

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
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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

September 12, 2018

Ms. Michele Sargent, Manager Brookwood 2 School Street North Springfield, VT 05150

Dear Ms. Sargent:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 14**, **2018**. 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

amlaMCotaDN

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: B WING 0115 08/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 SCHOOL STREET **BROOKWOOD** NORTH SPRINGFIELD, VT 05150 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced on-site re-licensure survey was conducted on 8/14/18, by the Division of Licensing and Protection. There was one regulatory issue identified. R266 IX. PHYSICAL PLANT R266 SS=E 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced Added To Monthly facility Vlist-Room by Room Evaluation Based on observation, resident and staff interview, the facility failed to provide and maintain a safe, functional, sanitary, homelike and comfortable environment. Findings include: Paint - Floors Fukulture 1.) Observations made during a tour of the home with the Licensed Practical Nurse (LPN) included enspection , a large brown padded chair in the living room that had large pieces of torn and ripped upholstery Monthy enspection done by from the arms, back and seat cushion. The door jambs had chipped paint and the resident manager given to Ircensee bathroom directly off the living room had a large for exproval + piece of wallpaper missing near the towel rack. The carpeting on the stair treads leading to the second floor was heavily soiled and sticky as was the carpeting on the second floor. The dining Cappent to be Steamcleaned room wall had chipped paint and scuff marks from the chairs. These observations were confirmed by the LPN at 9:30 AM. Rooms Pounted by 10/1 2.) On two separate observations, the laundry alse Ady Cover room, which is in a hall utilized by the residents Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDEBIBLIPPLIER REPRESENTATIVE'S SIGNATURE MINISTRATO STATE FORM

Division of Licensing and Pro STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; 0115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/14/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	
BROOKWOOD 2 SCHOOL			L STREET PRINGFIELD, VT 05150		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM				OULD BE COMPLETE
R266	and is used for storage of chemicals and cleaning products that are used in the home, was not locked. The LPN confirmed at 9:30 AM that there was no staff in the vicinity and the door should be kept locked when not in use secondary to the chemicals being stored there.			Both Staff on Glock howe Keeps to Laundley 1200M For Acess, management will do Spontaneous vis to MAKE Sure compliant.	
	3.) Per observation of the resident's rooms, one of the rooms has a connecting door to the business office. The business office has a separate door located outside of the facility. When staff was questioned about the use of the door, the resident assistant reported on 8/14/18 at 1:15 PM, that if the outside door is locked and management is not on site, especially during evening and night shifts, the only access is through the door in the resident's room, meaning staff enter the resident's room and walk through to go to the office. During an interview with the resident occupying the room at 1:40 PM, s/he stated that the door is used frequently, especially if it is raining and s/he doesn't like to complain about it and further stated that sometimes s/he is woken up when the staff goes in and out the door and that bothers him/her.			The door is lock and on the off has a large pi funitorse so u	i Sile