sales leader
- This process will be overseen by EO each admission agreement will be reviewed for completeness.

135-

- Education provided to RN/UPN about regulations about completing, signing and dating admission assessment no later than Day 14 after admission.
- This will be completed by 7/16/18.
- DNS will review all admission assessments by day #15 to ensure completeness.

R200-

- Policy + Procedure has been created for safe storage, labeling, dating and disposal of perishable items and rotation of walk-in cooler.
- all out dated, unlabelled, improperly stored items have been disposed of.
- all cooks, prepcooks will be educated about proper food storage, labeling, dating and disposal, and rotation of walk-in cooler, freezer.
- This will be completed by 7/20/18
- Dining Service manager will complete an audit 15x wtkly.
- EO will complete wtkly audits.

R247-

- all out dated, unlabeled, undated items were disposed of.
- A new thermometer was placed in salad cooler.
- Dining Service manager will audit all fridge temps 5x weekly x 30 days then bi weekly. To ensure all temps are at or below 42 degrees Fahrenheit, and all thermometers are functioning.
- ED will do weekly audits x 30 days then monthly.

R252-

- Dolly under ice machine has been painted to ensure cleanable surface.
- Tile has been replaced, no plywood is exposed.
- Staff have been reeducated about no personal items in food storage areas
- Personal items have been removed from food storage area
- Kitchen work tables have been cleaned and painted.
- Grill cleaning container has been replaced
- Created a barrier between the prep table / meat slicer and sink area.
- Dining Service manager will complete audit 5x wk for 30 days then bi weekly, and will complete maintenance for items that need repair
- ED will audit this bi weekly

P259 -

- Cleaning compounds were removed from food storage area.
- Staff will be educated not to store cleaning compounds near food, cook utensils, pots, pans, etc. Also cleaning chemicals need to be locked.
- Dining Service manager will audit this 5x weekly x 30 days then bi weekly
- EO will audit this bi monthly
- This will be completed by 7/20/18

P300 -

- A schedule for routine fire drills + documentation has been created. These will be completed quarterly.
- This will be overseen by maintenance Director
- EO will audit this monthly
- Will be completed by 6/29/18