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

December 17, 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 30, 2021.** 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

Pamela M. Cota, RN
Licensing Chief

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
	0613	A. BUILDING: _____ B. WING _____	C 09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARBARA'S 1840 HOUSE, INC	PO BOX 536 WALLINGFORD, VT 05773

(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 onsite investigation of two complaints was conducted by the Division of Licensing and Protection on 9/15/2021 and concluded after further offsite review on 9/30/21. The following regulatory deficiencies were identified as a result of the investigation:	R100		
R188 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to assure that a record was available for Residents #1 & #2 that included progress notes regarding any accident, incident or illness and subsequent follow-up. Findings include: 1). Resident #1 was discovered to have experienced a significant weight loss over a	R188	See p. 2	Upon 11/5/21 survey AMD Form 11/15/2021

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

11- Rule License 11/2/2021

R188 - R189 POC's accepted 12/9/21 MHiggins RN / PMC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0613	A. BUILDING: _____ B. WING _____	C 09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARBARA'S 1840 HOUSE, INC	PO BOX 536 WALLINGFORD, VT 05773

(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
R188	Continued From page 1 number of months. The Primary Care Physician (PCP) was notified of the weight loss. Resident's primary nutritional source is Gastrostomy Tube (G-Tube) feedings with Jevity formula. During the Entrance Interview the Facility CEO and the Facility Manager stated that over the following weeks the resident was weighed per the PCP's orders and the G-Tube feedings were adjusted according to Physician orders. In an interview, at 9:30 am on 9/15/21, the facility nurse stated that there were no nursing progress notes available and that it was not their practice to write progress notes in the resident's record. Per record review, no nursing note was found regarding the weight issues and follow-up. The Manager confirmed, in an interview at 1:30 PM, that there was not consistent documented evidence that the resident had been weighed and the weight reported to the PCP office, per the Physician's order. 2). Resident #2 was in the hospital at the time of the survey. The resident was sent to the Emergency Room and then admitted to the hospital where an Emergency Laparotomy was performed. In that surgery there was a Bowel Resection related to a perforation and a jejeunostomy was created. The resident was found to have a rectal impaction that contributed to the Bowel Obstruction according to hospital documentation. In an interview, at 9:30 am on 9/15/21, the facility nurse stated that there were no nursing progress notes available and that it was not their practice to write progress notes in the resident's record. Per record review, no nursing note was found regarding the abdominal pain and hospital admission issue and follow-up, other than a note	R188	Plan Survey 9/30/21 FWR 11/15/2021 Progress notes are written in resident daily notes documented by staff each shift - RN writes notes on residents in this notebook as needed - The RN will keep specific notes per resident in facility specific notebook weekly, and prn changes - Staff will be advised to complete all charting daily, Manager will check staff notes and MAR/Careplan staff entries weekly - RN will review weekly — This will begin 11/15/2021 McKennedy 11/2/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0613	A. BUILDING: _____ B. WING _____	C 09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARBARA'S 1840 HOUSE, INC	PO BOX 536 WALLINGFORD, VT 05773

(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
R188	Continued From page 2 on a sheet of loose leaf paper not part of the record. Additionally, in a review of documentation of elimination, the bowel movement record over the months in 2021 showed that there was no documentation of bowel movements on 10-16 days of each month. In staff interviews, 3 direct caregivers stated that it was expected that, each day, it would be documented that the resident did or did not have a bowel movement including date, time, consistency, and size. In an interview, the Facility Manager confirmed that there were missing weights and that there should have been documentation of elimination daily.	R188		
R189 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to assure that a record was available for Residents #1 & #2 that included progress notes, including changes in the resident's condition and action taken; and treatment documentation. Findings include:	R189	Set p. 4	

11/2/21

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
	0613	A. BUILDING: _____ B. WING _____	C 09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARBARA'S 1840 HOUSE, INC	PO BOX 536 WALLINGFORD, VT 05773

(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
R189	Continued From page 3 1). Resident #1 was discovered to have experienced a significant weight loss over a number of months. The Primary Care Physician (PCP) was notified of the weight loss. Resident's primary nutritional source is Gastrostomy Tube (G-Tube) feedings with Jevity formula. During the Entrance Interview the Facility CEO and the Facility Manager stated that over the following weeks the resident was weighed per the PCP's orders and the G-Tube feedings were adjusted according to Physician orders. In an interview, at 9:30 am on 9/15/21, the facility nurse stated that there were no nursing progress notes available and that it was not their practice to write progress notes in the resident's record. Per record review, no nursing note was found regarding the weight issues and follow-up. The Manager confirmed, in an interview at 1:30 PM, that there was not consistent documented evidence that the resident had been weighed and the weight reported to the PCP office, per the Physician's order. 2). Resident #2 was in the hospital at the time of the survey. The resident was sent to the Emergency Room and then admitted to the hospital where an Emergency Laparotomy was performed. In that surgery there was a Bowel Resection related to a perforation and a jejeunostomy was created. The resident was found to have a rectal impaction that contributed to the Bowel Obstruction according to hospital documentation. In an interview, at 9:30 am on 9/15/21, the facility nurse stated that there were no nursing progress notes available and that it was not their practice to write progress notes in the resident's record. Per record review, no nursing note was found	R189	DOCUMENT SIGNED BY PRIMARY PHYSICIAN STATING PT "LOOKS WELL" (SIGNED WAS 10/8/21 SENT TO DLP UNDER SEPARATE COVER UPON SURVEY 9/30/21 FINAL 11/15/21 It has always been my (MLK RN) practice to add progress and PRN notes to daily staff notes, but will keep specific resident progress notes in specific facility books, as noted above - Tapes and incident reports will not be considered progress notes, but will continue to be kept in resident charts as	

Mary Burke
LICENSE
11/2/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0613	A. BUILDING: _____ B. WING _____	C 09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARBARA'S 1840 HOUSE, INC	PO BOX 536 WALLINGFORD, VT 05773

(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
R189	Continued From page 4 regarding the abdominal pain and hospital admission issue and follow-up, other than a note on a sheet of loose leaf paper not part of the record. Additionally, in a review of documentation of elimination, the bowel movement record over the months in 2021 showed that there was no documentation of bowel movements on 10-16 days of each month. In staff interviews, 3 direct caregivers stated that it was expected that, each day, it would be documented that the resident did or did not have a bowel movement including date, time, consistency, and size. In an interview, the Facility Manager confirmed that there were missing weights and that there should have been documentation of elimination daily.	R189	Manager will review daily staff notes and applicable MAR records for staff entries - RN will review monthly This will begin 11/15/21 [signature] UPW survey 9/30/2021 FWK 11/15/21 HOYER SCALE HAS BEEN PURCHASED AND APPROVED BY PRIMARY PHYSICIAN 10/8/21	