

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 <u>http://www.dail.vermont.gov</u> 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

December 6, 2023

Ms. Stacey Johnson, Manager Ave Maria Community Care Home 19 School Street Richford, VT 05476-1130

Dear Ms. Johnson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 14, 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

PRINTED: 11/22/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 11/14/2023	
		0005				
VAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AVE MARI	A COMMUNITY CARE I	fOME	OOL STREET DRD, VT 05476			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
R100	Initial Comments:		R100	· · · · · · · · · · · · · · · · · · ·		
	complaint investigati Division of Licensing There were no regula complaint. The follow were identified as a survey:	-site re-licensure survey and on was conducted by the and Protection on 11/14/23. atory violations related to the ving regulatory violations result of the re-licensure				
R136 SS=D	V. RESIDENT CARE	E AND HOME SERVICES	R136			
		shall also be reassessed		Please		
		point in which there is a nt's physical or mental		Please See attachmo	its .	
	This REQUIREMEN by:	T is not met as evidenced				
	nurse failed to comp	iew and record review, the lete a reassessment of d demonstrated a change in indings include:		R-136 POC accepted 12/6/23 M. McIntosh, RN		
	the facility in 2021 w Cerebral Palsy, whic muscle coordination period of declining he admitted into hospice which was followed b	esident #1 was admitted to ith diagnoses including Ataxic h significantly impacts and balance. Following a ealth Resident #1 was e care in January of 2023, by a period of improved e from hospice care in April of				
alaa -811		11/14/23 the Director of				
	Insing and Protection	SUPPLIER REPRESENTATIVE'S SIGNATU		TITLE	(X8) DAT	
Ata/	cel John	sen 1	V/(Inage	1	12.5.	2

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	ARER.	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		0005	B. WING		11	C I/ 14/2023
AME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STA	TE, ZIP CODE		
VE MAR	IA COMMUNITY CARE	HOME	19 SCHOOL STREET RICHFORD, VT 05476			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY & LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLE DATE
R136	Continued From page	je 1	R136			
	home confirmed sign were not completed admission to hospic	nization that operates inificant change assess for Resident #1 followi e care in January of 20 nice care in April of 202	ing D23 and			
R291 SS=F	IX. PHYSICAL PLAN	NT	R291			
	9.6 Plumbing					
	9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.		ceed			
	This REQUIREMENT is not met as evidenced		nced			
	by: Based on observation and staff interview, the facility failed to ensure water temperatures did not exceed 120 degrees Fahrenheit in resident areas. Findings include:		did not	R-291 POC Acce 12/6/23 M. McInt		
	water temperatures accessible to resider Fahrenheit to include 124.3 degrees in the in the shared bathro 124 degrees in the s	7 degrees in the sink lo	rees of egrees and #3,			
	organization that ope the presence of wate degrees Fahrenheit afternoon of 11/14/2 immediate action of	/23 the Manager of the erates the home confin er temperature above 1 in resident areas. On the 3 the Manager took the adjusting the boller to the Following this correcting atures in the home were	med 120 he e reduce ve			

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If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		0005	B. WING		C	
				710 0005	11/14/2023	
		19 SCH0	DDRESS, CITY, STATE	, ZIP CODE		
VE MARL	A COMMUNITY CARE	HOME	RD, VT 05476			
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLET	
	resident areas. The team the company to would be contacted in resident areas resi	between 116 - 118 degrees in Manager informed the survey that repairs the home's boiler to ensure water temperatures main below 120 degrees. of water temperatures will		53		
	nsing and Protection					

Acres 1



Deficiency Statement Plan of Correction (POC) for Survey Date: November 14, 2023

Facility Name: Ave Maria Community Care Home

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R136 5.7.c	The Facility manager met with the Nurse Manager to cover when reassessments are due. Resident #1 reassessment has been updated for change in status regarding admittance to hospice for declining health and another reassessment for improved health and discharge from hospice.	12/5/2023	At the beginning of each month, the Nurse Manager will review residents with Annual Assessments due and review any Resident's with a change in their physical or mental condition. R-136 POC accepted 12/6/23 M. McIntosh, RN	Nurse Manager
R291 9.6.d	When checking the water temperatures throughout the facility, it was observed that temperatures exceeded 120 degrees throughout the resident bathrooms and kitchen area. The mixing valve was immediately adjusted and then temperature rechecks were performed to which all faucets were below 120 degrees. The company that the Ave Maria Home utilizes to perform heating repairs was contacted to inspect the mixing valve to ensure proper operation. There were no issues found with the mixing valve and water temperatures are still maintained below 120 degrees.	11/16/2023	Bi-weekly water temperature checks are being performed and documented on a form that was created. The form lists multiple areas that need to be checked throughout the home along with temperature, initials, and dates checked. The form also includes immediate instructions if the water temperature is found to be above 120 degrees. R-291 POC accepted 12/6/23 M. McIntosh, RN	Facility Manager