

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

January 6, 2021

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 **September 23, 2020**. 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

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 09/23/2020
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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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(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 on-site investigation of a facility reported incident was conducted by the Division of Licensing and Protection on 9/23/2020. There were regulatory deficiencies identified during the investigation.

R100

R179 V. RESIDENT CARE AND HOME SERVICES  
SS=F

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:

*\* 1-5-2021  
Training manuals will be reviewed by manager and RN quarterly  
H's 1-7 were completed in 2020 by each staff member - They read written material, manager and/or nurse went over protocols - Records of above are now kept in a training specific notebook - Hands on trainings and above written training will be documented when they occur*

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

8899

71S011

If continuation sheet 1 of 2

R179 POC accepted 1/5/21  
S. Freeman, RN/PMC

*→ "when they occur"*

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>Based on staff interview and record review the facility failed to ensure that required annual education was provided to Seven (7) out of Seven (7) staff members. Findings include:</p> <p>Per review of the facility education binder, there was no evidence that any staff had received the required annual education regarding; resident emergency response procedures, abuse, neglect, exploitation, respectful and effective interaction with residents, infection control measures, and general supervision and care of residents in 2020. Per review of the education binder, the last education regarding the above required topics was documented between 4/18 and 6/3/2019.</p> <p>During an interview with two staff members on 9/23/2020 at 1:00 PM, staff member #1 reported that s/he has received education in the past, but not this year. Staff member #2 reports that s/he has never received education regarding emergency procedures by the Registered Nurse or facility Manager.</p> <p>During an interview on 9/23/2020 at 1:30 PM, the facility Manager confirmed that there was no evidence in the training binder that staff had actually received the required annual training regarding; resident emergency response procedures, abuse, neglect, exploitation, respectful and effective interaction with residents, infection control measures, and general supervision and care of residents.</p>	R179	<p><i>2020 documentation was completed in October/November 2020</i></p> <p><i>We believe that staff member #2 was a fairly new hire - Trainings completed as above in 2020 - We believe that staff member #1 was referring only to emergency Heimlich/CPR protocols - These hands on trainings will be done individually with staff - Heimlich by RN - CPR by trained agents once Covid protocols are lifted</i></p>	
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