



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

July 28, 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 re-licensure survey that was conducted in conjunction with a complaint investigation on **May 16, 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 05/16/2023
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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 5/16/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey and investigation of one complaint. Additional information was received from the facility for reviw on 5/18/23. While there were no regulatory deficiencies related to the complaint allegations, the following regulatory deficiencies were identified:	R100		
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to administer medications according to physician's orders for 2 applicable residents (Resident #1 and #3). Findings include: 1. Resident #1's physician ordered Novolog Flex Pen Solution 100 units/ml (Insulin Aspart) Inject 10 units subcutaneously one time a day for Diabetes mellitus which is scheduled to be given at 5:00 PM daily on the Resident's Medication Administration Record (MAR). This is a rapid acting insulin. Resident #1 is also prescribed Levemir Flex Touch Solution 100 units /ml (Insulin Detemir) Inject 40 units subcutaneously two times a day for Diabetes Mellitus administer after meal which is scheduled to be given at 8:00 AM and 6:00 PM	R128	R128 Resident #1- Mandatory Medication Tech regarding in-service scheduled within the next 30 days to re-educate on diabetes/insulin/6 rights of medication administration. There will also be a skills testing. 2a, c, and e Resident #3- All medication orders will be double checked by nursing to ensure proper transcription. 2b Resident #3- Will review Haldol indications for use with Hospice patients. Will send literature and discuss at appeal with DLP. 2d Resident #3- In house audit completed on 5/17/2023. All providers contacted to request perimeters for orders of daily max dose of all Tylenol orders. All providers to have responded to Brownway in 14 days from plan of correction submission (7/12/2023). Tag R128 POC accepted on 7/28/23 by J. Evans/P. Cota	

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

[Handwritten Signature]

TITLE

Executive Director

(X6) DATE

7/28/23

Division of Licensing and Protection

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R128	<p>Continued From page 1</p> <p>on the Resident's MAR. This is a long acting insulin.</p> <p>Per record review on the morning of 5/10/23 Resident #1 was given approximately 20 units of Novolog insulin in error instead of the prescribed 40 units of Levemir insulin. On the evening of 5/16/23 the Manager and Nurse Manager confirmed Resident #1's insulin was not administered as ordered on 5/10/23.</p> <p>2. Resident #3 is on Hospice. Per review of his/her Hospice orders received by the facility on 3/31/23 and May 2023 the following inconsistencies were observed:</p> <p>a) Resident #3's MAR lists Ferrous Sulfate 325 mg tablet Give 1 tablet by mouth one time a day every other day with a start date of 2/22/23, however Hospice orders on 3/31/23 include an order for Ferrous Sulfate 325 mg tablet 1 tablet daily.</p> <p>b) Resident #3's Hospice orders include Haldol Lactate 2 mg/ml Oral Concentrate 1 mg every 6 hours as needed (PRN) for hallucinations or agitation; and an additional order for the same medication, dose, route and frequency PRN for agitation or nausea and vomiting. Resident #3's MAR lists hallucinations and agitation as indications for this PRN medication, however there is no indication this PRN medication can also be administered to treat nausea and vomiting.</p> <p>c) Resident #3's Hospice orders include Hyoscyamine 0.125 mg Disintegrating tablet 1 tablet every 4 hours PRN (as needed) for excessive secretions; and an order for Hyoscyamine 0.125 mg Sublingual tablet 1 tablet</p>	R128		

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R128	Continued From page 2 every 4 hours, which is a scheduled medication. The order for the Hyoscyamine 0.125 mg sublingual tablet to be given every 4 hours is not listed on Resident #3's MAR. d) Resident #3's Hospice orders include 3 orders for Acetaminophen as follows: 1. Acetaminophen 325 mg tablets 2 tablets 2 times daily for knee pain. This is a total of 1300 mg daily 2. Acetaminophen 325 mg tablets 2 tablets every 6 hours as needed (PRN) for pain or fever. This is a total of 2,600 mg daily. 3. Acetaminophen 650 mg Rectal Suppository 1 Suppository every 6 hours PRN for pain or fever If unable to swallow. This is a total of 2,600 mg daily. Resident #3's MAR includes all 3 orders, however the order for the Acetaminophen 650 mg Rectal Suppository in the MAR does not include instructions stating this medication is to be used only if Resident #3 is unable to swallow. This creates a risk for both PRN Acetaminophen medications to be used simultaneously resulting in a potential daily dose of up to 6,500 mg of Acetaminophen, which is 2,500 mg over the maximum daily dose of 4,000 mg. e) Resident #3's Hospice orders include orders for Senna 8.6 mg tablet 1 tablet daily and Senna 8.6 mg 1 tablet daily PRN. The PRN order for Senna 8.6 mg tablet is not included on Resident #3's MAR.	R128		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R179		

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R179	Continued From page 3 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 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide documentation of completion of all required yearly trainings for 3 out of 5 sampled staff. Findings include: At 4:58 PM on 5/16/23 the Executive Assistant confirmed one Staff member did not complete the required Infection Control training; and at 5:06 PM on 5/16/23 the Manager confirmed 2 Staff members did not complete the required First Aid training.	R179	R179 5.11.b House audit will be completed on all mandatory staff education within 7 days by designated nurse. All education to be completed within 30 days (8/12/2023). New hire orientation binder completed and incorporated into new hire orientation. Tag R179 POC accepted on 7/28/23 by J. Evans/P. Cota	

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R221 SS=F	<p>VI. RESIDENTS' RIGHTS</p> <p>6.9 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview there was a failure to ensure accurate accounting of all transactions for the 35 Residents for whom the facility manages funds. Findings include:</p> <p>Per record review the facility manages personal finances for 35 Residents. Per observation and record review the facility stores all cash belonging to residents in a shared locked box without separation of each Resident's individual funds. An individual accounting record is maintained for each Resident.</p> <p>At 6:40 PM on 5/16/23 the Executive Assistant confirmed the total amount of Resident funds stored in the shared lockbox was \$19.90 less than the amount documented as stored by the facility for the 35 residents. Due to the facility's practice of storing all funds together without</p>	R221	<p>R221</p> <p>The petty cash process has been updated. All accounts are now separated into their own files. Petty cash audit completed quarterly.</p> <p>This was completed on 5/17/2023.</p> <p>Tag R221 POC accepted on 7/28/23 by J. Evans/P. Cota</p>	

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R221	Continued From page 5 separation it is not possible to determine which of the 35 resident's accounting of funds was inaccurate.	R221		
R266 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to maintain a safe, functional, sanitary, homelike and comfortable environment. Findings include:</p> <p>On the afternoon of 5/16/23 the Manager acknowledged the following environmental concerns identified during the course of the facility tour commencing at 10:50 AM on 5/16/23:</p> <p>1. Oxygen was observed to be in use in the rooms of Residents #1, #2, and #3 without signage indicating oxygen was in use in the resident's rooms. Per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code signage is indicated when oxygen is in use. In addition, per Lippincott Manual 8th Edition Administering Oxygen by Nasal Cannula Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors".</p> <p>2. In the C 1 shared bathroom, there were</p>	R266	<p>R266</p> <p>1- In house audit completed by the next day and appropriate signage placed at entrance of resident 1,2, and 3 rooms. To ensure compliance, a monthly audit will be conducted by designated employee. Signage corrected on 5/17/2023.</p> <p>2- Facility has been under constant upgrade remodels since new ownership. Bathrooms are old and water stained. Attempts made to remove but does not. These bathrooms are all part of the ongoing remodel. No mold or mildew present. This also includes the assumption of mildew on tile walls. All bathroom remodels will be completed within 6 months. (January 28, 2024) This has been previously discussed with DLP.</p> <p>3- Resident #4 is independent with cath care/ambulation and toileting. Bottle is kept in resident room. Resident put the bottle in the bathroom themselves. Resident educated on infection control including MRSA. Staff reminded to check bathroom daily to assure resident has not forgot to take the bottle back to their room. Resident educated on 5/17/2023.</p> <p>Tag R266 POC accepted on 7/28/23 by J. Evans/P. Cota</p>	

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R266	<p>Continued From page 6</p> <p>missing tiles at the bottom of the shower wall, which left the mildew stained wall coated with an opaque sealant exposed, and the tile above the handrail was damaged and eroding.</p> <p>3. In the B 2 shared bathroom a plastic squeeze bottle with the cap off leaving the liquid contents exposed to potential contaminants was observed on top of the paper towel dispenser. The bottle was labeled with identifying information including a Resident #4's first name and last name initial, description of the solution of vinegar and water contained within the bottle, and "cath care only 4.10.22" on the side of the bottle in large black lettering. Resident #4 has a history of urine culture positive for Methicillin Resistant Staphylococcus Aureus (MRSA) on 4/10/22. According to Bio Med Central Infectious Diseases MRSA can potentially live on surfaces for a period of 7 days to 7 months (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564025/). While Resident #4 remains asymptomatic and the facility has taken the additional infection control measure of maintaining contact precautions in the resident's room, the placement of the bottle is a potential risk of infection for other residents; and the writing on the bottle reveals Resident #4's private health information.</p> <p>4. There were rust stains on the Salon flooring, and a large hole in the wall between the file cabinet and the sink which was stuffed with a pillow.</p> <p>5. There were 4 missing window screens in the dining room bay windows, 2 missing window screens in the living room beside the dining room, and 1 missing screen in the Salon. One resident room had a broken window and 3 resident rooms</p>	R266		

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R266	Continued From page 7 were missing window screens. Please refer to tag 270.	R266		
R270 SS=E	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.c Each bedroom shall have an outside window. (1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment. (2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure window screens in the rooms of 3 applicable residents (Residents #6, #7, and #8; and to ensure one window in Resident #5's room was in good repair. Findings include: On the afternoon of 5/16/23 the Manager acknowledged the rooms belonging to Residents #6, #7, and #8 were each missing one window screen; and there was a broken window pane in the room belonging to Resident #5.	R270	R.270 Windows with missing screens completed on 5/30/2023. Windows with missing screens are old windows which are also part of the re-modeling project and will be replaced within the next 6 months. Resident #5 broken windowpane corrected and replaced on 5/30/2023. Window checks will be added to the monthly audits beginning July 2023. Tag R270 POC accepted on 7/28/23 by J. Evans/P. Cota	