



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

January 12, 2023

Ms. Amanda St. Cyr, Manager
Brownway Residence
328 School Street
Enosburg Falls, VT 05450-5500

Dear Ms. St. Cyr:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 25, 2022**. 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: 0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/25/2022
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NAME OF PROVIDER OR SUPPLIER
BROWNWAY RESIDENCE

STREET ADDRESS, CITY, STATE, ZIP CODE
**328 SCHOOL STREET
ENOSBURG FALLS, VT 05450**

(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: On 10/25/22 the Division of Licensing and Protection conducted an unannounced on-site complaint investigation. There were no regulatory deficiencies related to the complaint investigation, however there were regulatory deficiencies identified during the course of the investigation process. Findings include:	R100		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure a written plan for the administration of a psychoactive PRN (as needed) medication was developed for one applicable resident (Resident #1). Findings include:	R167	R167 5.10 PRN Psychotropic Missing PRN psychotropic care plan was completed immediately. Psychotropic audit flow sheet put in place and will audit monthly. Facility RN will be notified of all medication changes. Correction completed as of 10/25/2022	

Division of Licensing and Protection

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

Amanda Phys

TITLE

Executive Director

(X6) DATE

12-27-22

STATE FORM

6899

KM8N11

If continuation sheet 1 of 6

R167 - R266 POC's accepted 1/5/23 JEVans RN/rmc

Division of Licensing and Protection

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R167	<p>Continued From page 1</p> <p>Resident #1's diagnoses include Advanced Cerebral Palsy, Paranoid Schizophrenia, Convulsions, and speech and vision deficits. S/he was admitted to the facility in June of 2004, and hospice care was initiated in April of 2022. Resident #1's medication orders include Lorazepam (Benzodiazepine psychoactive medication) 0.5 mg by mouth every 6 hours as needed.</p> <p>Per record review, written psychoactive PRN plans which describe specific behaviors the medications are intended to correct or address, specify the circumstances that indicate the use of the medications, and educate staff about the desired effects and undesired side effects to monitor for, had not been developed for administration of PRN Lorazepam.</p> <p>On the afternoon of 10/25/22 the Executive Director, who is also the Registered Nurse, confirmed a psychoactive PRN administration plan for Lorazepam had not been developed for Resident #1.</p>	R167		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	R247	<p>R247 7.2 As of 10/25/2022 all unlabeled and undated perishable items in cooler and freezer were thrown out. Training for all staff on dietary regulations which will also be included in the new hire packet. Education will be completed by 12/31/2022. Weekly audit of cooler and freezer will be completed by designated employee. Note- Facility built a large outdoor walk-in freezer in September/October that will be completed as soon as the door is delivered. This freezer is larger and will have shelving all around for better organization. Surveyor noted the outdoor freezer.</p>	

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R247	Continued From page 2 Based on observation and staff interview there was a failure to ensure all perishable opened food items were labeled with the dates they were opened. Findings include: During the tour of the facility kitchen on the morning of 10/25/22 opened food items without labels indicating the dates they were opened were observed in the freezer unit and walk-in fridge. The freezer contained 2 unlabeled opened containers of ice cream. The walk-in fridge contained unlabeled opened food items including a bag of shredded carrots; a gallon and a single serving bottle of milk; bottles of salad dressing, chocolate syrup, relish, barbeque sauce, and prune juice; 2 half pies and containers with individual servings of pie; a tub of caramel; and a take out container of French fries. An unlabeled bag of pepperoni slices was unsealed and left wide open in the walk-in fridge. At 11:02 AM on 10/25/22 staff working in the kitchen confirmed the presence of open food items without labels indicating when they were opened in the freezer and walk in refrigerator, and the Executive Director acknowledged these findings on the afternoon of 10/25/22.	R247		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.	R266	R266 9.1 Resident #2 chair cushion removed and washed immediately as well as A1, A2, A3 bathrooms. Sign will be placed in all A wing bathrooms for residents to ring if they have a bowel movement so that staff can assess for cleanliness. All A wing residents will be educated on the signage posted and the purpose of the signage. Staff will complete bathroom checks every 2 hours. Resident education will be completed by 12/2/2022. Every 2 hour bathroom audits will be in place by 12/2/2022.	

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R266	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe, functional, sanitary, homelike, and comfortable environment related to living conditions the facility's A Wing, and food storage and handling practices in the facility kitchen. Findings include:</p> <p>1. During a tour of the facility A Wing commencing at 10:20 AM on 10/25/22 feces was observed on a chair in Resident #2's room. The A Wing has 4 shared bathrooms identified by the facility as A1, A2, A3, and A4. Feces was observed on the toilet seats in bathrooms A1 and A3, on a rag left on the shower floor in bathroom A1, and in the bathtub in bathroom A2.</p> <p>The LPN conducting the tour confirmed there was feces on a chair in Resident #2's room, on the toilet seats in bathrooms A1 and A3, in the tub in bathroom A2, and on a rag in bathroom A1 during the A Wing tour commencing at 10:20 AM on the morning of 10/25/22.</p> <p>Although renovations and improvements are in process throughout the facility, renovations in the A Wing have not yet occurred and maintenance and repairs are needed in this area of the facility. On the morning of 10/25/22 three baseboard heater end caps in bathrooms A1 and A2 were detached from the heaters leaving the sharp metal edges of the rusty heater covers exposed. Bathroom fixtures and surfaces throughout the A Wing bathrooms were observed to have areas of rust and residue, tiles and grout in all four A Wing bathrooms were stained, and the raised toilet seat in the A4 bathroom was cracked.</p>	R266	<p>Raised toilet seat in A4 bathroom is not cracked but previously was and fixed with clear glue. However, a new toilet riser has been ordered. Expected delivery between 12/2/2022-12/5/2022. Monthly audits will be completed by the maintenance department.</p> <p>Note- Renovations of bathrooms have been initiated as the tile is old and stained, not dirty. Bathrooms are cleaned daily.</p> <p>A wing heater end caps have been replaced, since survey, as we are currently in remodel and end caps were on order at the time of survey. Monthly audits of heaters to be completed by maintenance.</p>	

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R266	<p>Continued From page 4</p> <p>During the A Wing tour on the morning of 10/25/22 the LPN conducting the tour confirmed the detached heater end caps in the A1 and A2 bathrooms; cracked toilet seat in the A4 bathroom; and tile and fixtures in need of repair in the A Wing bathrooms. At 11:26 AM on 10/25/22 the Executive Director acknowledged the safety and sanitation issues observed in the A Wing bathrooms, and stated renovations are planned for that area of the facility.</p> <p>2. During a tour of the facility kitchen on the morning of 10/25/22, it appeared cluttered and not as functional as possible. Recently delivered cardboard boxes containing baking supplies were placed directly against an uncovered trash can beside the food prep area, risking contamination of clean food supplies. The surfaces of the food warming unit were in need of cleaning. The kitchen hand washing sink and dish sink backsplash were also observed to be dirty. Food items were piled in a haphazard manner on the shelves of the freezer and on the dry goods storage shelves after a recent delivery. There were disorganized piles of cardboard boxes and bags of food stacked on the freezer shelves causing a risk for poor circulation of cold air to food items stored within the appliance. There was a large open cardboard box containing bags of cereal stored on the floor directly beneath aprons, jackets, and mop heads hung on the wall. In the walk-in fridge, boxes of soda cans and cartons containing gallons of milk were placed directly on the floor.</p> <p>Opened food items without labels indicating the dates they were opened were observed in the freezer unit, walk in fridge, and on the dry good shelves. The dry goods storage shelves held</p>	R266	<p>Recently delivered boxes of baking supplies were placed next to trash can. Delivery of food had just taken place prior to site visit. Staff were in the midst of putting non-perishable groceries away. However, communication was taken place immediately to vendor and agreed to deliver/place delivery in another designated area.</p> <p>Kitchen sink backsplash is old/stained tile that will be replaced during kitchen renovations. Backsplash is cleaned frequently but will add to dietary aide assignment sheets. effective 12/12/2022</p> <p>Box of cereal was also just delivered and awaiting to be put away as they were in the middle of putting the order away. The aprons and mop heads are clean and stored in the designated area. This was explained to the surveyor. There was no jacket hanging in this area, it was a red and black chef apron. Will review safe storage in compliance with food safety.</p>	

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R266	<p>Continued From page 5</p> <p>unlabeled opened containers of cooking oil, shortening, cereal, and pasta. The freezer contained 2 unlabeled opened containers of ice cream. The walk-in fridge contained unlabeled opened food items including a bag of shredded carrots; a gallon and a single serving bottle of milk; bottles of salad dressing, chocolate syrup, relish, barbeque sauce, and prune juice; two half pies and containers with individual servings of pie; a tub of caramel; and a take out container of French fries. An unlabeled bag of pepperoni slices was unsealed and left wide open in the walk-in fridge.</p> <p>The boxes containing baking supplies placed against the open trash can; sink and backsplash in need of cleaning; haphazard piling of food in the freezer and on the dry goods storage shelves; food items stored directly on the floor; and unlabeled opened food items were confirmed by staff during the kitchen tour, and acknowledged by the Executive Director on the afternoon of 10/25/22.</p>	R266	<p>R266 7.2 As of 10/25/2022 all unlabeled and undated perishable items in cooler and freezer were thrown out. Training for all staff on dietary regulations which will also be included in the new hire packet. Education will be completed by 12/31/2022. Weekly audit of cooler and freezer will be completed by designated employee. Note- Facility built a large outdoor walk-in freezer in September/October that will be completed as soon as the door is delivered. This freezer is larger and will have shelving all around for better organization. Surveyor noted the outdoor freezer.</p>	