

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 2, 2018

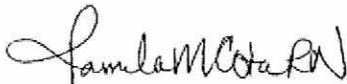
Ms. Carrie Jewell, Manager
Davis Home
45 State Street
Windsor, VT 05089-1213

Dear Ms. Jewell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 5, 2018**. 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
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/05/2018
NAME OF PROVIDER OR SUPPLIER DAVIS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 45 STATE STREET WINDSOR, VT 05089		
(X4) IS 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: The Division of Licensing and Protection conducted an unannounced on site complaint investigation and relicensing survey from 6/4/2018 through 6/5/2018. The following regulatory violations were identified related to the relicensing survey.	R100		
R136 SS-D	V. RESIDENT CARE AND HOME SERVICES 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, the residence failed to ensure that all residents received annual assessments, and that resident assessments contained accurate health information for 2 out of 5 residents in the sample (Resident #1 and Resident #2). Findings include: 1. Per record review, Resident #1 was admitted to the residence in 2017 and a resident assessment was completed at the time of admission on 4/17/2017. Resident #1's annual re-assessment had not been completed in 2018 within the 365 day annual required timeframe. 2. Per record review, Resident #2's most recent re-assessment, dated 2/10/2018, states that no appliances are being used to assist the resident	R136		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Camp Jewell

Manager/Administrator

6/16/18

Division of Licensing and Protection

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R136	Continued From page 1 with transferring in and out of bed. During an environmental tour on 6/4/2018, a quarter length bed rail was observed to be in use on Resident #2's bed. Per record review, there was no evidence of an assessment to reflect Resident #2's need for an assistive device to transfer out of bed. The resident assessment had not been updated to reflect that Resident #2 was now using a bed rail. During an interview on 6/5/2018 at 10:30 AM, the Administrator confirmed that the resident assessments for Resident #1 and Resident #2 had not been completed or updated to include accurate health information. See also Tag R145	R136	All records have been updated. The manager will review records monthly to ensure accuracy and that all information is current. 6/11/18
R145 SS=D	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 by: Based on observation, staff interview and record review, the residence failed to ensure that written plans of care included the interventions and services necessary to assist residents with maintenance of independence and well-being for	R145	All records have been updated. The manager will review records monthly to ensure accuracy and that all information is current. 6/11/18

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R145	Continued From page 2. 1 out of 5 residents in the sample (Resident #2). Findings include A quarter length bed rail was observed to be in use for Resident #2 during an environmental tour on 6/4/2018. Per record review, a Registered Nurse reviewed Resident #2's plan of care and services on 3/16/2018. The plan of care states that Resident #2 transferred independently and bed rails were not required to assist with transferring. The Administrator confirmed during an interview on 6/5/2018 at 10:30 AM that Resident #2's plan of care and services did not include the use of bed rails as a transfer device.	R145	POL accepted R136/R145 L8hub w/c, RN 6/28/18	