



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

May 5, 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 **February 21, 2023**. 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 02/21/2023
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NAME OF PROVIDER OR SUPPLIER BROWNWAY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450
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R100	Initial Comments: On 2/15/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of 2 complaints, with further information received from the facility on 2/21/23. The following regulatory deficiencies were identified:	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure the necessary services were provided to meet the psychosocial, nursing and medical needs of one applicable resident (Resident #1). Findings include: 1. Per record review Resident #1 fell and sustained injuries including a skin tear, bleeding, and bruising in a shared bathroom adjacent to his/her room on the morning 12/12/22. Two overnight staff moved Resident #1 from the bathroom floor to his/her room and the Med Tech on duty performed wound care without contacting the on-call nurse and receiving instructions to perform these tasks. The failure to contact the on-call nurse presented a risk for further injury to Resident #1 and resulted in a delay in transport to	R126	R126 Plan of Correction 1. Mandatory Med-Tech meeting held and staff re-educated to call on-call nurse before moving and/or to receive instruction to a resident when an incident occurs with injury. Meeting was held on 04/14/2023 Plan of prevention Staff will follow the fall procedure document to follow the steps outlined which include calling the on-call nurse.	

Division of Licensing and Protection

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

TITLE

(X6) DATE

Amanda Stiles

Executive Director

03/31/23

STATE FORM

6999

IB8011

If continuation sheet 1 of 8

Tags R126 - R321 accepted 05/05/2023 - J. Evans/C. Scott

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R126	<p>Continued From page 1</p> <p>the hospital for medical care.</p> <p>Per record review and staff interview Resident #1 was found on the bathroom floor bleeding and with a skin tear at approximately 6:40 AM on 12/12/23. Per staff interviews the bathroom call bell did not alarm, and staff was alerted by the sound of Resident #1 kicking the bathroom door. Staff who responded stated the call bell pull-string was ripped out of the wall and Resident #1 "had probably pulled [the string] so hard or so many times it broke". Without contacting the On-Call Nurse for instructions staff lifted Resident #1 off the floor and assisted him/her back to bed after observing s/he was injured and bleeding. The Med Tech on duty then performed wound care including cleaning and dressing the wound without receiving instructions from the Nurse. The incident was reported to incoming day staff during shift change. Incoming staff responded by checking on Resident #1, then contacting the on-call nurse after observing s/he was confused, had a fever, and was having difficulty breathing. An incident report documented as completed by the overnight Med Tech indicated Resident #1's oxygen saturation rate was low at 88% (normal values are between 95-100%). The incident report does not include documentation of Resident #1's blood pressure, pulse, respiratory rate, and temperature.</p> <p>During an interview with the Executive Director and Assistant Nurse Manager commencing at 2:54 PM on 2/15/23, the Assistant Nurse Manager confirmed s/he was on call on the morning of 12/12/23 and was not notified of the incident until 7:09 AM when day staff was instructed to call 911. In addition to receiving wound care at the hospital, Resident #1 was diagnosed with influenza.</p>	R126		

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R126	<p>Continued From page 2</p> <p>2. A facility document titled Brownway Residence Resident Assessment After A Fall instructs staff to take/record vitals including blood pressure, pulse, temperature, and oxygen saturation rate; then states "Only at this point should the resident be moved back to the bed or chair IF there is no injury". On 12/12/23 Staff failed to follow this policy when Resident #1 was moved back to his/her bed with an injury and without staff recording a set of vitals including blood pressure, pulse, and temperature.</p> <p>3. The document titled Brownway Residence Resident Assessment After A Fall instructs staff to notify the Nurse after moving an uninjured resident who has fallen. During the interview commencing at 2:54 PM on 2/15/23 the Executive Director confirmed facility staff are not required to contact the on call nurse before moving a resident who has fallen and has no apparent injuries. Implementation of this policy poses a risk for injury as it permits staff who are not trained to recognize the signs and symptoms of injuries to move a resident who has fallen without assessment by an appropriately licensed medical professional.</p> <p>Additionally, this document instructs staff to assess a resident who has fallen; and during staff interviews unlicensed staff repeatedly stated they had assessed Resident #1 after his/her fall. On the afternoon of 2/15/23 the Assistant Nurse Manager confirmed the document instructs staff to perform physical assessments, and acknowledged it is not within the staff's scope of practice to assess a resident.</p>	R126	<p>R126 Plan of Correction</p> <p>2. Brownway Residence fall procedure document corrected to include evaluation in lieu of assessment to assure staff are not practicing out of their scope. This was corrected on 04/14/2023</p> <p>Plan of prevention</p> <p>Old documents stating assessment have been shredded. Med-Tech meeting held 4/14/2023 and staff reeducated on the corrected fall procedure document.</p> <p>R126 Plan of Correction</p> <p>3. During the mandatory Med-Tech meeting staff were re-educated that to assess is out of their scope of practice, and that they can only evaluate. During the Med-Tech meeting staff were re-educated to call on-call before moving a resident. Med Tech meeting was held 04/14/2023.</p> <p>Plan of prevention</p> <p>As of 4/14/2023, staff will only have the falls procedure document indicating evaluating and the old documents which stated to assess have been shredded. Staff will also continue to call on-call before moving a resident after a fall.</p>	

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R129 R129 SS=F	Continued From page 3 V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.d A home certified to provide assistive community care services (ACCS) shall designate a staff person responsible for case management, who shall provide at least the following case management services: maintenance and implementation of a current assessment and plan of care, and coordination of available community services. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to designate a staff person for the case management of 39 applicable residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, and #39) who receive Assistive Community Care Services (ACCS). Findings include: Per record review the facility is home to 39 residents receiving ACCS. To be enrolled in ACCS, the home must attest to providing all ACCS required services, including case management. At 2:26 PM on 2/16/23 the Executive Assistant confirmed the facility does not provide case management services for facility residents receiving ACCS, stating "As we are res care, we do not have case management."	R129 R129	R129 R129 R129 Plan of correction Nurse manager job description to include case management. The nurse manager does meet the requirements for case management, currently, but it is now specified on the nurse manager job description. This was corrected 04/21/2023 Plan of prevention Executive assistant re-educated on the definition of case management and how the nurse manager fulfills the requirements. Case management is specified on the nurse manager's job description with the definition to avoid confusion of who is responsible for the duties moving forward.	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

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R145	<p>Continued From page 4</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse failed to oversee a written plan of care for one applicable resident (Resident #1) describing the care and services necessary to assist the resident to maintain independence and well-being for one applicable resident (Resident #1). Findings include:</p> <p>Per record review Resident #1 sustained a fall with a skin tear, bleeding, and bruising resulting on 12/12/22. On review of Resident #1's plan of care provided on request by the Assistant Nurse Manager , the plan of care failed to address Resident #1's risk for falls. On the morning of 2/15/23 the Executive Assistant and Assistant Nurse Manager confirmed Resident #1 fell and sustained an injury on 12/12/22.</p>	R145	<p>R145 Plan of Correction</p> <p>All care plans reviewed and updated for falls. This was completed on 02/24/2023.</p> <p>Prevention plan Nurse Manager/RN will review and discuss any incidents and review for initial and on-going care plan updates with current residents and new admissions.</p>	
R173 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p>	R173		

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R173	<p>Continued From page 5</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all resident medications the home manages are stored in a locked compartment and only authorized personnel have access to the keys. Findings include:</p> <p>At 2:45 PM on 2/15/23 a treatment cart utilized to store medications and supplies for resident treatments was observed, and confirmed by the Assistant Nurse Manager, to be stored in a closet without a lock on the door. Upon opening the unlocked door the medication cart was observed to be unlocked and with the key left in the cart lock.</p>	R173	<p>R173 Plan of Correction</p> <p>During survey visit key codes were actively being installed to all closets including the treatment closet. This was completed on 02/21/2023.</p> <p>Prevention Plan During mandatory Med-Tech meeting on 4/14/2023 staff were re-educated to maintain security of the treatment cart/closet. All key codes automatically lock to prevent this from happening in the future.</p>	
R313 SS=E	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.</p>	R313		

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R313	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure resident funds are managed only upon the written request of 29 applicable residents (Residents #2, #4, #7, #8, #9, #10, #11, #15, #16, #17, #18, #23, #27, #31, #32, #34, #35, #36, #38, #40, #41, #42, #43, #44, #45, #46, #47, #48, and #49). Findings include:</p> <p>At 3:31 PM on 2/15/23 the Executive Assistant confirmed the facility did not have written requests for the management of 29 residents' finances by the facility, and stated s/he was unaware the home may manage resident finances only upon the written request of the residents. Additionally the Executive Assistant confirmed quarterly reports of resident finances are not provided to residents and their representatives as required on the afternoon of 2/15/23.</p>	R313	<p>R313 Plan of Correction</p> <p>Executive Assistant/BOM created a Petty Cash Agreement form to be signed by all current and new petty cash accounts. This form was created on 02/21/2023. All forms are expected to be returned, signed, by 5/31/2023 from the POA financial representative for each resident with a petty cash account.</p> <p>Prevention Plan Upon admission, a petty cash agreement form will be presented. Any current residents who wish to open a petty cash account will also be presented with the agreement to sign.</p> <p>Executive Assistant/BOM will sign and date each petty cash register quarterly and a copy will be given to the resident/financial representative.</p>	
R321 SS=D	<p>XI. Resident Funds and Property</p> <p>11.7.b For SSI or Medicaid recipients in homes participating in ACCS, the amount shall be at least as much as the peronal needs allowance provided Medicaid recipients in nuring homes as set by federal and state law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure the required personal needs allowance was retained for one applicable resident (Resident #2). Findings include:</p>	R321		

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R321	Continued From page 7 Per staff interview and record review Resident #2's receives Assistive Community Care Services (ACCS) for which the facility is compensated \$47.25 per day, and Enhanced Residential Care (ERC) for which the facility is compensated \$150.00 per day to provide care and services. Based on Resident #2's income, the Choices for Care (ERC) and Assistive Community Care Services (ACCS) Room and Board Calculator effective January 1, 2023 indicates Resident #2 must retain at least \$165 per month of his/her income as a personal needs allowance. During an interview commencing at 3:10 PM on 2/15/23 the Executive Assistance confirmed Resident #2 is receiving \$47.25 daily from ACCS and \$150 daily from ERC, and the required personal needs allowance of \$165 per month is not retained for Resident #2 as required by the Vermont Department of Disabilities, Aging, and Independent Living.	R321	R321 Plan of Correction Audits were completed 4/14/2023 to ensure that the minimum spending allowance meets the ACCS personal needs allowance law. Prevention Plan Should an unusual situation arise again, facility will discuss situation with DLP for further guidance. and/or Regulation will be enforced and a discharge will be issued for loss of income and the inability to pay room and board and have sufficient funds for spending allowance.	