



HUMAN SERVICES

AGENCY OF

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

August 24, 2023

Ms. Wanda King, Administrator  
Fairwinds Residential Care Home  
108 Mechanic Street  
North Bennington, VT 05257

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 13, 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 black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

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<b>Disability and Aging Services</b>	<b>Blind and</b>
<b>Licensing and Protection</b>	<b>Vocational</b>
<b>Rehabilitation</b>	



Division of Licensina and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/13/2023
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NAME OF PROVIDER OR SUPPLIER  FAIRWINDS RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC S'TREET NORTH BENNINGTON, VT 06267
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R144	<p>Continued From page 1</p> <p>the facility on 1/21/2023. His/her initial assessment was completed on 1/31/23 by the Manager, however the assessment was not signed as completed by the Registered Nurse.</p> <p>3. Per record review Resident #5 was admitted to the facility on 2/14/17. His/her resident record contained an admission Resident Assessment form which listed a completion date of 2/17/17, however the RN's signature was dated 3 days before this completion date. Additionally, an annual reassessment was not completed for Resident#5 in 2019.</p> <p>On 3/13/23 at 12:05 PM the RN confirmed s/he had not signed the initial assessment for resident #4, and resident assessments had not been completed for Resident #3 since 12/8/21.</p> <p>On the afternoon of 3/13/23 the Manager confirmed the failure to ensure completion of Resident Assessment Forms for Residents #3, #4, and #5 in accordance with Section 5.7 of the Vermont State Residential Care Home Licensing Regulations effective 10/3/2000.</p>	R144		
R145 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>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;</p>	R145		

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R145	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Per record review and staff interview the Registered Nurse (RN) failed to oversee the development of a written plan of care based on abilities and needs of 3 applicable residents (Residents # 1, #2, and #4). Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident #1 has a history of a gastrointestinal (GI) bleed and anemia requiring hospitalization. At 1:14 PM the RN confirmed a failure to identify goals and interventions related to risk for GI bleeding and anemia in Resident #1's care plan stating, "I just go by what I am given, only put down what I find" and indicated s/he was unaware Resident #1 was hospitalized for these conditions. When asked about Resident #1's hospital discharge paperwork the RN stated "I probably didn't see it".</li> <li>2. Resident #2 is prescribed the medication Nitroglycerin which dilates blood vessels to increase delivery of oxygen rich blood to the heart and ease the workload of the heart muscle during episodes of angina (chest pain) and heart attack. Use of Nitroglycerin requires blood pressure monitoring due to risk of rapid drop in blood pressure and pulse. Administration of Nitroglycerine frequently causes dizziness, lightheadedness and fainting resulting from rapid dilation of blood vessels. It is important to ensure the Resident is not standing when the medication is administered, and gets up slowly following administration to prevent falls and injuries. Administration of Nitroglycerine often causes headaches due to rapid dilation of blood vessels. Staff and resident education is required regarding this side effect, which is a sign the medication is working as intended. Additionally, Nitroglycerine</li> </ol>	R145		
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R145	<p>Continued From page 3</p> <p>is an extremely volatile medication that requires storage in a closed amber glass container provided by the pharmacy to prevent exposure to heat, moisture, and light. Close attention to the storage and replacement of the medication in a timely manner is required due to its ineffectiveness when exposed to certain conditions and when the medication has expired.</p> <p>At 1:54 PM on 3/13/23 the Manager and RN confirmed Resident #2's plan of care was not updated to include staff education and instructions for Nitroglycerine administration and storage.</p> <p>3. On 2/9/2023 Resident #4's Primary Care Physician prescribed a treatment plan for edema including administration of Lasix (diuretic) 20 mg by mouth once daily as needed (PRN) for edema, daily blood pressure checks with use of Lasix, and instructions to discontinue the use of the PRN Lasix in a few weeks which required clarification. Per record review Resident #4's plan of care was not updated to include implementation of the Provider's plan for treatment of edema including identifications of the signs and symptoms of edema indicating use of PRN Lasix and instructions for staff monitoring. The order for Lasix was not entered into Resident #4's February 2023 Medication Administration Record and there was no record of Lasix administration as needed. Staff failed to recognize the signs and symptoms of edema, as evidenced by a surveyor's observation of edema in both of Resident #4's lower legs during the survey.</p> <p>At approximately 3:15 PM on 3/13/23 the Manager confirmed PRN Lasix had not been administered to Resident #4 as prescribed, follow</p>	R145		

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R145	Continued From page 4  up communications with the Provider had not occurred, and the plan to treat edema was included in his/her care plan and implemented.	R145		
R146 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (3)</p> <p>Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse (RN) failed to provide instruction and supervision to all direct care personnel regarding the health care needs of two applicable residents (Residents #2 and #4) and to delegate nursing tasks as appropriate. Findings include:</p> <p>1. Resident #2 is prescribed Nitroglycerin which dilates blood vessels to improve the delivery of oxygen rich blood to the heart and eases the workload of the heart muscle during episodes of angina (chest pain) and heart attack. The Registered nurse failed to educate direct care staff regarding use of Nitroglycerin and to provide specific instructions regarding delegation of specific nursing tasks related to Nitroglycerin administration including:</p> <p>a) the signs and symptoms that indicate administration of Nitroglycerine is needed; and blood pressure monitoring for rapid drop in blood pressure and pulse associated with Nitroglycerine</p>	R146		

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R146	<p>Continued From page 5</p> <p>administration</p> <p>b) risk for falls and injury due to dizziness, lightheadedness and fainting resulting from rapid dilation of the blood vessels, and ensuring the resident is not standing when Nitroglycerine is administered and gets up slowly following administration to prevent falls and injury</p> <p>d) the potential side effect of headaches following administration of Nitroglycerin which is a sign the medication is working as intended</p> <p>e) proper storage of Nitroglycerin, which is an extremely volatile medication that requires storage in a closed the dark glass container provided by the pharmacy to prevent exposure to heat, moisture, and light; and replacement of the medication when needed due to ineffectiveness when the bottle is exposed to unfavorable conditions or expired.</p> <p>At 1:54 PM on 3/13/23 the Manager and RN confirmed Resident #2's plan of care was not updated to include staff education and instructions for use of Nitroglycerine administration and storage.</p> <p>2. On 2/9/2023 Resident #4's Primary Care Physician prescribed a treatment plan for edema including administration of Lasix (diuretic medication) 20 mg by mouth once daily as needed (PRN) for edema, daily blood pressure checks with use of Lasix, and instructions to discontinue the use of the PRN Lasix in a few weeks which required clarification.</p> <p>Per record review the Registered Nurse failed to provide education related to treatment of edema including the signs and symptoms of edema</p>	R146		

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R146	<p>Continued From page 6</p> <p>indicating administration of Lasix is needed; and delegation of specific nursing tasks including instructions for monitoring and reporting changes in Resident #4's edema.</p> <p>At approximately 3:15 PM on 3/13/23 the Manager confirmed PRN Lasix had not been administered to Resident #4 as prescribed, follow up communications with the Provider with updated on his/her edema did not occurred, and the plan to treat edema was not implemented. Resident #4 was observed with edema in both lower legs during the survey.</p> <p>Please refer to tags 144, 145, and 171.</p>	R146		
R147 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse (RN) failed to ensure medication orders for 1 applicable resident (Resident # 5) included the specific dosage and frequency of administration. Findings include:  At 2:01 PM on 3/13/23 the RN and Program</p>	R147		



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R147	Continued From page 7  Manager confirmed Resident #5's orders for Flovent Inhaler 220 mcg/actuation 1 puff twice daily as needed and Albuterol Sulfate 1.25 mg via nebulizer four times daily as needed (asthma medications) did not include specific instructions for the time period between doses and the signs and symptoms the medications are intended to treat.	R147		
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Per record review and staff interview there was a failure to ensure documentation of signed orders for medications prescribed for one applicable resident (Resident #5). Findings include:  At 2:01 PM on 3/13/23 the Registered Nurse and Manager confirmed there was no documentation of signed orders for medications administered to Resident #5. The only medication orders available for review for Resident #5 were on a list of medication orders from the pharmacy which was not signed by the Prescriber.	R162		
R169 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management	R169		

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R169	<p>Continued From page 8</p> <p>5.10.e Staff responsible for assisting residents with medications must receive training in the following areas before assisting with any medications from the licensed nurse:</p> <ol style="list-style-type: none"> <li>(1) The basis for determining "assistance" versus "administration".</li> <li>(2) The resident's right to direct the resident's own care, including the right to refuse medications.</li> <li>(3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route.</li> <li>(4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives.</li> <li>(5) The home's policies and procedures for assistance with medications.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review there was a failure to provide adequate training and supervision to ensure proper medication administration techniques. Findings include:</p> <p>During the on-site survey on 3/13/23 the following unsafe medication administration techniques were observed:</p> <ol style="list-style-type: none"> <li>1. At 1:17 PM on 3/13/23 Staff was observed administering medications without checking the orders in the Medication Administration Record (MAR). Checking the MAR to confirm the correct resident, medication, dose, method of administration and administration schedule is an essential aspect of safe medication</li> </ol>	R169		
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R169	<p>Continued From page 9</p> <p>administration and prevention of medication errors. The Manager acknowledged Staff administered medications without checking the MAR immediately following the med pass at 1:17 PM on 3/13/23.</p> <p>2. On further review of the MAR it was discovered the administration record was signed off documenting administration of the medications as given several hours before Staff was observed administering the medications at 1:17 PM on 3/13/23 without checking the MAR. At 3:35 PM on 3/13/23 the Manager confirmed the documentation of medication administration hours before the medications were actually given.</p> <p>3. Staff administer medications pre-poured by the Manager and placed in weekly pill organizers, in accordance with an alternate administration plan approved by the Registered Nurse. When the Staff administering medications was asked how s/he knows the correct medication is being given s/he responded "I can usually identify the pill", however when asked to identify the two pills administered the s/he was unable to identify one of the medications.</p> <p>During an audit of medications placed in weekly pill planners by the Manager in comparison to medication orders listed in Resident MARs inconsistencies were noted. Resident #3's weekly planner was missing doses of Atorvastatin (for high cholesterol) in the compartments for Tuesday, Wednesday, and Thursday. Resident #5's planner was missing doses of Escitalopram (antidepressant) for the entire week and Aspirin (anti-coagulant) in the compartments for Wednesday, Thursday, and Friday. The compartments that were missing medications were not labeled to indicate additional meds were</p>	R169		
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R169	<p>Continued From page 10</p> <p>needed, and there was no system in place for Staff to identify the medications in the planners such as a description of the medications ordered or a pill identifier for staff reference..</p> <p>On the Afternoon of 3/13/23 the Manager confirmed the pre-poured medications in Resident #3 and #5's weekly pill planners were not consistent with the medication orders in the MAR and confirmed there is no specific process for identifying compartments that are incomplete, stating "I just try to keep track." The manager indicated s/he fills each resident's medication planners 1-2 weeks in advance and med-delegated staff are expected to notify him/her of any missing medications, stating "they know the pills to figure it out". S/he acknowledged the medication planners did not include a reference for staff use to identify medications.</p>	R169		
R171 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication,</p>	R171		

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R171	<p>Continued From page 11</p> <p>and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to ensure medications were administered as ordered for 2 applicable residents (Residents #1 and #4). Findings include:</p> <p>1. Resident #1's Medication Administration Record (MAR) lists Ester C 500 mg tablets One tab by mouth daily and Cranberry Tablets 60 mg by mouth twice daily, however signed medication orders dated 12/30/22 list Cranberry with Ascorbic Acid (Vitamin C) One capsule twice daily. At approximately 2:25 PM on 3/13/23 the Manager confirmed the signed Prescriber's orders for Cranberry with ascorbic acid (Vitamin C) twice daily is not being administered as ordered.</p> <p>Resident #1's MAR lists Vitamin D3 10 mcg by mouth once daily, however signed medications orders dated 12/30/22 list Vitamin D3 400 Units (equal to 10 mcg) twice daily. At 2:26 PM on 3/13/23 the Manager confirmed Resident #1 is receiving half the dose of Vitamin D3 prescribed by his/her Physician.</p> <p>At 2:17 PM the Registered Nurse (RN) incorrectly stated the regulatory requirement to administer medications according to physician's</p>	R171		

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R171	<p>Continued From page 12</p> <p>ordered is the responsibility of the Manager and stated, " I am not here."</p> <p>2. On 2/9/2023 Resident #4's Primary Care Physician ordered Lasix (diuretic medication) 20 mg by mouth once daily as needed (PRN) for edema, and daily blood pressure checks with use of Lasix. His/her MAR for February 2023 was not updated to include the order for Lasix, and as of 3/13/23 the medication had not been given. Resident #1 was observed to have lower leg edema in both legs during the on-site survey.</p> <p>The Registered Nurse confirmed s/he was aware of the order provided by the primary care physician, however s/he was unaware the order was not transcribed to the MAR. During an interview on the afternoon of 3/13/2023 the Manager confirmed the order was not transcribed on the MAR. At approximately 3:15 PM on 3/13/23 the Manager confirmed PRN Lasix had not been administered to Resident #4 as prescribed.</p>	R171		
R173 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p>	R173		

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NAME OF PROVIDER OR SUPPLIER  <b>FAIRWINDS RESIDENTIAL CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 MECHANIC STREET NORTH BENNINGTON, VT 05267</b>
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R173	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all medications the home manages are stored in locked compartments, and only authorized personnel have access to the keys to the cabinet where medications are stored. Findings include:</p> <p>1. During the course of the facility tour commencing at 9:19 AM on 3/13/23 the key to the locked kitchen cabinet where the the resident's medications are stored was observed to be kept in an unlocked kitchen drawer below the med cabinet, leaving the keys accessible to anyone who enters the home. The facility main entryway, kitchen, and dining area have an open floor plan, and the kitchen area where the keys are stored is highly visible and easily accessible. This has the potential to affect all facility residents.</p> <p>At 9:23 AM on 3/13/23 Staff confirmed the medication cabinet keys are stored in the unlocked drawer, leaving the keys accessible to unauthorized personnel.</p> <p>2. Medications confirmed by the Manager to be unsecured and accessible during the facility tour commencing at 9:19 AM on 3/13/2 included Calmoseptine ointment and Antibiotic ointment in a shared bathroom; and Refresh Eye Drops in Resident #2's room.</p>	R173		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff</p>	R179		

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R179	<p>Continued From page 14</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 5 out of 5 sampled staff completed the required yearly trainings (Staff #1, #2, #3, #4, and #5). Findings include;</p> <p>Per record review, and confirmed at 10:49 AM on 3/13/23 by the Manager, 5 out of 5 sampled staff had not completed required yearly trainings. Staff #1, #2, and #3 had not completed any required trainings since March of 2018; and Staff #4 and #5 had not completed any trainings.</p>	R179		



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R189  R189 SS=F	<p>Continued From page 15</p> <p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.12.b. (3)</p> <p>For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation, staff interview and record review there was a failure to ensure all required documents were contained in the resident records for 3 applicable residents (Residents #3, #4, #5) who require nursing oversight and medication management. Findings include:</p> <p>1. The resident records for Residents #3, #4, and #5 did not contain Resident Assessments completed as required including:</p> <p>a) Resident #4's record did not contain a completed initial assessment following admission to the facility on 1/21/2023. His/her initial assessment was completed on 1/31/2023 by the Manager, however the Registered Nurse (RN) failed to sign this assessment to document overview and completion by a Registered Nurse as required.</p> <p>b) Resident #3's resident record did not contain Resident Assessments completed after</p>	R189  R189		

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R189	<p>Continued From page 16</p> <p>12/8/2021. The RN failed to ensure Resident #3's record contained annual resident assessments for 2022 and 2023; and a significant change of condition reassessment completed following hospitalization beginning on 2/10/23.</p> <p>On 3/13/23 at 12:05 PM the RN confirmed she had not signed the initial assessment for resident #4; and resident assessments had not been completed for Resident #3 since 12/8/21.</p> <p>c) Resident #5 was admitted to the facility on 2/14/23. His/her resident record contained an admission Resident Assessment form which listed a completion date of 2/17/23 on the first page of the assessment form, however the RN's signature was dated 3 days before this completion date. Additionally, an annual reassessment was not completed for Resident #5 in 2019. The Manager confirmed Resident Assessments were not completed as required for Resident #5 on the afternoon of 3/13/23.</p> <p>Please refer to tag 144.</p> <p>2. On 2/9/2023 Resident #4 was seen by his/her Primary Care Physician who ordered Lasix (diuretic medication) 20 mg by mouth once daily as needed (PRN) for edema, and daily blood pressure checks with use of Lasix. The Provider's treatment plan for edema included instructions to discontinue the use of the PRN Lasix in a few weeks.</p> <p>At 12:10 PM on 3/13/23 the RN confirmed Resident #4's record did not contain progress notes demonstrating RN nursing oversight and medication management including implementation of the treatment plan for edema; staff education about the signs and symptoms of</p>	R189		
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R189	<p>Continued From page 17</p> <p>edema indicating use of the PRN Lasix and instructions for staff monitoring; and documentation of communications with the provider to include updates on Resident #4's condition and a request for clarification of the specific date the Lasix was to be discontinued. Additionally, there was no record of the PRN Lasix administration, even as s/he presented with edema in both lower legs during the survey.</p> <p>At approximately 3:15 PM on 3/13/23 the Manager confirmed PRN Lasix had not been administered to Resident #4 as prescribed and follow up communications with the Provider had not occurred. The Manager acknowledged Resident #4's record did not contain documentation of RN oversight of implementation of the plan to treat edema.</p> <p>3. On 3/13/23 the RN confirmed a failure to maintain a record of each individual resident's progress, and stated the binder intended for each resident's record is not utilized to document progress notes. The RN stated facility staff write notes for all residents in a shared composition book titled "Daily Notes". On 3/13/23 at approximately 3:15 PM the Manager confirmed a composition book is used to document progress notes for all residents in a shared record and stated, "We write daily updates on each resident in here, we do not document in the [resident's] individual record."</p>	R189		
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p>	R190		

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R190	<p>Continued From page 18</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to provide documentation of Vermont Criminal Background and Abuse Registry background checks completed at time of hire for a sample of 6 out of 6 staff (Staff #3, #4, #5, #6, #7, and #8) . Findings include:</p> <p>Per record review there was no documentation of Vermont Criminal and Abuse Registry checks completed for 3 out of 6 sampled staff including Staff #4, #5, and #7. Staff #3 was reportedly hired in August of 2018, however a there was no documentation of completion of a Vermont Criminal background check, and an Abuse Registry check was documented as completed three months prior to hire in May of 2018. Staff #6 was reportedly hired on 1/11/23, however Vermont Criminal and Abuse Registry checks were documented as completed in February of 2004. Staff #8 was reportedly hired in September of 2012, however a Vermont Criminal background check was documented as completed on 8/16/13 and Abuse Registry checks were documented as completed in May of 2018.</p> <p>At 10:52 AM on 3/13/23 the Manager confirmed a staff list with hire dates is not accurately maintained at the facility; and documentation of Vermont Criminal and Abuse checks do not evidence completion of required background checks at the reported time of hire for 6 sampled staff.</p>	R190		

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R230 R230 SS=C	<p>Continued From page 19</p> <p><b>VI. RESIDENTS' RIGHTS</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation and record review there was a failure to post the facility's grievance process in a public place in the home. Findings include:</p> <p>At 11:19 AM on 3/13/23 the Manger confirmed the facility's grievance process is not posted in a public area of the home.</p>	R230 R230		
R231H SS=C	<p><b>VII. NUTRITION AND FOOD SERVICES</b></p> <p>7.1 Food Services</p> <p>7.1.a. Menus and Nutritional Standards Based on observation an staff interview there was a failure to meet regulatory requirements as outlined in Section 7.1 a of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000 to include a menu planned and written at least one week in advance, a</p>	R231H		

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R231H	<p>Continued From page 20</p> <p>weekly menu including alternative food items posted in a public place in the home; and a record of written menus including any substitutions for the previous month on file and available to examination by the licensing agency. Findings include:</p> <p>At 12:35 PM on 3/13/23 Staff confirmed the menu posted on the wall in the kitchen was from August of 2022, and a current weekly menu including a alternative options was not posted in a public area of the home. The Staff stated " [the Manager] tells me what to make".</p> <p>At 1:45 PM on 3/13/23 the Manager was observed writing on a menu at the kitchen table following a request for a record of menus for the previous month. The Manager stated s/he was "trying to do them by memory" and confirmed a record of written planned menus including substitutions were not maintained and available for review on request.</p>	R231H		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure all perishable food items are labeled and dated. Findings include:</p>	R247		

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R247	<p>Continued From page 21</p> <p>During the course of the facility tour commencing at 9:19 AM on 3/13/23 the following perishable food items were observed, and confirmed by Staff, to be without labels and dates:</p> <ol style="list-style-type: none"> <li>1. In the kitchen refrigerator there were opened undated containers of orange, mango and prune juice; containers of half and half, milk, and creamer; a bottle of Snapple tea; an open container of salad mix; six packages of sliced deli items including turkey, ham, and cheese; containers of spreadable butter and parmesan cheese; condiments including barbeque sauce, Worcestershire sauce, soy sauce, two jars of jelly, ketchup, mustard, Italian dressing, French dressing, Thousand Island dressing, lemon juice, cream cheese; and 16 containers of "leftovers" including vegetables, meats, salads, and desserts without identifying labels and dates the items were prepared.</li> <li>2. In the kitchen freezer opened undated items included eight gallons of ice cream, bags of chicken nuggets and french fries; waffles in a Ziploc bag.</li> <li>3. On top of the kitchen fridge baked goods were observed without identifying labels and dates the items were prepared or opened including containers of angel food cake, cookies, and muffins.</li> </ol>	R247		
R266 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a</p>	R266		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**FAIRWINDS RESIDENTIAL CARE HOME** **108 MECHANIC STREET**  
**NORTH BENNINGTON, VT 05257**

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R266	<p>Continued From page 22</p> <p>safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to provide and maintain a safe, functional, and sanitary environment. Findings include:</p> <p>During the course of the facility tour commencing at 9:19 AM on 3/13/23 the Manager confirmed the following observations:</p> <p>1. An unlocked cabinet in the kitchen sink was observed to contain hazardous chemicals and cleaning agents accessible to residents including Mr. Clean surface cleaner, spot and stain remover, bleach, Windex spray, dish soaps, Pinesol disinfecting solution, Pledge furniture polish, mold and mildew remover, Tarn-X tarnish remover, WD40 lubricating spray, Armor All protectant spray, Lysol disinfecting spray, and Miracle Grow plant fertilizer.</p> <p>Fungicide spray was observed to be accessible to residents in the hall between a shared resident's room; disinfecting toilet wipes were accessible in a shared bathroom adjacent to the hall; and disinfecting wipes were observed accessible to residents on top of the cabinet used to store resident charts in the kitchen and in the single occupancy room of a resident with advanced Alzheimer's Disease. The residents of the home have varying abilities to safely manage access to hazardous chemicals and cleaning agents due to physical and cognitive conditions.</p> <p>2. During observation of lunch service Staff was</p>	R266		



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R266	Continued From page 23  observed hand washing the resident's lunch dishes in the kitchen sink and placing them on a towel placed on the counter to dry. While washing dishes with dishwashing detergent and water is effective at dislodging food particles from the dishes, the use of a manual dishwashing method without including a soak in a sanitizing agent does not effectively sanitize the dishes to reduce the risk of exposure to communicable diseases and food borne illnesses. The kitchen is equipped with a dishwasher, which was confirmed to be in good working order. At 12:40 PM on 3/13/23 Staff confirmed "dishes are hand washed, [staff] hardly ever use the dishwasher" which was confirmed to be due to staff preference.	R266		
R272 SS=D	IX. PHYSICAL PLANT  9.2 Residents' Rooms  9.2.e Resident bedrooms shall be used only as the personal sleeping and living quarters of the residents assigned to them.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure the room of one applicable resident (Resident #1) is used only as the personal sleeping and living quarters of the resident who is assigned to the room. Findings include:  During the course of the facility tour commencing at 9:19 AM on 3/13/23 the Manager confirmed his/her personal items are stored in the Resident #1's bathroom, which is part of the resident's room. The Manager lives on site in the basement	R272		

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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
R272	Continued From page 24  of the home and stated s/he stores personal items in Resident #1's bathroom and utilizes the resident's room for his/her personal use when s/he "gets ready in there".	R272		
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 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 rotate timing of fire drills to include a night drill. Findings include:  At approximately 9:50 AM on 3/13/23 the Manager confirmed a fire drill had not been conducted at night during the previous 12 months.	R302		
R303 SS=F	IX. PHYSICAL PLANT	R303		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAIRWINDS RESIDENTIAL CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 MECHANIC STREET NORTH BENNINGTON, VT 05267</b>
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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
R303	<p>Continued From page 25</p> <p><b>9.11 Disaster and Emergency Preparedness</b></p> <p><b>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.</b></p> <p><b>This REQUIREMENT is not met as evidenced by:</b> Based on observation and staff interview there was a failure to post a list of emergency telephone numbers by the telephone, which has the potential to affect all facility residents. <b>Findings include:</b></p> <p><b>At 11:19 AM the Manager confirmed emergency numbers are not posted beside the telephone on the floor of the home inhabited by residents.</b></p>	R303		

Fairwinds Residential Care Home  
108 Mechanic Street  
North Bennington, Vt. 05257

Plan of correction for survey done on March  
13,2023

In response to R144,5.9c Resident Care and  
Home services

(1) Resident#3's assessment was  
completed on 4/10/2023 and signed by  
the R.N.on the same day.

(2)

(3) Resident #4's assessment was  
completed and signed by the R.N. on  
3/13/2023.

(4) Resident #5's assessment date was  
believed to be a clerical error .

- (5) Implementing a time weekly for the nurse to review the charts, assessments and MAR will prevent these errors from happening again. 7/1/2023
- (6) The manager will be responsible for completing assessments and contacting the nurse to review assessments and sign them immediately
- (7) .
- (8) All new admissions will have an assessment done within a 7 day period.
- (9) Anyone requiring hospitalization will have a reassessment finished within 2 days of returning to the facility.
- (10) All other assessments will be done on a yearly basis.
- (11) The nurse and manager will review all assessments on a monthly basis and sooner if there is a change in the residents condition.

Tag R144 Accepted on 8/24/23 - C. Scott

In response to R145 5.9c (2) The R.N will develop a written plan of care based on the history and physical and Dr's orders obtained upon admission. Care plans will be completed within a seven day period. The nurse will update them every month or sooner if a condition changes, there's a hospitalization or change in Dr's orders.

The nurse and manager will educate the staff on the residents and care needs upon admission and if there are any pertinent changes in the resident.

The R.N has updated the care plan on resident #1 to include the risk and treatment of GI bleeding and Anemia. This was completed on 4/1/2023.

(2) The R.N. has updated Residents #2's care plan to include the proper uses, risks, side effects, proper storage of Nitroglycerin. Staff has been provided with print outs and an

4. Resident #5 has resided with us for a long time and has signed orders from the physician but in recent years has been doing video appointments

Which are documented and signed .However the office did not follow-up with written orders . I have a call into the physician for updated orders. I have an appointment scheduled for Resident#5 on July 3,2023.I will obtain updated written orders during that appointment on 7/3/2023.New orders have been obtained.7/8/2023.The manager will continue to follow up with the documentation from the physician's office to be added to the residents file. This will maintain compliance with the dr's orders

has updated the care plan to include the information on the symptoms, use of lasix and treatment of edema.

Resident # 4 has had a follow up appt. With her primary physician orders have been changed to 40 mg lasix daily which has been updated on the MAR. and continued to be signed for .

BP's have been done since February 2023 and documented in the daily notes.

Resident has been wearing Ted stockings as ordered by the physician since February 2023. Legs and feet are elevated as needed.

(4) The R.N. has assessed all the medical problems for this resident and documented the problems ,treatment and complications on the care plan. The R.N. will continue to reassess residents after a hospitalization. The manager will be responsible for notifying the nurse that a hospitalization has occurred.



inservice time on the proper use and side effects of using nitroglycerin has been provided to the staff.

The R.N. will continue to be responsible for completing and updating the care plans on a monthly basis ,but will also be reviewing them on a weekly basis as well 7/1/2023

The update and education was provided on 5/6/2023.

R.N has agreed to come in on a weekly basis to review the residents condition ,care plans assessments and medication documentation.

Tag R145 Accepted on 8/24/23 - C. Scott

In response to R146 5.9(c)

(3)The R.N. has provided print outs and inservice time to the staff on the identification of symptoms and treatment of edema,including the use of Lasix .The R.N.

Tag R146 Accepted on 8/24/23 - C. Scott

,aadn

R147

The correct time frame and symptoms for use of the inhalers have been included on the MAR and updated on Resident #5's care plan as of 4/1/2023.

Weekly reviews of charts, the MAR, care plans and assessments by the R.N. will prevent these discrepancies from happening in the future. 7/1/2023

Tag R147 Accepted on 8/24/23 - C. Scott

R162 Residents care and home services  
5.10 medication management

Resident #5 was scheduled for July 3rd 2023. Written Dr.s orders were obtained and placed in the residents file. 7/8/2023. To prevent this from happening again the manager will request written orders during the residents appointment. If the resident participates in a video appointment the

manager will be responsible for obtaining the drs orders placing them in the residents file.the manager will notify the nurse so they can be reviewed for accuracy. The nurse will sign them ,educate staff on the changes (if any) and place them in the file under Drs orders.This will prevent mistakes and maintain compliance.

Tag R162 Accepted on 8/24/23 - C. Scott

R 169 5.10(a) Medication Management  
The R.N. will continue to provide medication education and delegation to each staff member after 2 weeks of employment and updated on a yearly basis or if the resident has had specific medication changes.This will require them to do a written test in which they will look up the medications and side effects and uses.The physical requirement will have them demonstrate the ability to pour from the medication bottle in a proper manner and verbalize the five rights of giving medication.

This will be documented and signed by the R.N. and staff member and kept in our medication delegation folder.

R169 5.10(a) cont:

Our staff is presently and will continue to check the medications with the MAR on a daily basis. This has been the best tool for learning what the medications are ,what they are for and identifying each medication. The manager will monitor this practice on a daily basis to assure this practice continues. The nurse and manager will monitor weekly to prevent errors and assure compliance.

6/20/23

R169 5.10(a)

I am presently attaching a note to the medication containers with the residents name and the medication we are waiting to obtain ,day and time of day they need to be filled in the weekly med

containers.3/19/2023.The manager will continue to monitor on a weekly basis and make this a standard practice.The nurse and manager will check the medications together each week when the pill planners are filled to prevent errors and continue compliance.

3/19/2023

Medication refusals are documented in the MAR as well as in the daily notes along with the actions taken.This was corrected on

3/19/2023

The manager will follow up with the MAR and daily notes each day to assure the correct documentation has been provided.3/19/2023

R169 5.10 Medication Management

I am presently still preparing the medications for the week in a 7 day pill planner with 4 time slots. Staff is checking the meds against the MAR before administering them to the resident. A pill book and education on how to use the online pill identifier has been provided. If we are awaiting delivery of medications documentation of the med, the days and the time it needs to be added is attached to the residents pill planner. 3/19/2023.

R169 cont: We are presently having conversation with a local pharmacy about transitioning to a prepackaged medication system our target date is 8/1/2023. Until then the manager will continue to set up meds in the 7 day planner and the nurse will check

them weekly to prevent errors and maintain compliance.

Resident #1 was taken to the physician's office on March 17,2023

Dr. reviewed all medications and supplements were appropriate for the resident.

Vit D3 400 IU is ordered daily and documented in the MAR as indicated.

The manager will review all meds with the Dr. during the residents visit and written documentation will be obtained at that

time.Documentation will be placed in the residents chart under Dr.'s orders.3/17/2023

The Nurse will be notified so she can update the care plan,assessment and notify Dr. if clarification is needed,the updated med list will be checked against the MAR to assure the medications are being given as ordered

by the physician and that changes have been documented .Staff will be notified of any changes in medications and documentation.The Nurse and manager will review the med list and orders weekly to assure continued compliance.

Tag R169 Accepted on 8/24/23 - C. Scott

R171 5.10

Resident #4 has all new orders and VNA is following her on a weekly basis so all med orders have been clarified and are being done as ordered in an appropriate manner . In the event hospice is needed in the future they will be asked to document the residents care needs and orders in the nurses notes to prevent confusion ,and maintain compliance .

4/10/2023

Bp checks were and are continuing to be done and documented in the daily notes



The manager will monitor on a daily basis to be sure the resident information is being documented on a daily basis. Daily notes have been moved to a binder that was already set up, which provides an individual area for documentation on each resident. Staff is documenting on each resident on each shift. The manager is following up on documentation daily to ensure compliance. The nurse is following up weekly to ensure compliance.

Tag R171 Accepted on 8/24/23 - C. Scott

## R173 Medication Management

R173 5.10 1. Keys have been made for each staff member and are being kept in a separate locked area away from the kitchen. The manager will continue to monitor to make sure staff is keeping the keys on them throughout each shift. This will be our standard practice. 3/18/2023

R173 2.Locks were applied to a cabinet in each bathroom.

All ointments and drops have been moved to a locked cabinet in the bathroom.

3/18/2023

Resident # 2 is very independent and shops for themselves making it difficult at times to keep track of what the resident has in the room. Eye Drops have moved to a secured cabinet. The manager and staff will monitor the room during daily cleaning to make sure any and all medication is kept in a secure place. The manager and staff will monitor the items that are brought in after the shopping trips .3/4/2023.

Education on, residents rights, the proper use and risk of nitroglycerin, Fire and safety, and

gastrointestinal bleeding have been provided.4/10/2023 and 5/6/2023

Tag R173 Accepted on 8/24/23 - C. Scott

## R179 V.Resident Care and Services

### 5.11 Staff Services

The following education has been provided to staff; they have been documented and signed by the employee and nurse.

Gastrointestinal Bleeding 3/14/2023

What to know about the use of nitroglycerin 4/10/2023

Resident rights 5/10/2023

Fire and safety 5/10/2023.

The nurse and manager will responsible for scheduling a monthly training along with our monthly staff meeting to assure we stay in compliance with our training requirements.3/14/2023.

Tag R179 Accepted on 8/24/23 - C. Scott

R189 5.12( 3.) Resident #4's assessment has been signed by the R.N. An updated assessment has now been completed and put in her chart signed by the R.N. 6/21/2023

All assessments have been completed and signed by the R.N. 6/21/2023

The Nurse and manager will meet and review assessments weekly to prevent any further missing assessments.

All assessments will be finished and signed by the manager and nurse within 7 days of admission ,after a hospitalization,a significant change in condition and on a yearly basis.

The nurse and manager will meet weekly to review assessments to maintain compliance.6/21/2023

R189 5.12

Resident #3 has a new assessment completed on 4/10/2023.

Resident #5 is a long time resident, the assessment has been updated and added to the chart .The manager will be responsible for contacting the nurse if a resident requires hospitalization so the R.N can review the resident's medications and condition and make the appropriate changes on the care plans ,MAR and assessments. 4/10/2023

R189 5.12

All of residents #4's meds have been reviewed and documented in the MAR on 4/10/2023

R.N. has reviewed and implemented a plan for signs and treatment of edema.

The orders for lasix have been reviewed by the physician and changed to 20 mg.daily.

R189

The R.N. will monitor and assess each resident upon admission or on a monthly basis and sooner if a condition changes. The nurse will continue to document in a specified area (nurses notes)we have implemented to each resident's chart . The manager will be responsible for contacting the nurse if a resident's

Condition changes,a hospitalization occurs or if there is a new admission. The nurse will then provide the proper documentation and continue to follow up on a monthly basis to ensure compliance. 6/29/2023

R189 3. Staff does keep daily notes on each resident after each shift, in a notebook setup

With charting ability on each resident individually. We transitioned to this notebook on 6/20/2023.

The manager will monitor the daily notes and MAR on a daily basis to assure all important information is being documented. The R.N. will review the notes on a weekly basis to assure we stay in compliance. 6/20/2023

Tag R189 Accepted on 8/24/23 - C. Scott

R190 5.12b.(4)

My staff register has been updated with accuracy and is posted on the corkboard in the kitchen. The manager will be responsible for making sure the register is maintained and updated.

The manager will update the staff register if a new employee is added to the staff or if any other changes occur. The register will be kept On file to be accessible for surveys and to maintain compliance. 3/18/2023

All criminal background checks are being updated and will continue to be updated on a yearly basis.5/11/2023

New employees will have background checks done prior to employment.

The manager will be responsible for obtaining and submitting the background checks.5/11/2023

Tag R190 Accepted on 8/24/23 - C. Scott90

R230 VI.

A grievance procedure has been rewritten and posted on the corkboard in the kitchen , next to the information on contacting the ombudsman.

A copy has been given to each resident /and or family member and one copy added to the residents chart.



The manager will be responsible for supplying the grievance procedure to the resident upon admission and placing a copy in the resident's chart. As well as making sure there is a copy posted in a public place for viewing. 3/19/23.

Tag R230 Accepted on 8/24/23 - C. Scott

## R231 VII.7.1a

Menus are being done on a weekly basis and posted on the corkboard in the kitchen. Alternatives that are always available are posted near the menu as well. We will keep these available for examination by the licensing agency. 3/19/23

The manager will be responsible for posting the menus on a weekly basis. 3/19/23

Tag R231 Accepted on 8/24/23 - C. Scott

## R247 7.2b

All opened food items are being dated with the date we open them.all leftovers are being labeled and dated ,then discarded in a 5 day period.

Staff and management are continuing the labeling practice .

The manager will be responsible for monitoring this practice on a daily basis.3/14/2023

Tag R247 Accepted on 8/24/23 - C. Scott

R266 1.The 2 cabinets in the kitchen referred to have been fixed and new locks have been applied along with 1 cabinet in each bathroom for storage of any items needing to be secured.3/20/2023

All disinfectant wipes and lysol spray have been secured in the locked cabinet in the kitchen.3/20/2023

The manager will be responsible for making sure this practice continues for the safety of our residents.3/20/2023

R266 IX.

Staff is aware of the necessity to use the dishwasher and the compliance of doing so.They are presently using the dishwasher .3/14/2023

The manager will be responsible for making sure this practice continues every day.3/14/2023

Tag R266 Accepted on 8/24/23 - C. Scott

R272 IX.

The make up items referred to in this section were removed and placed in our private area of the facility.3/13/2023

The manager will be responsible for making sure these items are kept in their private area

of the home. The bathroom referred to is being used by the resident only. The staff and manager will continue to make sure this practice continues. 3/13/2023

Tag R272 Accepted on 8/24/23 - C. Scott

### R302 IX 9.11

We will implement a nighttime fire drill on a yearly basis. A 4:30 am fire drill was held and documented on 4/10/2023.

The manager will be responsible for holding the nighttime fire drills as well as the monthly fire drills that are held at different times of the day and evening. Documentation of each fire drill will be done monthly. 4/10/2023

Tag R302 Accepted on 8/24/23 - C. Scott

### R303 IX 9.11.d

All emergency numbers were posted about 2 feet from the phone. We have since updated

the phone numbers and placed them directly under the phone.

The manager will be responsible for making sure the numbers remain posted in this

area.3/19/2023

Tag R303 Accepted on 8/24/23 - C. Scott