

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

<u>Division of Licensing and Protection</u> 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,

Pamela M. Cota, RN

Lamela MCotaRN

Licensing Chief

06/29/23

If continuation sheet 1 of 5

STATEMENT OF DEPLOSACIOS (A) PROVIDERS (NO.)	Division o	f Licensing and Protect	ction							
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PM оп 3/21/23 the Registered Nurse confirmed a by P. Cota						21/23				
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	Division of Lice		-		1.	1				

Kunderly Robinge, Exec. Dir.

STATE FORM

Division of	of Licensing and Protec	ction				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		0202	B. WNG	: · ·	00/04/0000	
		0292	1		03/21/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		1784 EAS	T CRAFTSBUR	Y ROAD		
CRAFTSE	URY COMMUNITY CARE	CENTER, INC.	URY, VT 0582	The second secon		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	
R167	Continued From page 1		R167	1/4/3	8	
40	written plan for the use of PRN Trazodone					
		c behaviors the medication		ar a		
		s; educates the staff about	1	54	1	
		s; educates the stall about undesired side effects the	i			
				3 50%	127.	
		; and documents the time				
	of, reason for, and sp		4	3.0		
	Resident #3.	not been developed for	1	81 FE 81 FE W. G		
	Resident #3.			, and a		
R230	VI. RESIDENTS' RIG	HTS	R230	E 148 8 8	2 2 1	
SS=F					-	
				8 8 8 8		
	6.18 The enumer	ration of residents' rights shall		i nele	9	
	not be construed to li	mit, modify, abridge or	1	956	15	
	reduce in any way any rights that a resident					
	otherwise enjoys as a human being or citizen. A				11	
		ations of the residential care		0 8 N SN SN S	*	
		shall be written in clear	1	(a) (b)		
		given to residents on		te du sia		
		d conspicuously in a public	I.	a r % e a		
	place in the home. Such notice shall also			9 202	3	
	summarize the home's grievance procedure and		9			
	directions for contacting the Ombudsman			0 50		
	Program and Vermont Protection and Advocacy,			20		
	Inc.		1			
		,				
	This REQUIREMENT	is not met as evidenced	1			
	by:			The idea of the second		
		and staff interview there	2	The information for contacting	the	
		a summary of the facility's		Ombudsman Program and Vi	Protection	
	grievance policy. Find	dings include:		and Advocacy already exists	in the Resident's	
ŝŧ				Rights that is posted. We will	add a summary	
	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			of the grievance procedure ar	nd post it	
				alongside the Resident Rights	s.	
				This will be completed by the	DON by	
	home.			July 2023		
		×		Tog P220 POC accepted and	1124122	
R247	VII. NUTRITION AND	FOOD SERVICES	R 2 47	Tag R230 POC accepted on 7	121123	
SS≃E				by P. Cota		
			1	L		

Division of Licensing and Protection

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WNG 03/21/2023 0292 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1784 EAST CRAFTSBURY ROAD CRAFTSBURY COMMUNITY CARE CENTER, INC. CRAFTSBURY, VT 05826 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R247 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 A meeting will be held with all cooks/food prep staff Based on observation and staff interview there with focus on re-training of proper labeling was a failure to ensure all perishable food items practices for food items. The Kitchen were labeled and dated. Findings include: Manager will then begin periodic checks to be sure proper labeling is occurring. During the facility tour commencing at 10:45 AM The Cook before leaving their shift will check on 3/21/23 the Kitchen Supervisor confirmed the walk in and freezer to be sure all opened perishable food items stored in the kitchen fridge items are labeled properly. and freezer were without labels identifying the dates they were opened including 5 large The Executive Director will assure meeting containers of ice cream, frozen com and cherries, occurs by July 21, 2023 and will add frozen pie crusts and cookies, ginger ale, and a written communication regarding prepared salad in a plastic tub without a label food labeling in the Kitchen indicating what was in the tub and when it was communication log 6/29/2023. prepared. Tag R247 POC accepted on 7/21/23 R266 IX. PHYSICAL PLANT R266 by P. Cota SS=F 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 Based on observation and staff interview there

Division of Licensing and Protection

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FORM APPROVED Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _____ B. WNG 03/21/2023 0292 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE; ZIP CODE 1784 EAST CRAFTSBURY ROAD CRAFTSBURY COMMUNITY CARE CENTER, INC. CRAFTSBURY, VT 05826 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST: BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY R266 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 CCCC has a no smoking policy on the grounds. cigarette smoke was observed. The maintenance A staff space was set up off our property to be director stated the odor was due to cigarette butts used during a break. being placed in the garbage can in the A bucket full of sand will be placed in that maintenance office when staff return from smoke area to assure staff do not return to the breaks. This is a fire hazard due to the risk of facility with any cigarette butts. smoldering cigarettes coming into contact with Executive Director will assure this is completed by combustible materials in the trash can. July 7, 2023 This topic will also be addressed in the staff 2. The bottom half of the exterior staircase between the main floor and the lower level of the communication log effective June 29, 2023 home was covered with snow and ice. This is a by the Executive Director. risk for falls and injury. Tag R266 POC accepted on 7/21/23 by P. Cota R302 IX. PHYSICAL PLANT R302 SS=F 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

Division of Licensing and Protection

documented.

night. The date and time of each drill and the names of participating staff members shall be

STATEMENT OF DEFICIENCIES (X1) PROV ND PLAN OF CORRECTION IDENT		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
	i i	0292	B. WING		03/21/2023
ME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	
AFTSB	URY COMMUNITY CAR	CENTER INC	ST CRAFTSBUR SBURY, VT 0582		
(4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPL
R302	Continued From page	e 4	R302	er e	
		is not met as evidenced			
	was a failure to condibasis. Findings include On 3/21/23 at 3:45 P confirmed there was	ew and staff interview there uct fire drills on a quarterly de: M the Registered Nurse no documentation of a fire the fourth quarter of 2022.		Effective June 29th the Faction Manager has been assigned of assuring Fire Drills occur quarterly as well as recording drill. The Executive Director the fire drill logbook quarter drills have occurred.	d the task at a minimum ng of each r will review
R303 SS≃F	IX. PHYSICAL PLAN	т	R303	Tag R302 POC accepted on by P. Cota	7/21/23
**	9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone.		,		
	N ga		e 3	100	10
	by: Based on observation was a failure to provie with a list of emerger accessible area of the During the course of 10:45 AM on 3/21/23 confirmed there was emergency numbers	is not met as evidenced in and staff interview there de an operable telephone icy telephone numbers in an e home. Findings include: the facility tour beginning at the Registered Nurse no operable phone with posted by the phone that is I times on the main floor of Home.	5	The phone has been re-ins accessible area for residen of emergency numbers will June 30th, 2023 by the RN Tag R303 POC accepted on by P. Cota	ts and a list be posted as of on duty.
	ensing and Protection	180		5	
FORM		e a ^{je}	5659	7KXY11	If continuation sheet