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

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 **June 20, 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,

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

PRINTED: 06/26/2023
FORM APPROVED

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
	0031	A. BUILDING: ______ B. WING ______	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRWINDS RESIDENTIAL CARE HOME	108 MECHANIC STREET NORTH BENNINGTON, VT 05257

(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: On 6/20/23 the Division of Licensing and Protection conducted an unannounced on-site investigations of one complaint. The following regulatory deficiencies were identified:	R100		
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure medications and treatments for one applicable resident (Resident #1) were consistent with the physician's orders. Findings include: 1. Resident #1's order for Losartan Potassium (for high blood pressure) 50 mg once daily was discontinued on 4/19/23. The Manager failed to discontinue the medication on the Medication Administration Record (MAR), and signed the MAR documenting administration of the discontinued medication through the date of 5/31/23. 2. On 4/19/23 Resident #1 received an order for Prednisone 20 mg once daily for 5 days followed by 10 mg once daily for 5 day then stop the medication. This medication was never added to Resident #1's MAR and there is no documentation indicating the medication was administered as ordered.	R128		

Division of Licensing and Protection

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R128	Continued From page 1	R128		

3. On 4/19/23 Resident #1 received 2 orders for Albuterol Sulfate 0.83% 2.5 mg/3 ml solution including an order to administer via nebulizer as a scheduled medication twice daily, and an additional order to administer via nebulizer every 4 hours as needed (PRN) for dyspnea (difficulty breathing). The medication was incorrectly listed in the April, May, and June 2023 MARs as "Albuterol Sulfate inhalation solution 0.83% q4 PRN for dyspnea" in an entry with scheduled administration times of 6:00 AM and 9:00 PM.

4. On 4/20/23 Resident #1 received a hospice comfort pack to include Lorazepam 0.5mg PRN for increased agitation. The medications was incorrectly entered and administered on June 2nd and 5th as Lorazepam 0.5mg to be given at 8:30 PM without indication of why the medication was administered. Additionally there was no evidence that the RCH contacted the physician to change the medication order from PRN to scheduled.

5. Resident #1 was hospitalized for viral pneumonia from 4/10/23 - 4/19/23 and was discharged from the hospital on hospice. A physician's order dated 4/19/23 for Oxygen to be administered at 2 liters per minute PRN (as needed) listed viral pneumonia and dystolic heart failure as the diagnoses the oxygen supplementation is intended to treat. This order was not entered into Resident #1's April and May 2023 MARs indicating this treatment was not available for use as needed until June of 2023. Additionally, there was no evidence of a follow up the with physician to clarify the specific parameters for administration of oxygen supplementation.

On the afternoon of 6/20/23 the Manager

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R128	Continued From page 2 confirmed Resident #1's Medication Administration Records indicate Resident #1's medications and treatment were not administered as ordered.	R128		
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 record review and staff interview the Registered Nurse failed to complete a change of condition assessment for one applicable resident (Resident #1) as required. Findings include: On the afternoon of 6/20/23 the Manager confirmed a change of condition assessment following decline in health was not on file and available for review in Resident #1's health record. Resident #1 experienced significant decline requiring hospitalization in April of 2023 for viral pneumonia which resulted in initiation of hospice care.	R136		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2)	R145		

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R145	Continued From page 3 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 record review and staff interview there was a failure to develop a written plan of care describing the care and services required to maintain the well being of one applicable resident (Resident #1). Findings include: Resident #1 has diagnoses including congestive heart failure and requires care and monitoring for edema, difficulty breathing and poor oxygenation, and cardiac insufficiency. Resident #1 is on hospice and received a comfort kit including Morphine and Lorazepam to treat the signs and symptoms associated with his/her diagnoses during end of life care. S/he has orders for oxygen supplementation as needed. The written plan of care on file for Resident #1 did not describe care and services required related to hospice care, use of the comfort kit medications and oxygen supplementation, and monitoring/interventions related to edema and risk for cardiac insufficiency. On the afternoon of 6/20/23 the Manager confirmed the written plan of care on file for Resident #1 did not address the care and services s/he required.	R145		

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R177	Continued From page 4	R177		
R177 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to account for a narcotic and a controlled substance as required for one applicable resident (Resident #1). Findings include: A hospice care comfort kit for Resident #1 including Morphine Sulfate and Lorazepam was received by the facility on 4/20/23. On the afternoon of 6/20/23 the Manager confirmed the facility's log book for narcotics and controlled substances did not contain required documentation for Resident #1's Morphine Sulfate (narcotic) and Lorazepam (controlled substance) to include the date of delivery and the amount received, daily accounting of the narcotic Morphine Sulfate, and weekly accounting of the controlled substance Lorazepam.	R177		
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2)	R188		

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R188	Continued From page 5 A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record record review and staff interview there was a failure to ensure a signed admission agreement was maintained in the resident record for one applicable resident (Resident #1). Findings include: On the afternoon of 6/20/23 the Manager confirmed Resident #1's record did not include a signed admission agreement.	R188		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.	R266		

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R266	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews there was a failure to ensure care in a safe environment. Findings include: Per record review, on 6/7/23 a staff member's dog bit a facility visitor. Per staff interview the dog was leashed to the accessibility ramp at the entrance of the facility. Staff stated the visitor was instructed by the staff member who owned the dog to let him/her know before using the ramp to leave the facility, indicating staff was aware of potential risks. The visitor was bitten on the hand when s/he encountered the dog at the bottom of the ramp without the staff member present and required medical care. Three residents were seated on the porch at the top of the ramp while the dog was at the facility. On the afternoon of 6/20/23 the Manager confirmed the unattended dog leashed to the ramp prohibited safe use of the ramp, and created an unsafe environment.	R266		

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

Plan of correction for survey conducted on June 10,2023

This Survey was conducted on 6-20-23. Facility's date of June 10, 2023 is an error. C. Scott-LTCM

R128 V.Resident Care and Home Services
5.5 General Care

The nurse and manager are presently going over the most up to date Dr.s orders to the Mar to be sure all meds coincide with the Dr.s orders . If there is a discrepancy on the med orders the nurse will follow up with the physicians and document in the nurses notes and daily notes .A request will be made to the physician's office to send an updated dr.s order within a 14 day period.The nurse will continue to monitor the MAR on a weekly basis to avoid the recent errors.If a resident is hospitalized the nurse and manager will review the hospital discharge orders together

and document appropriately in the MAR.6/30/2023

R128 5.5 cont;
In the event a PRN medication is ordered and administered the medication will be documented at the time given by the person administering medication.Oversight will be provided by the nurse on a weekly basis.
If at any time Oxygen is ordered for a resident and the orders are not clear for use the nurse will clarify the parameters with the physician and will document in the nurses notes,daily notes and add the orders to the MAR. 6/30/2023
Tag R128 Accepted 8/22/23 - C. Scott

R136 5.7 Assessment
5.7c

.The manager will be responsible for completing the admission assessment within a 7 day period and yearly reassessment unless there is a significant change in the residents condition or a hospitalization has occured.In the event of a

hospitalization the manager will be responsible for completing a new assessment within 2 days of readmission and the nurse will be responsible for reviewing the assessment and signing it immediately.

The nurse and manager will continue to monitor assessments on a weekly basis to assure we remain in compliance.6/30/2023

Tag R136 Accepted 8/22/23 - C. Scott

R145

A plan of care is done on each resident admission within 2 days of entering the facility and placed in the residents chart .

The nurse will be responsible for developing a new plan of care ,when a patient has had a significant change in condition,required a hospitalization or has been placed on hospice care .

The manager will be responsible for notifying the nurse of any of these occurrences, so that she can make the appropriate changes on the plan of

care and assure that we remain in compliance.6/30/2023

Tag R145 Accepted 8/22/23 - C. Scott

R177 V. Resident care and Home services
5.10 Medication Management

5.10h

In the event a resident is placed on a controlled substance or a narcotic ,or has been placed on hospice and has been ordered a hospice care comfort kit all medications will be documented in the already established narcotic count book with the date received and the amount received.All meds will be added to the MAR .

All controlled drugs will be counted on a weekly basis and logged into the narcotic count book and initialed by the manager and R.N.

All narcotics will be counted on a daily basis and documented in the narcotic count book.
All meds will be signed for at the time med is given by the person administering the medication

The nurse and manager will be responsible for monitoring the counts and the documentation.6/30/2023

Tag R177 Accepted 8/22/23 - C. Scott

R 188 V.Resident Care and Home Services 5.12.b(2)

All residents and or family members are provided with an application, agreement of services ,resident rights,grievance procedure and missing person policy.This was the case for this resident as well .However the agreement of services was not signed when returned to the facility.

The manager will be responsible for reviewing this paperwork when it is returned to the facility and obtaining the signatures upon admission.6/15/2023.

Tag R188 Accepted 8/22/23 - C. Scott

R266 IX Physical Plant

9.1 Environment

9.1a

The incident with the dog bite on 6/7/2023 was an unfortunate incident and poor judgment on the part of the staff was used but without intention of anyone being hurt .None of us would intentionally put anyone in harm's way.However due to this situation there will be no dogs allowed in the vicinity of the residents or their living space.
A sign will be posted outside of the facility and it will be the managers responsibility to enforce this policy.7/1/2023

Tag R266 Accepted 8/22/23 - C. Scott