



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

October 20, 2023

Ms. Wanda King, Manager
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 **September 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", written over a light blue horizontal line.

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

Division of Licensing 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 R 09/13/2023
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NAME OF PROVIDER OR SUPPLIER FAIRWINDS RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC STREET NORTH BENNINGTON, VT 05257
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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
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R100	Initial Comments: On 9/13/23 an unannounced on-site follow-up survey was conducted to determine if the Residential Care Home was back in compliance with regulatory violations identified during a relicensure survey conducted on 3/13/23 by the Division of Licensing and Protection. The following regulatory violations were found to not be back in compliance with the Vermont Residential Care Home Licensing Regulations effective October 3, 2000.	R100		
R101 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure residents with needs that exceed the level of care the home is able to safely and appropriately provide are not accepted and retained by the home. Findings include: Per record review Resident #1 was admitted into hospice care on 9/8/23. following hospitalization for cardiac decompensation. S/he requires continuous oxygen supplementation via nasal cannula and primarily remains in bed due to activity intolerance resulting from advanced	R101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wanda J King</i>	TITLE <i>owner/manager</i>	(X6) DATE <i>10/14/2023</i>
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STATE FORM 6899 ONSU17 If continuation sheet 1 of 13

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R101	<p>Continued From page 1</p> <p>diastolic heart failure.</p> <p>Per record review Resident #2 has severe Alzheimer's Dementia, cardiovascular disease, and requires 2 person assists for transfers and ambulation.</p> <p>Due to the current level of care the home is licensed to provide, and insufficient nursing care to meet the needs of Residents #3 and #4, these residents exceed the level of care the home is able to safely and appropriately provide.</p> <p>This finding was acknowledged by the Manager on the afternoon of 9/13/23.</p>	R101		
{R144} SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c.(1)</p> <p>Complete an assessment of the resident in accordance with section 5.7;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a significant change Resident Assessment for one applicable resident (Resident #1) in accordance with section 5.7 of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. Findings include:</p> <p>Per interview with the Manager of the home on the morning of 9/13/23 Resident #1 was admitted into hospice care following a period of cardiac decompensation requiring hospitalization. On the afternoon of 9/13/23 the Manager confirmed a</p>	{R144}		

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{R144}	Continued From page 2 significant change assessment was not completed following Resident #1's physical decline and admission into hospice care.	{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> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse (RN) failed to develop a written plan of care to address the care and services necessary to maintain the wellbeing of 3 applicable residents (Residents #1, #2, and #3). Findings include:</p> <p>1. Per record review Resident #1 is at risk for cardiac insufficiency due to diastolic heart failure, is prescribed continuous oxygen via nasal cannula, and is receiving hospice care. Resident #1's written Plan of Care was not updated to address care and services related to hospice care including when and how to contact hospice providers and use of the hospice comfort kit; oxygen supplementation including precautions and instructions for use; and monitoring for conditions associated with cardiac insufficiency including skin breakdown, hypoxia (insufficient</p>	{R145}		

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{R145}	<p>Continued From page 3</p> <p>oxygenation), and fluid overload.</p> <p>2. Per record review Resident #2 has a history of Gastrointestinal bleeding and anemia. S/he is prescribed the anticoagulant medication Eliquis which increases risk for uncontrolled bleeding. Resident #2's written Plan of Care does not address prevention of and monitoring for bleeding and other potential side effects of this medication.</p> <p>3. Per record review Resident #3 is prescribed Nitroglycerin which dilates blood vessels and eases the workload of the heart during episodes of angina (chest pain) and heart attack. While Resident #3's written plan of care indicates s/he is prescribed Nitroglycerin, the Plan of Care does not describe necessary care and services related to administration of this medication including blood pressure and pulse monitoring, ensuring the resident is seated before administration and stands up slowly, informing the resident that headaches are an expected outcome of administration, and proper storage of this medication.</p> <p>On the afternoon of 9/13/23 the Manager confirmed the written Plans of Care on file did not address necessary care and service for Residents #1, #2, and #3.</p>	{R145}		
{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</p>	{R147}		

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{R147}	Continued From page 4 administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure the current medication list for one applicable resident (Resident #2) included the specific dose for a PRN (as needed) medication. Findings include: Per record review Resident #2's medication list dated 8/4/23 includes an order for Acetaminophen 500 mg capsules 1-2 by mouth up to four times daily if needed. At 2:21 PM on 9/13/23 the Manager confirmed Resident #2's order for PRN Acetaminophen did not include the specific dose to be administered.	{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: Based on staff interview and record review there was a failure to ensure signed orders for medications administered to one applicable resident (Resident #4). Findings include: On the afternoon of 9/13/23 the Manager was	{R162}		

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{R162}	Continued From page 5 requested to provide signed orders for medications administered to Resident #4 for review. In response the Manager provided an unsigned copy of Resident #4's medication list. At 3:16 PM on 9/13/23 the Manager confirmed signed orders were not on file and available for review for medications administered to Resident #4.	{R162}		
{R169} SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 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: (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident's own care, including the right to refuse medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route. (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives. (5) The home's policies and procedures for assistance with medications. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure med delegated staff followed proper techniques for medication	{R169}		

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{R169}	Continued From page 6 administration including checking for the right medication, dose, time, route and timely documentation of medication administration. Findings include: At approximately 11:45 AM on 9/13/23 the Manger was informed the noon med pass would be observed by the Surveyor. When the Med Tech was requested to inform the Surveyor when s/he was ready to administer medications the Med Tech confirmed the medications had already been administered without checking the orders in the Medication Administration Record (MAR) or signing the MAR to document administration. Checking the MAR to ensure the correct resident, medication, dose, route and time of administration is an essential aspect of safe medication administration and prevention of medication errors. On the afternoon of 9/13/23 the Manager confirmed the Med Tech administered medications without following proper techniques including checking the MAR and documenting administration.	{R169}		
{R173} SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (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	{R173}		

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{R173}	Continued From page 7 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. Findings include: On the morning of 9/13/23 medications including Calmoseptine topical ointment, antifungal powder, and pain relief gel were observed to be accessible to residents in an unlocked drawer in a shared bathroom. This observation was confirmed by the Manager at 10:50 AM on 9/13/23.	{R173}		
{R179} SS=F	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, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not	{R179}		

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{R179}	Continued From page 8 limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review 5 out of 5 sampled staff failed to complete all required yearly trainings. Findings include: Per record review 5 out of 5 sampled staff failed to complete yearly trainings in Resident Emergency Response Procedures and First Aid; Mandatory Reporting of Abuse, Neglect and Exploitation; Respectful and Effective Interaction with Residents; and Infection Control Measures. At 10:41 AM on 9/13/23 the Manager confirmed 5 out of 5 sampled staff did not complete the required yearly trainings, and confirmed the facility had not provided the identified trainings that were not completed.	{R179}		
R189 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) 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	R189		

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R189	Continued From page 9 telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to maintain required documents in 2 applicable resident's records (Residents #1 and #2). Findings include: Per record review Resident #1's record did not contain a significant change Resident Assessment following hospitalization and admission into hospice care on 9/8/23; and Resident #2's record did not contain current signed medication orders. These findings were confirmed by the Manager on the afternoon of 9/13/23.	R189		
{R190} SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of criminal record and abuse registry checks for 3 out of 5 applicable residents. Findings include: At 11:20 AM on 9/13/23 the Manager confirmed criminal record and abuse checks were not completed for 2 out of 5 sampled staff, and a child abuse registry check was not on file and	{R190}		

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{R190}	Continued From page 10 available for review for 1 out of 5 sampled staff.	{R190}		
{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 was a failure to ensure perishable items were labeled and dated. Findings include:</p> <p>On the morning of 9/13/23 the following perishable foods were observed to be unlabeled and undated:</p> <ol style="list-style-type: none"> 1. In the refrigerator there was an unlabeled and undated Ziploc bag that contained a hard boiled egg that appeared discolored; an undated gallon of milk, an unlabeled and undated glass jar filled with white liquid the Manager stated was Lactaid; opened undated juice, condiments; containers of parmesan and ricotta cheese, and sliced cheese. 2. In the freezer there were 2 open undated containers of ice cream <p>At 10:59 AM on 9/13/23 the Manager confirmed unlabeled and undated perishable food items were stored in the refrigerator and freezer.</p>	{R247}		

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{R266}	Continued From page 11	{R266}		
{R266} SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe and sanitary environment related to the storage of chemicals and dishwashing practices in the home. Findings include:</p> <p>1. On the morning of 9/13/23 cleaning chemicals were observed to be unsecured and accessible to residents in an unlocked cabinet under the sink in a shared bathroom and in a container outside another shared bathroom in the home. The residents of the home have varying abilities to safely manage access to hazardous chemicals and cleaning agents due to physical and cognitive conditions. This was finding was confirmed by the Manager at 10:50 AM</p> <p>A large container of plant fertilizer and a mop bucket filled with a strong smelling cleaning solution were observed to be stored in an unlocked closet beside the main entrance of the home. This was confirmed by the Manager at 11:42 AM on 9/13/23.</p> <p>2. During observation of the kitchen area following breakfast and lunch service Staff were observed hand washing the resident's dishes in the kitchen sink and placing the dishes on the</p>	{R266}		

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{R266}	Continued From page 12 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. This finding was confirmed by the Manager on the afternoon of 9/13/23.	{R266}		

Fairwinds Residential Care Home
108 Mechanic street
North Bennington, Vermont 05257
802-442-4067

R101

5.1 Eligibility

Resident #1 did return home on oxygen and was admitted to hospice on 9/8/2023 which gives us more nursing overview. The resident otherwise is back at their baseline prior to admission to the hospital, Resident#1 has never been in bed continuously. The resident gets up, showers, walks with a walker with standby and feeds themselves. VNA has been notified of the discrepancy on their care plan. They are presently working to get us a new care plan for resident#1 's file. VNA continues to follow resident #1 weekly. Our facility nurse has been into to assess these residents and provide the oversight needed to keep these residents safe and maintain compliance. 10/7/2023.

Resident #2 has deteriorated but we are and have been working

with the Dr. and physical therapy to get to resident #2 walking with the walker and get them back to their baseline. Resident #2 attended a doctor's appointment on 10/6/2023. The physician supports the Resident's staying in this environment as long as the Resident's needs are being met. The facility nurse has addressed [REDACTED] care plan and provided the overview to keep the resident safe and maintain compliance. Resident #3 is completely independent. The only assistance needed for resident #3 is medication assistance and the facility nurse has provided the education and training to staff which is documented and kept in a folder for Medication delegation. Resident #4 has been with us for over 7 years and this resident is well cared for and the family, staff and ourselves feel like it would be detrimental to this Resident's health to move at this point. The facility nurse has reviewed Resident #4's assessment and care plan to be sure the Resident's care needs and safety are being met to maintain compliance. 10/4/2023
The nurse and manager

Pronoun
omitted by
DLP

are working together to get the facility into compliance and attain the facility license at our present Level of care when and if this is accomplished we will look into getting everything into place to change our level of care.

Going forward the nurse will assess the resident to be sure they remain at our level of care. The nurse will complete an assessment, care plan and policy and procedure to assess the individual needs of each resident, to maintain the quality of care and level of compliance we need to be maintaining.

The nurse has agreed to do the nursing overview and has been providing the necessary overview for all of our residents. The facility nurse is coming into the facility 3x a week to provide the necessary oversight for all the residents. The facility nurse is correcting all the care plans to meet the needs of each individual. Also reviewing the assessments and reassessing the individual if conditions require doing so. We are continuing to

update our policies and procedures ,required to retain our residents and get back into compliance and maintain the safety and welfare of our residents. 10/4/2023

*R101-Accepted by Carol Scott, LTCM
10-20-23*

*Resident Care and Home services;
5.7 assessment*

The manager will be responsible for the admission assessment, the nurse will be responsible for reviewing and signing it when the assessment is complete. The manager will be responsible for notifying the Nurse of any admission ,hospitalization, or change of condition so the nurse can complete the necessary paperwork including the updates on the assessments and care plans .

.The manager has completed a new assessment for resident #1, the nurse has reviewed it and signed it on 9/16/2023.

R101-Accepted by Carol Scott, LTCM 10-20-23

Resident care and home services

5.9c(1)

The nurse has completed a care plan for resident #1 addressing all the care needs and services required including Residents#1 's admission to hospice and the addition of oxygen supplementation. 9/21/2023.

R144V Resident care and Home Services

5.9c (1) Assessment

Resident #1 assessment was redone on 9/16/2023 to address any changes that may have occurred during a hospital stay on 8/29/23-9/3/2023. Including the admission to hospice and oxygen supplementation.

The manager will be responsible for completing the assessment as soon as the resident returns from the hospital. The manager will be responsible for contacting the nurse when the assessment is done so the nurse can review the

assessment, sign it and develop a new care plan to meet the needs of the resident. 9/16/2023

R144-Accepted by Carol Scott, LTCM 10-20-23

R145 Resident Care and Home services

5.9c(2)

The Nurse has addressed all of resident# 1 health's concerns and care in a new care plan 9/21/2023. The nurse has changed the care plan to include the use of anticoagulant and the monitoring of side effects for Resident #2.

Resident #3 no longer has an order for nitroglycerin and those changes have been made to the care plan to reflect the discontinuation of the nitroglycerin. 9/16/2023

The manager will be responsible for notifying the nurse of the hospitalizations, change in medications, and or change in resident's condition so they can oversee and review the care plans and assessments and make the necessary changes. 9/16/2023 **R145-Accepted by Carol Scott, LTCM 10-20-23**

R147 5.9c(4)

The physician was notified of the corrections needed for resident #2 acetaminophen (prn) order was changed from 1-2 tabs q 4 hr tablet to 1 tab q 6 hrs prn for pain or fever.9/20/2023.

The nurse and manager will be responsible for making sure the meds have specific orders without parameters.All physician orders will be reviewed by the manager and nurse after an appt. To assure we have the correct orders and are aware if there are any changes. Changes in meds will be added to the MAR changes in condition or care will be documented in the daily notes,nurses notes ,care plans and assessments will be updated accordingly.9/20/23

R147-Accepted by Carol Scott, LTCM 10-20-23

R162

5.10 Medication Management

5.10c

The physician was notified on 9/14/2023 that the second list for resident#4 was unsigned for on

7/18/2023.we have obtained the signed med sheet from the physician. 9/28/2023.

The nurse and manager will be responsible for making sure all med orders are signed upon entering the facility after a Dr's appointment,a transfer to the hospital and upon admission.

The nurse will be continuing to provide continuous overview and oversight so that we maintain compliance and avoid errors. 9/20/2023

R162-Accepted by Carol Scott, LTCM 10-20-23

R169 5.10 Medication Management

All staff have been trained and delegated for Med passing. I, as the manager have worked with them on the policy and procedure of giving the medications. I posted a note on the front of the med cabinet as a reminder, back in march 2023. The staff has been diligent in following these techniques, I'm not sure why this practice was done on that day but the staff member was spoken to on 9/14/2023.The requirements were

R173-Accepted by Carol Scott, LTCM 10-20-23

R179

5.11b Staff Services

The staff had finished 4 trainings since the previous survey. We have finished 2 more including Mandatory reports of abuse, and exploitation along with effective interaction with residents. 9/27/2023. We will finish emergency response procedures, infection control and general supervision and care of residents training during the month of October. Trainings will be documented in a specific folder signed by the staff and **R.N.** 10/31/2023

The Manager and Nurse will schedule monthly meetings and trainings with staff to comply with the regulations. 9/27/2023

R179-Accepted by Carol Scott, LTCM 10-20-23

R189

Resident #2 has signed orders for 3/23/2023. The manager contacted the physician for updated orders on 9/14/2023. Updated orders have been obtained and placed in the residents file 9/20/2023.

The manager will be responsible for obtaining a signed order when the resident attends a Dr.'s appointment or when there are specific changes in care or medication orders. The nurse will be responsible for reviewing those orders and signing them to assure they are correct.

9/20/2023

Resident #1 has a new assessment and care plan To address all the significant changes and a new admission to hospice. 9/16/2023.

The Nurse will be responsible for completing assessments on a yearly basis, if there is a significant change in condition, or after a hospitalization. The manager will be responsible for contacting the nurse to review the assessments when they are finished. The nurse will be responsible for reviewing for accuracy and

signing upon completion as well as developing a new care plan if necessary.9/16/23.

R189-Accepted by Carol Scott, LTCM 10-20-23

R190

5.12b

Criminal records and abuse checks

All criminal records and abuse checks have been sent in and dated for 9/26/2023 they did have to be sent back for a signature. They will return them within a few days.10/3/2023

The manager will be responsible for submitting the criminal and abuse checks on a yearly basis or if there is a potential new hire. All criminal records will be kept on file for review when necessary. 10/3/2023

R190-Accepted by Carol Scott, LTCM 10-20-23

R 247 nutrition and food services

7.2 Food and Safety Sanitation

We have definitely been trying to keep everything

overlooked however at this time I have designated 1 employee to oversee the dates on refrigerator and cabinets on a weekly basis.

The manager will be responsible for making sure this is being done on a weekly basis. All items will be labeled when opening them ,and then everything will be checked on a weekly basis to assure we are in compliance. 10/3/2023

R247-Accepted by Carol Scott, LTCM 10-20-23

R266

9.1 Environment

All chemicals and cleaning agents have moved to locked cabinets and will remain locked. The mop bucket has been moved to a different area of the facility .Plant fertilizer has been moved back to the outdoor shed. We are looking into placing a lock on that particular closet. The manager will be responsible for reinforcing the storage area remains in compliance. 10/7/2023.

Dishwashing practices:

After reviewing the dishwashing practices the staff assured me they had only hand washed the

dishes that were not dishwasher safe. All other dishes were in the dishwasher to be washed after serving dinner. The importance of continuing this practice was reviewed with all staff members.

The manager will be responsible for supervising the staff and making sure this practice continues so we remain in compliance. 9/20/2023

R266-Accepted by Carol Scott, LTCM 10-20-23