



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 20, 2019

Ms. Lori Cannon, Manager
Barbara's 1840 House, Inc
Po Box 536
Wallingford, VT 05773

Dear Ms. Cannon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 7, 2019**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/07/2019
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NAME OF PROVIDER OR SUPPLIER BARBARA'S 1840 HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 536 WALLINGFORD, VT 05773
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R100	Initial Comments: An unannounced onsite re-licensure and complaint investigation was conducted by the Division of Licensing and Protection on 1/7/2019. There were regulatory deficiencies identified as a result of both the re-licensure and complaint investigation. Findings include:	R100		
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.	R114	<p><i>LICENSEE WILL ASSURE THAT A FORM SPECIFIC TO THIS REGULATION IS SENT TO THE GRANDPARENT/FAMILY WITHIN 72 HOURS OF EMERGENCY DISCHARGE LICENSEE WILL ALSO INVOLVE/CONTACT OMBUDSMAN AND NOTIFY DLP WITHIN THIS TIME FRAME</i></p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE
Licensee

(X6) DATE
2/15/19

Division of Licensing and Protection

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R114 Continued From page 1

R114

iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal.

iv. Place a copy of the notice in the resident's clinical record.

This REQUIREMENT is not met as evidenced by:

Based on record review and interviews the facility failed to assure that in the case of an involuntary discharge, the resident's legal representative (for Resident #4) was notified of the discharge and the specific reasons for the move in writing and in a language and manner the person understands. The notice must include a statement, in large print, of the right to appeal the home's decision to discharge with the appropriate information regarding how to do so.

The written notice must include a statement that the resident may remain in the room or home during the appeal and must place a copy of the notice in the resident's clinical record.

Per record review there is no Letter of Notice, as prescribed in regulation, found in the Resident #4's record. In an interview on the morning of 1/7/2019 the Facility Manager confirmed that s/he had not issued a Letter of Notice and that the Owner of the facility does that type of notification. In an interview at 1:16 pm on 1/7/2019 the facility Owner stated that a letter containing the required information had not been issued, but the the Legal Representative was informed of the process during the admission and in e-mails at the time following the precipitating incident.

PLEASE SEE P. 1 of 1

A. Able

2/15/19

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R179	Continued From page 2	R179		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES	R179		

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 interviews the facility failed to assure that staff providing direct care to residents received at least twelve (12) hours of training each year that includes, but is not limited to the seven (7) mandatory topics. Findings include:

PLEASE SEE ATTACHED

2/5/19
H. Bole Pres/License

Division of Licensing and Protection

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R179 Continued From page 3

R179

Per record review of five (5) randomly selected staff members, for the calendar year 2018, there is no evidence of the five staff completing the required Abuse, Neglect, and Exploitation inservice. Additionally Staff #2 failed to complete an additional four (4) of the mandatory seven inservice topics. Staff #4 failed to complete an additional three (3) of the mandatory inservices.

Additionally there is no evidence that the offered inservices provided the required 12 hours of annual training and there is no length of time documented for any of the offered inservices. The Facility Manager confirmed at 2:35 pm on 1/7/2019 that there is no additional proof of completion of the above.

PLEASE
SEE ATTACHED

R240 VII. NUTRITION AND FOOD SERVICES
SS=E

R240

7.1 Food Services

7.1.b Meal Patterns

The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis must be given to fluid intake for residents.

Suggested Daily Food Group	Servings	What Counts as a Serving
Bread, Cereal, tortilla	6-11	1 slice bread,
Rice, Pasta		½ bagel, English Muffin

PLEASE SEE ATTACHED
PLEASE ALSO NOTE
THAT SALADS ON OUR
MENU INCLUDE SPINACH
BUT THIS WAS INTERPRETED
AS LETTUCE
AND MENU WILL
NOW LIST SPINACH

2/5/19
A-B
Lacourse

Division of Licensing and Protection

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R240	Continued From page 4 ½ hamburger/ hot dog roll, pita ½ cup cooked cereal, rice, pasta 1 oz ready-to-eat cereal 3-4 small or 2 large crackers Fruit 2-4 ¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit Vegetables 3-5 chopped ½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice Milk, Yogurt, 3 or more 1 cup milk, yogurt Cheese 1 ½ oz natural cheese Meat, Poultry, 2 (total of 2-3 oz cooked lean Legumes, Eggs 4-5 oz/day) meat, poultry or fish Nuts ½ cup cooked legumes 1 egg 2 tablespoons peanut butter 1/3 cup nuts Fluids 8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea	R240	<p><i>Please</i></p> <p><i>SEE ATTACHED</i></p>	
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2/1/19
L. Jones
H. [unclear]

Division of Licensing and Protection

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R240 Continued From page 5

R240

At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day.
At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day.

This REQUIREMENT is not met as evidenced by:
Based on record reviews and interviews the facility failed to assure that residents received at least one serving of fruit or vegetables rich in vitamin A every other day. Findings include:

Per record review of reviewed menus for the weeks of 12/30/18-1/5/19 and 1/6/19-1/12/19 the menu does not contain foods rich in Vitamin A at least every other day. In an interview at 11:45 am on 1/7/19 the Manager confirmed that the menus were not planned to contain a serving of Vitamin A rich foods at least every other day.

PLEASE SEE ATTACHED

R253 VII. NUTRITION AND FOOD SERVICES
SS=E

R253

7.3 Food Storage and Equipment

7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines

This REQUIREMENT is not met as evidenced by:
Based on observation and interview the facility failed to assure that all food service equipment is kept clean. Findings include:

Per observations on the morning and early afternoon of 1/7/2019 the microwave in the

*2/5/19
H. Bell
L. Wells* If continuation sheet 6 of 8

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R253 Continued From page 6
kitchen used to cook and heat resident food was soiled with food particles on all walls, bottom, top and door. The Manager confirmed that the microwave needs to be kept clean at all times.

PLEASE SEE ATTACHED

R266 IX. PHYSICAL PLANT
SS=E
9.1 Environment

9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.

PLEASE SEE ATTACHED

This REQUIREMENT is not met as evidenced by:
Based on observations and interview the facility failed to assure a safe environment related to 3 residents with siderails (Residents #1, #5, and #6). Findings include:

Per observation 3 residents have siderails affixed to the bed and being used. In an interview on 1/7/2019 at 2:45 pm the manager and the owner both stated that there is no process to initially and periodically assess the siderails to assure that the siderails are safe, compatible, properly maintained and are a safe option for the resident and that the siderails have not become loose with time.

Resources:
<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/TipsandArticlesonDeviceSafety/ucm064614.htm>

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm062884>.

Use case 11-1-1

Division of Licensing and Protection

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R266 htm	Continued From page 7	R266		
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2/5/19
George
Adell

R240

The action we will be taking to correct the deficiency is: we have stocked the house with more Vit A & C. The systemic changes to ensure that the deficient does not reoccur is: we will be using the sheets Margret gave us while writing up the menus. How we will be monitoring to make sure the deficient does not reoccur is: we will have two staff looking over the menus. The dates corrective action will be completed by 2-3-2019

R179
S.11

The action we will be taking to correct the deficiency is: I have fixed the book to make sure all trainings are now in there. The systemic changes to ensure that the deficient does not reoccur is: We will be having monthly training on a different topic each month with the meeting length recorded as well as some write up questions to be answered. How we will be monitoring to make sure the deficient does not reoccur is: These trainings will now be on a mandated day for staff to attend. The dates corrective action will be completed by 1-31-2019

R253

The action we will be taking to correct the deficiency is: The microwave we be cleaned after each meal. The systemic changes to ensure that the deficient does not reoccur is: We will have a sign off sheet making sure it was cleaned. How we will be monitoring to make sure the deficient does not reoccur is: Staff and Manager will both sign the sheet. If manager is not on it will be the staff that is in charge for the day. The dates corrective action will be completed by 2-1-2019

R266

The action we will be taking to correct the deficiency is: Setting up a training on how to know proper placing, fitting, safety and compatibility. The systemic changes to ensure that the deficient does not reoccur is: We will have a monthly sign off sheet stating nothing is loose: in proper place: and state when there has been a new mattress or different change. How we will be monitoring to make sure the deficient does not reoccur is: The sign of sheets will be signed by the manager and another staff. If the manager is not on staff that day it will be the person who is in charge for the day

2/5/19
H. P. P.
License