



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

December 17, 2021

Ms. Jennifer Silva, Manager  
Davis Home  
45 State Street  
Windsor, VT 05089-1213

Dear Ms. Silva:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 18, 2021**. 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:  0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/18/2021
NAME OF PROVIDER OR SUPPLIER  DAVIS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 45 STATE STREET WINDSOR, VT 05089		
(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 investigation of a complaint and a facility re-licensure survey were conducted by Licensing & Protection on 11/16/2020. The complaint investigation was completed on 11/18/2021. As a result of the re-licensure survey and complaint investigation the following regulatory deficiencies were identified:	R100		
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 facility RN failed to update the Care Plan to reflect the recent history of falls and to initiate interventions to assist in preventing further falls from occurring for 1 applicable resident. (Resident #1) Findings include:  Per review of staff notes, Resident #1 had a history of falls to include 2/21/20 resulting in a fracture humerus (elbow); 3/31/21 fell getting out of bed resulting in a small laceration; 7/20/2021 sustained a small vertebrae fracture of his/her back; 10/3/2021 fall in room sustaining a facial contusion; 11/15/21 fell resulting in a fractured	R145	RN will. Add Section to incident Reports. To prompt Review + update of Care Plan s/p fall or any incident that occurs with resident. All incident Reports will be reviewed by RN and filed once completed. All Reports will be kept in dedicated box in office. This will also be reviewed at weekly management mtg when discussing incidence + reviewing All incident Reports. This is additional way to monitor that this is complete.	12/15/21

Division of Licensing and Protection

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

*Jennifer A. Hall RN*

TITLE

*OWNER/manager*

(X6) DATE

*12/13/21*

STATE FORM

0899

YD1J11

If continuation sheet 1 of 5

R145 - R181 POC's accepted 12/15/21 Fmclntsrn/pme

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R145	Continued From page 1  nose; and on 11/16/2021 during the on-site visit, the surveyor observed Resident #1 laying supine on the floor after getting up from a chair in the living room resulting in a transport to the hospital to be evaluated.  Resident #1's Care Plan had not been updated to address the history of falls to include interventions to prevent further falls. Although a bed alarm was utilized and continued reminders by staff for the resident to remain sitting and to use his/her walker when ambulating, the Resident's cognition limited safety awareness. Per interview on the afternoon of 11/16/2021 the owner/manager confirmed the Care Plan was not reflective of Resident #1's past and present history of falls and lacked direction for staff in methods of fall prevention. Subsequent to the fall on 11/16/2021, Resident #1 was determined to require a higher level of care and was to be admitted to a long term care facility.	R145			
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:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures,	R179	upon hiring All New Staff will complete the Required inservices prior to 1st day of orientation. This will be documented on orientation checklist by managers RN will check again to make sure all 7 were completed prior to med class. Will Add pscndt to med class paperwork for RN to sign		12/1/21

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R179	<p>Continued From page 2</p> <p>such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, the Residential Care Home (RCH) manager/owner failed to ensure all staff received the required 12 hours of training each year. Findings include:</p> <p>During the course of survey on 11/16/2021, the owner was requested to demonstrate via training records that staff employed at the RCH who provide direct care to residents had received the 12 hours of required yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. Per interview on the afternoon of 11/16/2021 the owner/manager stated the individual hired to manage &amp; monitor training documentation/records of hired staff had failed to maintain this required validation documentation. As a result, only 1 out of 4 employees had evidence of the 12 hours of training for the year of 2021.</p>	R179	<p>Additionally During All inservice meetings staff will complet all documentation before leaving meeting and No inservices will be completed after the meeting so All documentation is current.</p>	12/1/21

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R181  R181 SS=D	Continued From page 3  V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH owner/manager failed to ensure that an applicant who was hired by the facility did not have a conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare. Findings include:  Per review of an employees personal file a criminal record check was obtained by the RCH on 7/26/2021. The results of the background check revealed that the employee had a criminal	R181  R181  12/1/21	All New Staff will have Abuse Registry + Criminal Background done prior to first day of orientation. This will be documented on orientation checklist  There will be assigned letter by manager in employee folder that consists Abuse v are complete ones + results that return will be given to owner and if hired will have written statement in file as to how residents will be safe. This will all be documented on letter stating the v's were complete and given to owner if (+) results.	

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R181	Continued From page 4  conviction on 5/21/2018. The RCH owner/manager stated s/he was not aware of the conviction and furthermore had not completed written evidence that the decision to employ this individual with a relevant criminal conviction did not pose a threat to residents.	R181			