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

February 6, 2024

Christina Taft, Manager
Ascutney House
Po Box 250
Ascutney, VT 05030-0250

Dear Ms. Taft:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 18, 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0602	A. BUILDING: _____ B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCUTNEY HOUSE	PO BOX 250 ASCUTNEY, VT 05030

(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: An unannounced on site relicensure survey was conducted by the Division of Licensing and Protection on 12/18/23. Regulatory deficiencies were identified. Findings include:	R100		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (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 This REQUIREMENT is not met as evidenced by: Based on observation the manager failed to ensure medications were stored in locked storage compartments and secure from unauthorized access. Findings include: Per observation during the facility tour commencing at 10:10 AM, the medication cart stored near the dining area, within an a common area of the home, was observed to be unlocked at 10:23 AM. The medication cart remained unlocked until 10:50 AM, when the RN was notified of the cart being unlocked from the observed time. Per interview on 12/18/23 at 10: 53 AM, the RN confirmed the medication cart lock was not engaged and the Medication Tech is the	R173	R 173 Accepted Jenielle Shea, RN 2/2/2024 This deficiency will be Corrected by 1. All Current + New Med Staff Will Read & Sign Medication Cart Policy. Will Educate Current + New Staff on Policies Surrounding Med Cart. The manager will do Random Spot Checks on Med Cart to ensure the policy is followed 3x a week x 3 weeks 2x a week x 3 weeks	4/1/24

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Silva RN | TITLE: RN + owner | (X6) DATE: 1/30/24

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R173	Continued From page 1 responsible to ensure the medication are secure and free from unauthorized access.	R173	1x a week x 3 weeks and document all findings Management team will Review finding of Med cart found unlocked during the Spontaneous V's - Will ↑ amount of Random checks. for another 9 weeks. and Re educate staff that did Not have Cart Locked.	
R179 SS=D	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 the home failed to ensure 1 out 5 staff of the applicable sample completed the required 12	R179	This deficiency will be Corrected by Assistant manager being in charge of getting Returned Quizes after inservices. 12/22/24 - Will Add on Assistant manager Monthly Check list A section to list All outstanding inservices and will have 5 additional days to get in if any outstanding - Will do Quarterly Staff Audit - by office Administration - Then audits will be Sent to owner for Review. This will Result in all inservices being Completed As Needed.	

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R179	Continued From page 2 hours of annual trainings. Findings include: Per record review of staff education records, 1 out 5 staff records were incomplete to account for the required annual trainings, Resident rights, Fire safety and emergency evacuation, Emergency response procedures, Policy and procedures regarding mandatory reports of abuse, neglect, and exploitation, Respectful and effective interaction with residents; Infection control measures, and General supervision and care of residents. Per interview on 12/18/23 at 12:30 PM the Registered Nurse (RN) confirmed the records for 1 out 5 staff were incomplete to account for the annual trainings and competency in the required topics.	R179	R 179 Accepted Jenielle Shea, RN 2/2/2024	
R266 SS=D	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 staff interview the RCH failed to provide care in a safe environment. Findings include: During the facility tour at 10:35 AM oxygen equipment was observed in Resident #1 room. The hallway of the room, entry to the room, and the interior of the room did not have proper	R266	Assistant manager Completes monthly Check list. will Add Spot for listing residents on oxygen and Confirming appropriate Signs on doors if Not on doors will Cue to Put up signs	12/22/23

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R266	Continued From page 3 signage posted. Per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code, it is recommended signage is needed when oxygen is in use. In addition, per Lippincott Manual 8th addition Administering Oxygen by Nasal Cannula Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors" . At 10:35 AM the Med delegated staff confirmed signage was not posted, and acknowlegded the use of appropriate signage when oxygen in use to maintain a safe environment.	R266	R 266 Accepted Jenielle Shea, RN 2/2/2024	