VERMONT

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

June 22, 2023

Ms. Wendy Beatty, Manager
Equinox Terrace
324 Equinox Terrace Road
Manchester Center, VT 05255-9253

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 30, 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

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0127	A. BUILDING: _____ B. WING _____	05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EQUINOX TERRACE	324 EQUINOX TERRACE ROAD MANCHESTER CENTER, VT 05255

(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 onsite re-licensure survey was conducted by the Division of Licensing and Protection on 5/30/23. The following regulatory violations were identified:	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 Registered Nurse (RN) failed to ensure that a significant change assessment was completed for 1 out 6 residents (Resident #1). Findings include: Per record review Resident #1 was admitted to the resident care home on 11/5/19. An annual assessment completed on 11/23/22 reflects that the Resident had no skin issues, was not receiving Hospice services, and was ordered a regular diet. On 12/14/22 Resident #1 was sent out to the hospital after experiencing an unresponsive episode resulting in a fall and returned the same day with the diagnoses of urinary tract infection. On 12/15/22 Resident #1 experienced another unresponsive episode. S/he was again sent to the hospital and was admitted with the diagnoses of	R136	This plan of correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However, it is the homes commitment to demonstrate and maintain compliance.	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ED — (X6) DATE: 6.19.23

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R136	Continued From page 1 pneumonia. S/he returned to the facility on 12/21/22 with Hospice services for end of life care. Per progress notes the Resident had experienced an unresponsive episode on 2/21/23, and sustained multiple skin tears related falls and poor skin integrity. A physicians order written 12/28/22 modified the resident's diet to mechanical soft ground meat diet. The facility did not complete a change in condition assessment to determine specific care needs related to skin condition care and monitoring, dietary changes, and admission to hospice plan of care. During interview on 5/30/23 at 2:50 PM the Health Services Director (HSD) acknowledged the resident experienced a decline in health status related to skin integrity, dietary/choking risks, and hospice services. The HSD confirmed a change in condition assessment had not been completed.	R136	R136` Resident # 1 has had a change in condition assessment due to receiving hospice services post hospitalization. All residents who convert to hospice services have the potential to be effected by this alleged deficient practice. Nurses have been educated on identifying a change in condition for hospice services and reporting it to the RN and HSD to ensure a reassessment is completed. Audits will be conducted weekly x4 then monthly x3 to ensure compliance. Results will be reported and discussed in QAPI. Responsible: HDS and ED Date of Compliance 6/21/23 Tag R136 accepted on 6/20/2023 - C.Scott/ S, Ross	
R248 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all equipment in the kitchen remained clean to include the ansul hood.	R248		

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R248	Continued From page 2 Findings include: During a tour of the ALR (Assisted Living Residents) kitchen accompanied by the Food Service Director on 5/30/23 beginning at 10:40 AM noted the ansul hood (fire suppression system which provides a safeguard from risk of fire damage) located above the large kitchen stove was heavily soiled with grease and dust. Each of the sprinkler nozzles suspended above the stove attached to the ansul hood and the intake vents located above the hood were covered in grease and dust. The Food Service Director confirmed the observations acknowledging a company does come to the facility every 6 months to perform industrial cleaning of all components of the ansul system. Per interview at 11:10 AM, the Maintenance Director further confirmed the ansul system had been cleaned in March/2023. The Food Service Director confirmed s/he presently does not have a routine assigned cleaning list developed to ensure the ansul hood remains clean in between the 6 month industrial cleanings.	R248	R248 Ansul hood was immediately cleaned. No residents were affected by this alleged deficient practice. A cleaning schedule has been developed that addresses cleaning the Ansul hood monthly between the 6 month industrial cleanings. Audits will be conducted weekly x4 then monthly x3 to ensure compliance. Results will be reported and discussed in QAPI. Responsible: FSD Date of Compliance 6/21/23	
R302 SS=D	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	R302	Tag R248 accepted on 6/20/2023 - C.Scott/ S. Ross	

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R302	Continued From page 3 night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide documentation of fire drills conducted during the previous 12 months. Findings include: On 5/30/23 staff were asked to demonstrate via documentation that they were conducting fire drills on a quarterly basis and rotating times among morning, afternoon, evening, and night. Based on record review the RCH failed to demonstrate fire drills on a quarterly basis with rotating times. This was confirmed by the Administrator on the afternoon of 5/30/23.	R302	R302 A fire drill will be conducted quarterly and rotate times of morning, afternoon and evening. All residents residing in the home have to potential to be effected by this alleged deficient practice. A schedule will be developed noting date and times a quarterly drill will be conducted to verify compliance. Audits will be conducted weekly x4 then monthly x3 to ensure compliance. Results will be reported and discussed in QAPI. Responsible: Maintenance Director Date of Compliance: 6/21/23 Tag R302 accepted on 6/20/2023 - C.Scott/ S, Ross	