



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

October 30, 2023

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 **August 23, 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 black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

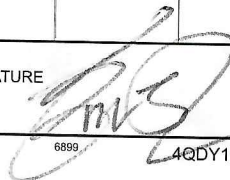
Division of Licensing and Protection

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 08/23/2023
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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
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 8/23/23. The following regulatory violations were identified:	R100		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a Resident Assessment within 14 days of admission for one applicable resident (Resident #1). Findings include: Per record review Resident #1 was admitted to the home on 8/24/22, and his/her initial assessment was signed by the RN as complete on 8/8/22, 16 days before Resident #1's admission. At 12:21 PM the Manager confirmed Resident #1's Admission Assessment was not completed within 14 days after admission.	R134		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES	R136		

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


6899 4QDY11
TITLE
President

(X6) DATE
9/20/23

STATE FORM

Division of Licensing and Protection

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R136	Continued From page 1 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a re-assessment following a significant change for one applicable resident (Resident #1). Findings include: Per record review Resident #1 was admitted to hospice care on 7/21/23. On the afternoon of 8/23/23 the Manager confirmed a significant change assessment was not completed for Resident #1 upon admission into hospice care.	R136			
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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; This REQUIREMENT is not met as evidenced	R145			

Division of Licensing and Protection

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R145	Continued From page 2 by: Based on record review and staff interview there was a failure to ensure that a written plan of care was developed that is based on each residents abilities and needs for 4 out of 4 sampled residents (Residents #1, #2, #3, and #4). Findings include: Per record review on 8/23/23 it was noted that 4 out of 4 resident records did not contain written plans of care developed based on each residents' individual abilities and needs as identified in the individual resident assessments. Additionally, the plans of care did not describe the care and services necessary to assist the resident to maintain independence and well-being. This finding was confirmed by the Director on the afternoon of 8/23/23.	R145			
R179 SS=F	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: (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;	R179			

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R179	Continued From page 3 (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 staff interview and record review there was a failure to ensure 5 out of 5 sampled staff completed the required yearly training's. Findings include: Per record review on 8/23/23 it was noted that 5 out of 5 sampled staff did not complete all the required yearly training to include: resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich maneuver, accidents, police, or ambulance contact and first aid, policies, and procedures regarding mandatory reports of abuse, neglect and exploitation, respectful and effective interaction with residents, general supervision, and care of residents. On the afternoon of 8/23/23 the Director confirmed 5 out of 5 sampled staff did not complete all required yearly training's.	R179			
R311 SS=D	X. PETS 10.2.e Pet health records shall be maintained by	R311			

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R311	Continued From page 4 the home and made available to the public. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to maintain current pet health records for one pet owned by a resident of the facility (Resident #5). Findings include: On the afternoon of 8/23/23 the Manager confirmed pet health records for Resident #5's cat were not maintained by the home and available for review.	R311			

Provider's Plan of Correction

R134

Resident #1

Initial Assessments: Policy in place for RN to complete the Resident Assessment Form provided by the licensing agency within 14 days of admission. This Policy has been updated to include *consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours.* Also to include, *all new resident medical charts will be audited by the RN to ensure adequate assessments have been completed. All new resident chart audits will be co-signed by both the Director and the Director of Nursing.*

Completion Date: August 30, 2023

R134 Plan of Correction accepted by Jo A Evans RN on 10/30/23

R136

Resident #1

Significant Change Assessments: The Resident assessment policy has been updated to include 'significant change' assessments. This will be done by the RN and or the Lead Care Team Attendant. Significant changes will include any change in the resident that requires a change to the resident's physical or mental condition requiring an update to their care plan. All assessments must be signed/co-signed by the registered nurse.

Completion Date: August 30, 2023

R136 Plan of Correction accepted by Jo A Evans on 10/30/23

R145

Resident #1,#2,#3,#4,#5

Resident Care and Home Services

Care Plan: Each resident will have an ongoing care plan to provide guidelines to the Care Team of needs and recommendations for providing care/support to all residents. A new care plan format has been established and education provided to the Care Team Staff. Care Plan policies have been updated to *establish format and documentation expectations for delegated staff. Care plans will be updated the care team staff whenever a change in care needs is established by providers or the Team.*

Completion Date: August 30, 2023

R145 Plan of Correction accepted by Jo A Evans RN on 10/30/23

R179

Staff will receive a mixed media training upon hire. The training will cover the mandatory trainings as outlined in V. Resident Care and Home Services, 5.11.b. The initial training will cover the basics required and will continue to be supplemented with contracted trainings through PEAK Training Services to enhance the material and relate it to the day-to-day roles of our employees.

The integration and creation of the mixed media training has begun and will replace the pre-COVID model of inviting instructors to the facility to provide these trainings as it was not successful in ensuring all staff were in compliance at all times with this mandate.

COMPLETION DATE: November 30, 2023

R179 Plan of Correction accepted by Jo A Evans RN 10/30/23

R311

A file containing resident pet health records, and records of pets visiting with regular frequency will be maintained by the Director. Resident pets will have proof of yearly vetting, visiting pets will have proof of at least one vet visitation yearly. A log of resident and visitor pets will be maintained which includes pet name, associated owner, veterinarian service and a contact for the veterinarian.

A new Pet Policy has been made available to staff, residents and visitors. See attachment.

COMPLETION DATE: 9/6/2023

R311 Plan of Correction accepted by Jo A Evans RN on 10/30/23