



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. Mary Norman, Manager
Bromley Manor
2595 Depot Street
Manchester Center, VT 05255

Dear Ms. Norman:

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

A handwritten signature in cursive script 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: 0657	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/30/2021
NAME OF PROVIDER OR SUPPLIER BROMLEY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2595 DEPOT STREET MANCHESTER CENTER, VT 05255		
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R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 8/24/2021 and completed on 8/30/21. There were regulatory findings as a result of this investigation.	R100			
R132 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 Special Care Units 5.6.c A home that has received approval to operate a special care unit must comply with the specifications contained in the request for approval. The home will be surveyed to determine if the special care unit is providing the services, staffing, training and physical environment that was outlined in the request for approval. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to provide dementia specific training and staff to resident ratios that were outlined in the facility's Special Care Unit (SCU) request for approval. Findings include: 1. Per review of the SCU application the facility reported that "each RA (Resident Attendant) will complete eight hours of training through the Alzheimer's Association Cares online training program. This will consist of two modules; Dementia Basics, and Dementia-Related Behaviors, as well as demonstrate skills both in personal care, interaction, and approach with the resident before working independently. Bromley Manor will partner with the Alzheimer' Association for ongoing education and incorporate the	R132	1a. Bromley manor has re-written the orientation program to include; Resident Rights, Abuse/Neglect/Exploitation, HIPPA, Communication with Elders, Observing Professional Boundaries, Bloodborne Pathogens, Handwashing, Safe Linen Handling, Covid 19, Back Safety, Fire/Evacuation, Emergency Response, Alzheimer's Caregiving and Preventing Pressure Ulcers. New Employees will complete within the five training days and all employees will complete annually. All Current Employees will complete the new Orientation Program within 3 months with a date of completion of March 31, 2022. 1b. An Education Binder was created to show education provided monthly as well as individual training files on each employee was created by October 31,2021 1c. Alzheimer specific training will be provided on going and each employee working on the Memory Care Unit will complete the 8 hours of Dementia Training. Current Employee will complete within 3 months with a completion date of March 31, 2022 and annually. New employees will complete the 8 hours of training with 3 months of hire. Monthly audits will be done for three months and then quarterly.	March 31, 2022 October 31, 2021 March 31, 2022	

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

TITLE

(X6) DATE

R132 - R302 PDCs accepted 10/13/21 S.Freeman/RW/AMW

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R132	Continued From page 1 education into monthly in services with SCU staff, which will provide 12 hours annually of dementia-specific training." Per review of RA #1's training records 9 hours of dementia specific training was provided on 5/30/2020. However, there was no evidence that s/he has received any dementia specific training since. RA #2's training record indicated that s/he had received 6 hours of dementia specific training on 12/13/2019. There was no other documented dementia training present for 2020 or 2021. RA #3 and RA #4's training records had no evidence of any dementia specific training provided since their dates of hire. Of the 4 RAs who are assigned to the SCU there was no documented evidence that any dementia specific training was provided in 2021. Per interview with a RA/Med Tech on 8/24/2021 at 5:50 PM s/he has recently taken responsibly to file and track staff training, and there had not been an organized filing system. The Med Tech confirmed that the 4 RAs who were reviewed do work on the SCU, and they did not have the required trainings. 2. Per review of the SCU request for approval "staffing will be as follows, using a 4 to 1 ratio: 1st shift, 6:30 am to 2:30 pm - 2 RA's and 1 med tech. 2nd shift 2:30 pm to 10:30 pm - 2 RA's and 1 med tech. 3rd shift 10:30 pm to 6:30 am 1 RA and 1 med tech". On 8/24/2021 at approximately 10:45 AM during a facility tour with the facility owner, two staff members were observed on the SCU. One of the RAs was vacuuming the hall while the other was assisting a resident.	R132	Of the nine residents, one is not in need of placement on the schedule as she is a Hospice Client who could live on a different unit. Of the nine residents only 3 are on the unit all the time and the others attend two of three meals in the main dining room and attend activities/gatherings off the unit. In addition to the two staff members on the unit there are peripheral staff, activity, administrative, maintenance, dietary, nursing staff and housekeeping utilized as well as two staff from the assisted living side. In speaking with an administrator from another community, she reports having the same staff for 21 special care residents. Bromley manor will request an amendment to the staffing statement by December 31,2021	December 31, 2021

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R132	<p>Continued From page 2</p> <p>Per interview with a RA/Med Tech on 8/14/2021 at approximately 11:30 AM there are currently 9 residents who live on the SCU, and there are often only two RAs assigned to the unit on day shift and evening shifts. RA responsibilities include, serving breakfast on the unit and assisting dietary staff with lunch and supper. There is often one RA on the floor and a Med Tech who passes medications and assists the RA with care when able. There are no housekeeping staff, and the RAs are assigned cleaning by a cleaning schedule.</p> <p>Per phone interview with the facility Administrator on 8/30/2021 at 2:15 PM there are currently 9 residents on the SCU currently. S/he confirmed that there are often 2 RAs on the SCU or 2 RAs on each side with one who helps on both units.</p>	R132	<p>As reported to surveyor, the RN added dates to assessments to reflect that they had been done but were not accessible. The date added was 8/24/2021 and the assessments in question were completed and put in residents' charts on 8/31/2021. All further Assessments will be done by hand or will be printed from the computer at time of completion and added to resident's charts. RN will complete all assessments in a timely manner.</p> <p>Monthly audits for 3 months, then quarterly.</p>	December 31, 2021
R136 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse (RN) failed to conduct an annual Resident Assessment for 3 of 4 residents in the sample (Residents #1, #3, and #4). In</p>	R136		

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R136	<p>Continued From page 3</p> <p>addition, the nurse made late entry notes on the assessments, after they were requested by the surveyor, that are not in line with professional standards of practice regarding dating/timing of assessments being completed. Findings include:</p> <p>Per record review Resident #1 was admitted to the facility on 1/16/2020, and an admission Resident Assessment was completed on 1/26/2020. There was no evidence in the record of an annual Resident Assessment being completed in January 2021 as required.</p> <p>Per review of Resident #3' medical record the most recent Resident Assessment was completed on 7/16/2020. There was no evidence of an annual Resident Assessment being completed in July of 2021 as required.</p> <p>Per review of Resident #4's medical record the most recent Resident Assessment was completed on 4/8/2020. There was no evidence of an annual Resident Assessment being completed in April 2021 as required.</p> <p>During an interview with a RA/Med Tech s/he was asked to provide the most recent Resident Assessments for Residents #1, #3, and #4. The RA/Med Tech returned with the assessments that had been previously reviewed by this surveyor with the following information added since the initial review: Resident #1's Resident Assessment now stated, "Reviewed- No Changes 1/15/2021" (with RN's initials). Resident #3's Resident Assessment now stated, "Reviewed, updated with no changes 7/14/2021 (with RN's initials). Resident #4's Resident Assessment now stated, "Reviewed Continue 4/16/2021".</p>	R136		

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R136	Continued From page 4 During an interview on 8/24/2021 at approximately 4:15 PM the RN confirmed that the handwritten entries on each resident assessment had been added on 8/24/2021, not when they were due. The RN also confirmed that there was no evidence that the annual Resident Assessments had been completed for Residents #1, #3, and #4. S/he believes the assessments had been completed when they were due but is unable to locate or retrieve them. During interview with the RA/Med Tech on 8/24/2021 at approximately 5:50 PM s/he confirmed that at the time that s/he went to retrieve the most recent assessments the RN documented on each assessment that they had been reviewed on the dates they were due.	R136	1a. Bromley manor has re-written the orientation program to include; Resident Rights, Abuse/Neglect/Exploitation, HIPPA, Communication with Elders, Observing Professional Boundaries, Bloodborne Pathogens, Handwashing, Safe Linen Handling, Covid 19, Back Safety, Fire/Evacuation, Emergency Response, Alzheimer's Caregiving and Preventing Pressure Ulcers. New Employees will complete within the five training days and all employees will complete annually. All Current Employees will complete the new Orientation Program within 3 months with a date of completion of March 31, 2022.	March 31, 2022
R179 SS=F	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	R179	1b. An Education Binder was created to show education provided monthly as well as individual training files on each employee was created by October 31,2021 1c. Alzheimer specific training will be provided on going and each employee working on the Memory Care Unit will complete the 8 hours of Dementia Training. Current Employee will complete within 3 months with a completion date of March 31, 2022 and annually. New employees will complete the 8 hours of training with 3 months of hire. Auditing will be done monthly for 3 months then quarterly.	October 31, 2021 March 31, 2022

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R179	<p>Continued From page 5</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to provide required training and ensure competency for staff delegated to provide care to residents.</p> <p>Per review of RA #1's education records the only documented training present for 2020-2021 is 9 hours of dementia specific training in 2020 and a COVID training on 6/13/2020. There was no evidence of any other training provided including the required; resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich maneuver, accidents, police, or ambulance contact and first aid, policies, and procedures regarding mandatory reports of abuse, neglect and exploitation, respectful and effective interaction with residents, general supervision, and care of residents.</p> <p>Per review of RA #2's education records the following education had been provided; on 7/12/2020 Med training exam, 7/1/2020 VOSHA COVID, 8/5/2020 handwashing, 8/5/2020 PPE, 8/5/2020 Understanding Coronavirus, 8/5/2020 Standard precautions. There is no evidence that the required training in the required topics of</p>	R179		

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R179	<p>Continued From page 6</p> <p>resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich maneuver, accidents, police, or ambulance contact and first aid, policies, and procedures regarding mandatory reports of abuse, neglect, and exploitation; respectful and effective interaction with residents, and general supervision and care of residents.</p> <p>Per review of RA #3's education records s/he received Med Tech training 8/16/2020. However, there is no evidence of any of the required training in her/his file.</p> <p>Per review of RA #4's education record the only training provided in 2020 and 2021 was COVID training on 7/22/2020. There is no evidence of any of the required training in her/his file.</p> <p>Per interview with 2 RA/Med Techs on 8/24/2021, at approximately 11:30 AM there has been no required training provided to staff this year of 2021.</p> <p>Per interview with a RA/Med Tech on 8/24/2021 at 5:50 PM s/he has recently taken on the responsibly of filing and tracking staff training. There had not been an organized filing system and it is "a work in progress". During the interview the Med Tech had several piles and folders of lose training documents however, s/he was unable to locate training for the 4 RAs reviewed.</p>	R179		
R302 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p>	R302		

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R302	<p>Continued From page 7</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to conduct required fire drills in 2021. Findings include:</p> <p>Per review of the fire drill logbook provided there is no evidence present that any fire drills have been conducted throughout 2021.</p> <p>Per interview on 8/24/2021 at 5:30 PM the facility owner s/he thought that at least one drill had been conducted in 2021 however, s/he did confirm that there was no documented evidence that required fire drills had been conducted in 2021.</p>	R302	<p>Fire Drills will be scheduled on a quarterly basis and a drill was completed on 10/06/2021 and a notice was posted. Earlier this year, our plan was discussed at a meeting with the residents. At that time, a copy of the fire/emergency plan was put in the residents' mailbox. A copy will be added to the staff handbook and to our welcome packet. The fire drills will recorded in a binder with date, time and signatures of all that attended by 10/06/2021</p> <p>Will be audited quarterly to ensure compliance.</p>	October 6, 2021