



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 21, 2023

Ms. Kimberly Roberge, Administrator
Craftsbury Community Care Center, Inc.
1784 East Craftsbury Road
Craftsbury, VT 05826-9519

Dear Ms. Roberge:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 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: 0292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2023
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NAME OF PROVIDER OR SUPPLIER CRAFTSBURY COMMUNITY CARE CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1784 EAST CRAFTSBURY ROAD CRAFTSBURY, VT 05826
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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 completed by the Division of Licensing and Protection on 3/21/2023. The following regulatory deficiencies were identified:	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 record review and staff interview there was a failure to develop a written plan for the use of one PRN (as needed) psychoactive medication for one applicable resident (Resident #3). Findings include: Per record review Resident #3 is prescribed Trazodone 25 mg as needed (PRN) every 4 hours for anxiety or at bedtime for sleep. At 4:35 PM on 3/21/23 the Registered Nurse confirmed a	R167		
			The Director of Nursing will create a separate treatment sheet to go with the MAR with the identified plan needed for each individual resident prescribed a PRN psychoactive medication. This will be created and completed for any resident with a PRN psychoactive medication by 7/24/2023. Tag R167 POC accepted on 7/21/23 by P. Cota	

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

TITLE

(X6) DATE

06/29/23

Kimberly Robinson, Exec. Dir.
7/21/23

Division of Licensing and Protection

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R167	Continued From page 1 written plan for the use of PRN Trazodone describing the specific behaviors the medication is intended to address; educates the staff about the 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 had not been developed for Resident #3.	R167		
R230 SS=F	VI. RESIDENTS' RIGHTS 6.18 The enumeration of residents' rights shall not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A summary of the obligations of the residential care home to its residents shall be written in clear language, large print, given to residents on admission, and posted conspicuously in a public place in the home. Such notice shall also summarize the home's grievance procedure and directions for contacting the Ombudsman Program and Vermont Protection and Advocacy, Inc. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to post a summary of the facility's grievance policy. Findings include: At 10:50 AM on 3/21/23 the Registered Nurse confirmed a summary of the facility's grievance policy was not posted in a public area of the home.	R230	The information for contacting the Ombudsman Program and VT Protection and Advocacy already exists in the Resident's Rights that is posted. We will add a summary of the grievance procedure and post it alongside the Resident Rights. This will be completed by the DON by July 31, 2023	
R247 SS=E	VII. NUTRITION AND FOOD SERVICES	R247	Tag R230 POC accepted on 7/21/23 by P. Cota	

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R247	Continued From page 2 7.2 Food Safety and Sanitation 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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items were labeled and dated. Findings include: During the facility tour commencing at 10:45 AM on 3/21/23 the Kitchen Supervisor confirmed perishable food items stored in the kitchen fridge and freezer were without labels identifying the dates they were opened including 5 large containers of ice cream, frozen corn and cherries, frozen pie crusts and cookies, ginger ale, and a prepared salad in a plastic tub without a label indicating what was in the tub and when it was prepared.	R247	A meeting will be held with all cooks/food prep staff with focus on re-training of proper labeling practices for food items. The Kitchen Manager will then begin periodic checks to be sure proper labeling is occurring. The Cook before leaving their shift will check the walk in and freezer to be sure all opened items are labeled properly. The Executive Director will assure meeting occurs by July 31, 2023 and will add written communication regarding food labeling in the Kitchen communication log 6/29/2023.	
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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there	R266	Tag R247 POC accepted on 7/21/23 by P. Cota	

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R266	Continued From page 3 was a failure to provide and maintain a safe, functional, homelike environment. Findings include: During the facility tour commencing at 10:45 AM on 3/21/23 the following environmental concerns were confirmed by the Registered Nurse: 1. In the maintenance room a strong odor of cigarette smoke was observed. The maintenance director stated the odor was due to cigarette butts being placed in the garbage can in the maintenance office when staff return from smoke breaks. This is a fire hazard due to the risk of smoldering cigarettes coming into contact with combustible materials in the trash can. 2. The bottom half of the exterior staircase between the main floor and the lower level of the home was covered with snow and ice. This is a risk for falls and injury.	R266	CCCC has a no smoking policy on the grounds. A staff space was set up off our property to be used during a break. A bucket full of sand will be placed in that area to assure staff do not return to the facility with any cigarette butts. Executive Director will assure this is completed by July 7, 2023. This topic will also be addressed in the staff communication log effective June 29, 2023 by the Executive Director. Tag R266 POC accepted on 7/21/23 by P. Cota		
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.	R302			

