



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 2, 2019

Mr. Eric Bach, Manager
Canterbury Inn
46 Cherry Street
Saint Johnsbury, VT 05819-2290

Dear Mr. Bach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 14, 2019**. 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 black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

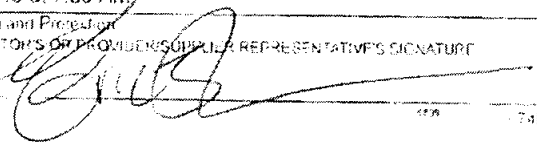
Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0119 | (X2) MULTIPLE CONTRIBUTION A. BUILDING _____ B. WING _____ | A. CIVIL SURVEY COMPLETED 0 03/14/2019 |
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| NAME OF PROVIDER OR SUPPLIER CANTERBURY INN | STREET ADDRESS, CITY, STATE, ZIP CODE 46 CHERRY STREET SAINT JOHNSBURY, VT 05819 |
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| STATE DEFICIT 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) | (X3) COMPLETE DATE |
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| R100 | Initial Comments | R100 | | |
| | An unannounced onsite re-licensing survey and investigation of one complaint was completed by the Division of Licensing and Protection from 3/13-14/19. There were no regulatory findings related to the complaint allegations. Based on information gathered for the survey, the following regulatory violations were identified. | | Please see attached plans of correction. | |
| R135 SS=D | V RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the Licensing agency. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to complete within 14 days of admission an assessment of each resident using an assessment instrument provided by the licensing agency for 1 of 7 residents in the applicable sample (Resident #4). Findings include: Per record review on 3/13/19, Resident #4 was admitted to the facility on 6/11/18. The assessment instrument on record had demographic entries on page one; however, the remainder of the assessment was blank and was not signed or dated by the RN. This was confirmed by the RN during interview on 3/14/19 at 7:30 AM. | R135 | | |

Division of Licensing and Protection
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: President/Owner DATE: 4/29/2019

STATE FORM 1000 (REV. 10/01) (REGULATORY) (PAGE 1 OF 3)

R135 - R179 POCs accepted 5/2/19 J Hosmer-RH/Amc

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0119 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 03/14/2019 |
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| NAME OF PROVIDER OR SUPPLIER CANTERBURY INN | STREET ADDRESS, CITY, STATE, ZIP CODE 46 CHERRY STREET SAINT JOHNSBURY, VT 05819 |
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| (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 |
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| R145 SS=D | <p>V. RESIDENT CARE AND HOME SERVICES</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 home failed to ensure that the plan of care included all identified needs, and the care and services to be provided for 3 of 7 residents reviewed (Resident #1, 2, and 3). Findings include:</p> <p>1. Per record review, Resident #1 receives End-Stage Renal Dialysis 3 times per week. The resident has a Central Venous Catheter for access to dialysis. The plan of care for this resident did not contain any information regarding the catheter, including not to perform dressing changes at the home, and the emergency procedures if the resident started to bleed from the catheter or it became dislodged.</p> <p>2. Per record review, Resident #2 has dementia with intermittent behaviors that include weepiness and anxiety. The resident has an order for Alprazolam (Xanax) 0.25 milligrams (mg) orally (PO) three times daily for agitation/anxiety. The staff are not supposed to give this to him/her without calling the RN of the home first. The care</p> | R145 | | |
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Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0119 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) OATH SURVEY COMPLETED C 03/14/2019 |
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| NAME OF PROVIDER OR SUPPLIER CANTERBURY INN | STREET ADDRESS, CITY, STATE, ZIP CODE 46 CHERRY STREET SAINT JOHNSBURY, VT 05819 |
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R145 Continued From page 2
R145
plan did not state to call the RN before giving the medication, or list any non-pharmacological interventions that might be effective to calm the resident before having to administer the antianxiety medication.

3. Per record review, Resident #3 has diagnoses that include advanced Congestive Heart Failure. The resident has been hospitalized multiple times for exacerbation of this condition, and is on diuretics to alleviate the edema that is associated with the condition. The staff are instructed to weigh the resident, check for edema in the extremities, and listen to the lungs daily to monitor this condition. Per review of the plan of care, these interventions are not listed as part of the plan for this resident. The resident is also on a low salt diet which is not listed on the care plan.

Per interview by telephone on 3/14/19 at 3:55 PM, the Registered Nurse confirmed that the listed concerns above were not included in the plan of care for these three residents.

R146 V. RESIDENT CARE AND HOME SERVICES
SS=D R146

5.9.c (3)

Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the Registered Nurse did not develop protocols and educate staff regarding the health care needs for

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| R146 | Continued From page 3 1 of 7 residents reviewed (Resident #1). Findings include: Per record review, Resident #1 receives dialysis 3 times per week at a nearby center. The resident has a Central Venous Catheter in place for dialysis access. The sterile dressing change covering the site is supposed to be changed only at the dialysis center, and only replaced if it falls off in between sessions. If the caps on the catheter open, or the catheter dislodges, there is a risk of the resident bleeding to death. The dialysis center had not provided any clamps to close off the line if it opened. Per review of the plan of care, and the instruction and education for staff, there are no emergency procedures in place if there is a bleeding event at the catheter site. There is also no information instructing staff not to change the sterile dressing, or what to do if it comes off. Per telephone interview on 3/14/19 at 3:55 PM, the Registered Nurse of the home confirmed that emergency protocols were not in place, and staff had not been educated about the Central Venous Catheter and appropriate interventions. | R146 | | |
| R179 SS=E | 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: | R179 | | |

Division of Licensing and Protection

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| R179 | <p>Continued From page 4</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that five of five staff reviewed [who provide direct care to residents] have received at least 12 hours of training each year. This training must include, but is not limited to, six mandatory categories: Resident Rights; Fire safety and emergency evacuation; Resident emergency response/first aid; Mandatory reports of abuse, neglect, and exploitation; Respectful and effective interaction with residents; and Infection control measures. Findings include deficiency in 4 of the 6 mandatory categories, as follows:</p> <p>1. During review of in-service records for direct care staff on 3/13/19, five of five direct care staff reviewed had not completed 12 hours of training in the past 12 months.</p> <p>2. Two of six staff did not complete training in</p> | R179 | | |
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| R179 | <p>Continued From page 5</p> <p>emergency response and first aid in the past year.</p> <p>3. Five of five staff did not complete training in abuse, neglect, and exploitation reporting in the past year.</p> <p>4. Five of five staff did not complete training in respectful and effective communication in the past year.</p> <p>5. Three of five staff did not complete training in infection control measures in the past year.</p> <p>On 3/13/19 at 2:20 PM, the facility's manager confirmed that direct care staff had not received a total of 12 hours of training in the past year, and that four of six mandatory categories had not been completed by direct care staff in the past year.</p> | R179 | | |
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Canterbury Inn - Plan of Correction

R135 A Resident Assessment/ Initial Nursing Assessment/ Care Plan policy (Attachment 1) has been created to outline the procedure for the Nurse, Care attendants and Director to appropriately complete an intake for new residents ensuring proper assessment, medication reconciliation and baseline vitals and history are complete. Resident assessment identified in review has been updated.

R145 A general reformat of our care plan template has been made to ensure we are encompassing the information found to be missing during this review. New headings and a revised format along with an electronic format will allow for more accurate and detailed information to be added when changes occur.

1

A care plan update (Confidential Attachment 2) has been completed addressing the concern of End-Stage Renal Dialysis for this resident. A Central Venous Access Care policy (Attachment 3) has been developed and adopted in addition to an in-person training held on April 19th, 2019 presented by nursing staff from the Fresenius Kidney Care Center located in St. Johnsbury, Vermont.

2

An updated care plan (Confidential Attachment 4) has been developed to address the specific concerns of providing distractions to resident and specifically refers to the need to contact Nurse prior to giving psychotropic medications as is stated in our Nursing policies.

3

A care plan update (Confidential Attachment 5) has been made to address the specific issues of concern regarding the verbal instructions given for resident care.

R146 Training has been administered for emergent care of Central Venous Catheter. In-person training held on April 19th, 2019 (Confidential Attachment 6) presented by nurse provider for our specific resident at the Fresenius Kidney Care Center located in St. Johnsbury, Vermont. Equipment and Supplies for emergency care have been provided by Fresenius Kidney Care Center.

R179

An in-person training covering the mandatory trainings was held on April 19th, 2019 at the Vermont Department of Health in St. Johnsbury (Confidential Attachment 6). Invited guests were investigators to follow up and answer questions after viewing of the APS on-line video regarding mandatory reporting, abuse and neglect, the local Ombudsman to discuss Resident Rights and Respectful Interactions. Although the Ombudsman missed the training, the information was reviewed in person at this training via the DAIL website and other on-line sources with an administered test as follow up on information retention, Northeastern Vermont Reginal Hospital's Infection Control Officer presented Infection Control and our Director reviewed via table top demonstration the facilities emergency procedures and evacuation process. In addition to this training, an American Heart Association trainer has certified staff in American Heart Association Healthcare Provider CPR and First Aid through a series of classes on April 9th and 11th, 2019. For ongoing trainings, our facility has enrolled in PEAK Testing Services as was presented at our review. We began using the PEAK testing services in the month of March, these tests are geared toward patient care and mandatory requirements for long term care residential and assisted living homes (attachment 7). Tests are received monthly just as our previous contractor offered except, we now have access to other on-line trainings and services through this company to address specific and individual training needs.

All findings on our review have been address at this time. Ongoing maintenance care plans and trainings will be documented for follow up at next review.

1

Canterbury Inn
46 Cherry Street
Resident Assessments

POLICY: RESIDENT ASSESSMENTS/INITIAL NURSING ASSESSMENT/CARE PLANS

OUTCOME: All residents will have an admission assessment completed utilizing the Resident Assessment Form within 14 days of the admission date to ensure appropriate services are provided upon their admission. Admission assessment to include review of the patient's activity level, mental status, and identification of specific needs.

The initial Nursing Assessment will be completed within 4 hours of the arrival of the resident, with one set of vital signs being done at that time and a second done within 24 hours of the first to establish a baseline.

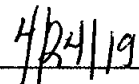
The Resident Care Plan will be completed within the 1st 14 days of the resident's arrival and updated as needed with minimal status updates monthly.

PROCEDURE:

- Director and/or Registered Nurse to meet with the resident and their family at time of arrival.
- Review of all medications to ensure reconciliation of provider orders and current medication prior to administration of any medications.
- Registered Nurse and or nursing assistant to complete initial Nursing Assessment to include baseline vital signs, weight, and medical problems.
- Registered Nurse to meet with resident within 14 days of admission to review and complete the Resident Assessment form. Form to be placed in the chart for review of all nursing staff.
- At the time of the Resident Assessment the Registered Nurse will also develop and discuss the Resident Care Plan with the resident and/or family as appropriate.



Nursing Administrator



Date

Developed: 4/2019

Review: 4/2020

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Canterbury Inn
46 Cherry Street
Central Venous Access Care

POLICY: CENTRAL VENOUS ACCESS CARE

OUTCOME: All residents presenting with central venous access will have schedule assessments done to ensure no abnormalities at the access location. These assessments will be done by the Medication Aide working the shift.

PROCEDURE:

- Registered Nurse to meet with the resident, and their family if appropriate, at time of arrival to complete assessment of access site.
- Access site will be assessed each shift by the Medication NA and documented on the dialysis log.
- Any abnormalities including:
 - Access site clean and dry.
 - Check for any redness, drainage, tenderness or swelling each shiftShould be immediately reported to the RN; the RN will determine if additional assessment or immediate transport is needed.
- Resident should be reminded to:
 - Ask your care team before using powder, lotion or creams on your access site.
 - Avoid touching the catheter where it goes into the skin.
 - Use proper hand hygiene any time you touch your catheter or the catheter dressing.
 - Wear clean, loose-fitting clothing around your catheter and be careful when using zippers.
 - Keep the ends of your catheter capped and clamped for your safety.

IN CASE OF EMERGENCY

- Call 911 immediately if your catheter or cuff comes out or if you are experiencing any
- bleeding. Put firm pressure on the exit site with a clean gauze or cloth and hold pressure for at least 15 minutes until the bleeding stops or help arrives.
- If the dressing has been compromised, notify RN for dressing change.

*See Dressing change direction Page 2.

DRESSING CHANGE:

Only a Registered Nurse can change the access dressing

To change dressings, you will need:

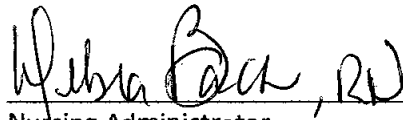
- Sterile gloves
- Cleaning solution
- A special sponge
- A clear barrier bandage, such as Tegaderm

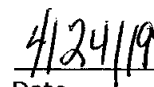
Dressing Change

- Change dressings in a sterile way. Follow these steps:
- Wash hands for 30 seconds with soap and water. Be sure to wash between your fingers and under nails. Remove all jewelry from fingers before washing.
- Dry with a clean paper towel.
- Set up supplies on a clean surface on a new chux
- Put on a pair of clean gloves.
- Gently peel off the old dressing. Throw away the old dressing and gloves.
- Put on a new pair of sterile gloves.
- Check skin for redness, swelling, or any bleeding or other drainage around the catheter.
- Clean the skin with the sponge and cleaning solution. Air dry after cleaning.
- Place a new patch over the area where the catheter enters your skin. Keep the grid side up and the split ends touching.
- Peel the backing from the clear plastic bandage (Tegaderm) and place it over the catheter.
- Write down the date you changed your dressing.
- Remove the gloves and wash your hands.
- Keep all the clamps on your catheter closed at all times. It is a good idea to change the caps at the end of the catheter (called the "claves") when you change the dressing.

When to Call the Doctor

- Are having trouble changing your dressings
- Have bleeding, redness or swelling at the site
- Notice leaking, or the catheter is cut or cracked
- Have pain near the site or in neck, face, chest, or arm
- Have signs of infection (fever, chills)
- Are short of breath
- Feel dizzy
- Is coming out of your vein


Nursing Administrator


Date

Developed: 4/2019

Review: 4/2020

RENAL DIET FOOD LIST

All residents placed on a Renal Diet should have the following food list noted. Although we can only encourage the resident to consume the correct levels of these items, dietary considerations should be monitored closely by nursing and dietary:

➤ **Sodium <1500mg/day**

- ✓ Use NuSalt or NO added salt
- ✓ Limit High sodium foods such as
 - Deli meat
 - Bacon

➤ **Protein 37 – 41 grams/day**

- ✓ Encourage fish and chicken options
- ✓ Limit
 - Beef
 - Pork

➤ **Phosphorus 800-1000mg/day**

- ✓ Limit foods such as:
 - Hot dogs
 - Chips
 - Whole wheat
 - Soda

➤ **Potassium 2000mg/day**

- ✓ Limit foods such as:
 - Chocolate
 - Dairy
 - Bananas
 - Sweet potatoes