



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

February 28, 2024

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 **December 19, 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

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 12/19/2023
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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
{R100}	Initial Comments: On 12/19/23 the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to determine if the Residential Care Home was back in compliance with regulatory violations identified during a follow-up survey conducted on 9/13/23, which was a follow up- survey to the relicensure survey conducted on 3/13/23. 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 is 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: 1. There is a failure to provide consistent and effective nursing oversight to meet the needs of Residents #1, #2, and #3: Per record review Resident #1 has complex	{R101}		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Barbara J. Kelly

owner

2/28/2024

Division of Licensing and Protection

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{R101}	<p>Continued From page 1</p> <p>medical and nursing needs related to chronic and degenerative disease processes. His /her diagnoses include Diabetes Mellitus Parkinson's Disease, Alzheimer's Disease, and Asthma. Resident #1 has cardiac conditions that indicate a significant risk for a cardiovascular event including Diastolic Heart Failure, Atrial Fibrillation, and Hypertension; and a potassium deficiency that causes irregular heartbeat. Resident #1 is prescribed oxygen supplementation via nasal cannula as needed for and oxygen saturation rate below 90% and shortness of breath.. Lack of nursing oversight and staff education to safely and appropriately care for Resident #1's needs is evidenced by ineffective care planning and poor management of medication administration. This has impacted Resident #1's care and resulted in unidentified care needs, lack of staff training to recognize and respond to oxygenation issues, incorrect transcription of medication orders and missed documentation of medication administration.</p> <p>Per record review Resident #2 has severe Alzheimer's Dementia, cardiovascular disease, and requires 2 person assists for transfers and ambulation. Per record review and staff interview Resident #2 has experienced recent physical decline, weight loss, and increased irritability. Lack of nursing oversight has impacted Resident #2's care resulting in the failure to complete a significant change assessment and to update his/her plan of care in response to his/her changing needs.</p> <p>Resident #3 has a recent history of hospitalization following a heart attack with concurrent hyperkalemia (high potassium levels), dizziness, and loss of balance as documented in hospital discharge paperwork. Resident #3's reason for</p>	{R101}		

PRINTED: 01/29/2024
FORM APPROVED

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

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{R101}	<p>Continued From page 2</p> <p>hospitalization was incorrectly noted by the Registered Nurse to be due to an allergic reaction to medication for high blood pressure. During the survey on 12/19/23 staff including the Manager stated they were not aware Resident #3 had a heart attach and were not aware s/he was prescribed a Heart Healthy Diet on discharge. Resident #3 also has a recent history of skin abscess and fungal skin infection requiring monitoring and wound care. Staff on duty stated the Registered Nurse had not provided instructions for wound care and indicated an unlicensed staff member "showed us" how to perform wound care. Lack of nursing oversight resulted in the failure to update Resident #3's plan of care to identify and address his/her changing needs. Resident #3's care plan include does not include signs and symptoms of cardiac distress and when to seek medical attention; staff education regarding the Heart Healthy Diet prescribed on discharge and foods to avoid when potassium levels are too high, instructions to perform wound care ordered by the physician; instructions for assistance with the home exercise program prescribed by the physical therapist; and instructions related to the use of the anticoagulant medication Clopidigrel including the risk of uncontrolled bleeding, signs and symptoms of internal bleeding, and when to seek help.</p> <p>These findings were confirmed by the Manager who acknowledged the facility does not currently provide adequate nursing oversight to meet resident needs on the afternoon of 12/19/23.</p> <p>2. There is a failure to develop and maintain policies and procedures that govern all services provided by the home. During the survey on 12/19/23 the Manager was requested to provide copies of policies and procedures on file for</p>	{R101}		

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{R101}	Continued From page 3 review. On the afternoon of 12/19/23 the Manager confirmed policies and procedures had not been developed with the exception of "some policies for medications" which were not provided for review. In conclusion these deficient practices are a potential risk for more than minimal harm for all residents due to failure to provide consistent nursing oversight, staff education, and delegation of nursing tasks to ensure resident needs are safely and appropriately met; and failure to develop policies and procedures that provide a framework for safe and appropriate provision of care	{R101}		
{R144} SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c.(1) Complete an assessment of the resident in accordance with section 5.7; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse failed to complete a change of condition assessment in accordance with section 5.7 of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000 for one applicable resident (Resident #2) following a period of physical decline. Per record review, Resident #2's Primary Care Provider (PCP) referred him/her to home health for physical therapy evaluation and treatment following a period of physical deconditioning on	{R144}		

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{R144}	Continued From page 4 9/27/23, and documented "notable weight loss" on 10/10/23. On review of resident assessments on file, a significant change assessment was not completed for Resident #2 following his/her change of condition. At 4:51 PM on 12/19/23 the Manager confirmed a significant change assessment was not completed for Resident #2 in response to his/her physical decline and initiation of physical therapy. In conclusion this deficient practice is a potential risk for more than minimal harm to all residents due to unidentified resident needs resulting in failure to provide care and services needed to maintain independence and well-being.	{R144}		
{R145} SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop written plans of care describing the care and services required to maintain independence and well-being for 3 out of 3 sampled residents (Residents #1, #2, and #3). Findings include:	{R145}		

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{R145}	<p>Continued From page 5</p> <p>Resident #1's provider ordered Oxygen 2 liters by nasal cannula as needed for oxygen saturation rate below 90% and shortness of breath. Resident #1's Plan of Care does not include signs and symptoms of hypoxia (insufficient oxygenation), instructions for monitoring, and when to seek medical assistance. Resident #1's plan of care also does not address his/her diagnosis of Hypokalemia (low blood potassium level) to include medication and dietary interventions, risk for falls, and monitoring for signs and symptoms of cardiac issues associated with this condition.</p> <p>Resident #2's has a recent history of physical deconditioning with subsequent home health physical therapy treatment.. His/her written plan of care was not updated to include staff instructions related to the home exercise program prescribed by the physical therapist.</p> <p>Resident #3 has a recent history of hospitalization following a heart attack with concurrent hyperkalemia (high potassium levels), dizziness, and loss of balance. Hospital discharge orders included Heart Healthy Diet, and a referral to home health physical therapy for evaluation and treatment. S/he also has a recent history of skin abscess and fungal skin infection. Resident #2's Plan of Care was not updated to address care and services related to monitoring for signs and symptoms of cardiac distress and when to seek medical attention; wound care, monitoring for skin infections and administration of antifungal medications; dietary considerations for the Heart Healthy Diet and foods to avoid when potassium levels are too high; and instructions for staff assistance with Resident #3's home health exercise program intended to decrease risk for</p>	{R145}		

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{R145}	Continued From page 6 falls and improve mobility, strength, and balance. Additionally, Resident #3 is prescribed the anti-coagulant medication Clopidigrel. His/her plan of care does not address prevention of and monitoring for bleeding and other potential side effects of Clopidigrel. At 1:06 PM on 12/19/23 the Manager confirmed the written plans of care on file for Resident's #1, #2, and #3 did not address care and services needed to maintain independence and well-being. In conclusion this deficient practice is a potential risk for more than minimal harm to all residents due to unidentified resident needs and interventions required to maintain independence and well-being.	{R145}		
{R147} SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) 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; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure medication orders include the specific dose and or frequency of administration for 3 out of 3 sampled residents (Resident #1, #2, and #3) . Findings include:	{R147}		

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{R147}	<p>Continued From page 7</p> <p>1. Resident 1's December 2023 Medication Administration Record (MAR) lists medications orders without specific doses to include:</p> <p>a. Lorazepam 0.5 mg tablet 1-2 tabs every 2 hours for nausea/restlessness.</p> <p>b. "Morphine 20 mg/ml concentrate 5 mg - 20 mg 0.25 ml - 1 ml " by mouth sublingually as needed every 2 hours for pain or dyspnea.</p> <p>2. Resident #2's 2023 MAR lists an order for "acetaminophen 1 capsule qid p.o. PRN" (four times daily by mouth as needed) which does not include the dose, specific frequency of administration to include the time between doses, and the symptom the medication is intended to treat.</p> <p>3. Resident #3's December MAR lists incomplete medication orders to include:</p> <p>a. Miralax once daily by mouth (hold for loose stools), which does not include a specific dose. This medication order also does not include instruction to dissolve the medication in water, and the symptom the medication is intended to treat.</p> <p>b. Nystatin 100,000 units/gram Apply twice daily to affected area. This order does not include the specific frequency of administration to include the time between doses. The order also does not include the type of medication (cream), the specific areas to apply the medication, and the duration of treatment as written in the prescriber's order.</p> <p>On the afternoon of 12/19/23 the Manager confirmed medication orders for Residents #1, #2, and #3 did not include the specific dose and/or frequency of administration.</p> <p>In conclusion this deficient practice is a potential</p>	{R147}		

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{R147}	Continued From page 8 risk for more than minimal harm for all residents due to medication errors.	{R147}		
{R169} SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</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> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the Registered Nurse failed to provide adequate training and oversight to ensure safe and effective techniques for medication administration and documentation. for one applicable resident (Resident #1). Findings include:</p> <p>Staff did not demonstrate proper techniques for</p>	{R169}		

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{R169}	<p>Continued From page 9</p> <p>accurate transcription of prescriber's orders into the Medication Administration Record (MAR); checking the MAR and physician's orders to ensure the right medication, dose, route, and frequency of administration; and documentation of medication administration for Resident #1 as follows:</p> <p>1. Resident #1's provider prescribed Potassium Chloride ER 20 mEq tablet One tablet twice daily on 10/13/23. Per record review this medication order was not transcribed to Resident #1's December 2023 MAR. Per interview with the Manager, who is delegated to transcribe the medication orders to the MARs and pre-pour medications for staff administration per alternate plan approved by the Registered Nurse, Potassium Chloride ER 20 mEq tablets were placed in pre-poured medication administration containers by the Manager and administered by staff without verifying the medication order on the MAR. Potassium tablets were observed to be in the medication administration containers when the Manager opened the containers to show the medication was being given.</p> <p>At 3:45 PM on 12/19/23 the Manager confirmed Resident #1's December 2023 MAR was not accurately transcribed to include Potassium Chloride ER 20 mEq tablets as ordered; the medication orders on the MAR were not verified when Resident #1's medications were pre-poured by the Manager for staff administration; and staff administered Potassium Chloride ER 20 mEq tablets twice daily from pre-poured medication containers for 19 days in December without checking the MAR order for the medication, and documenting administration. in the MAR.</p> <p>2. Additionally Resident #1's December 2023</p>	{R169}		

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{R169}	Continued From page 10 MAR included medication orders for Losartan Potassium 100 mg tablets, Aspirin 81 mg tablets, and Atorvastatin 10 mg tablets which were discontinued on 6/30/23. A note written beside each order indicated the medications had been on hold since 6/22/23. 3. Resident #1's prescriber ordered Oxygen 2 liters by nasal cannula as needed for oxygen saturation rates below 90%, and Immodium 2 mg scheduled to be given once daily on 11/8/23. Orders for PRN administration of supplemental oxygen as needed and Immodium 2 mg once daily were not transcribed on Resident #1's December 2023 MAR. At 3:45 PM on 12/19/23 the Manager confirmed Resident #1's MAR was not accurately transcribed to include PRN administration of supplemental oxygen and scheduled administration of Immodium as orders on 11/8/23; and orders for Losartan Potassium 100 mg tabs, Aspirin 81 mg tabs, and Atorvastatin 10 mg tabs were not discontinued and removed from the December 2023 MAR as ordered. In conclusiong these deficient practices are a potential risk for medication errors for all residents due to inadequate staff training and oversight of medication administration by the Registered Nurse, and staff not following proper techniques for medication administration and documentation.	{R169}		
{R179} SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	{R179}		

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{R179}	<p>Continued From page 11</p> <p>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:</p> <ul style="list-style-type: none"> (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 limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure all required yearly trainings are provided by the facility and completed by staff. Findings include:</p> <p>Per review of documentation of mandatory yearly staff trainings, documentation of Resident Emergency Response Procedures and First Aid training, and Infection Control training provided by the facility and completed staff during the previous year was not on file and available for review.</p>	{R179}		

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{R179}	Continued From page 12 At 3:33 PM on 12/19/23 the Manager confirmed trainings in Resident Emergency Response Procedures and First Aid, and Infection Control were not provided by the facility and completed by staff during the previous year. On the afternoon of 12/19/23 the Manager confirmed policies and procedures related to required yearly trainings for staff providing direct care to residents had not been developed by the facility. In conclusion this deficient practice is a potential risk of more than minimal harm for all facility residents as the required yearly trainings are intended to ensure staff are competent in the skills and techniques required to provide safe and effective resident care.	{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 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 ensure all required documents are maintained in resident records for 3 out of 3	{R189}		

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 12/19/2023
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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**

(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
{R189}	<p>Continued From page 13</p> <p>sampled residents (Residents #1, #2, and #3). Findings include:</p> <p>Per record review the following required documents were not on file and available for review in Residents #1, #2, and #3's resident records.</p> <ol style="list-style-type: none"> 1. Resident #1's resident record does not contain documentation of discharge from hospice and physician's orders to continue or discontinue the hospice comfort kit medications including the controlled substance Morphine Sulfate oral solution and Lorazepam. 2. Resident #2's resident record did not include a significant change assessment completed in response to significant physical deconditioning, increased agitations, and notable weight loss documented by his/her Primary Care Provider 3. Resident #3's resident record did not contain accurate Progress Notes regarding his/her reason for hospitalization. 4. Plans of Care on file and available for review for Residents #1, #2, and #3 have not been updated to identify and address all resident needs. <p>These finding were confirmed by the Manager on the afternoon of 12/19/23.</p> <p>In conclusion these deficient practices are a potential risk for more than minimal harm to all facility residents due to failure to maintain an accurate record of resident needs and documentation of services provided.</p>	{R189}		

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 12/19/2023
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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
{R247}	Continued From page 14	{R247}		
{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 all perishable food items were labeled and dated as required. Findings include:</p> <p>During an inspection of the home's food storage areas commencing at approximately 11:10 AM on 12/19/23 perishable food items were observed to be stored in the kitchen refrigerator.</p> <p>1. The following perishable items were observed to be stored in the refrigerator without labels indicating the dates the items were opened or prepared including containers of milk, half and half, 3 fruit juices, 2 Gatorades, condiments and sauces, jelly, a pitcher containing an unidentified beverage, a plate of leftovers, and a bag of mozzarella cheese with an expiration date of 10/19/23.</p> <p>Additionally, opened bags of deli meats were observed to be stored in the refrigerator including sliced turkey with a sell by date of 12/13/23, sliced corned beef with a sell by date of 12/10/23, and sliced ham with a sell by date of 12/7/23. On the afternoon of 12/19/23 Staff confirmed deli meats are intended to be used or discarded</p>	{R247}		

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 12/19/2023
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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
{R247}	<p>Continued From page 15</p> <p>within 3 days of purchase per check in with the deli where the meat was purchased .</p> <p>2. Opened undated perishable items in the freezer included a carton of ice cream and an unsealed box of puff pastry.</p> <p>At 11:20 AM on 12/19/23 Staff confirmed the perishable food items listed above were stored in the kitchen refrigerator; and confirmed policies and procedures for safe food storage including labeling of perishable food items had not been developed by the facility.</p> <p>This deficient practice is a potential risk for more than minimal harm for all residents due to food bourne illness.</p>	{R247}		

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

Plan of Correction for survey done on December 19,2023

(R101) Resident Care and Home services

5.1 Eligibility

1. Resident #1's health care issues have been addressed in a new care plan . dated 2/1/2024
2. A nurse has been obtained to conduct the nursing overview ,care plans ,staff training ,evaluate the resident ,assist with re-writing policies and procedures,monitor dietary needs and address them on care plans,maintain charts and records. Date 1/28/2024
3. Staff handouts and training on oxygenation issues was provided on 12/30/2023.
4. MAR'S are re-written at the end of each month for the following month.The manager and nurse are checking the meds with the most recent physicians order to assure the transcription has been done accurately.This has proved to be an effective solution to previous inconsistencies.1/30/24.
5. This practice will prevent recurring errors and maintain compliance.1/30/24

6. Resident #2 was evaluated by the nurse and a new assessment was completed on 1/2/2024. A new care plan was developed adding all medical diagnosis and concerns on 1/16/24 . A new assessment was conducted on 2/1/2024 to address a changing condition. The nurse will continue to reassess as conditions and med changes occur as well as

Pronouns removed
by DLP 2/28/24

when there is a hospitalization or a change in physicians orders.1/28/2024

7. Resident #3 was evaluated and a new care plan was developed on 1/20/2024.A new assessment on 2/8/2023.
R101 (5.1) Eligibility ;Resident Care and services cont;
8. The nurse will be responsible for reviewing hospital discharge notes and addressing all medical issues and new orders in a new care plan and a new assessment on the day of discharge. [REDACTED] will also be responsible for educating the staff on any new orders obtained from the physician or hospital.1/28/2024
9. The manager will also be responsible for reinforcing the information provided by the nurse to avoid confusion and mistakes on a daily basis. 12/20/23.
10. Wound care will be evaluated by the nurse immediately , [REDACTED] will oversee the wound care and train staff if [REDACTED] is not available.This will be documented in the nurses notes.,in the individuals chart.
11. Nursing oversight will be provided 3 afternoons per week and on a regular basis and more if required for changes that may occur with the residents.1/15/24.
12. The nurse will develop a plan of care and do a new assessment if there is a significant change in condition,a hospitalization and on a yearly basis.1/16/24.
13. The manager will be responsible for ensuring there is adequate nursing overview to meet the care needs of any resident that has exceeded our level of care.2/28/24
14. The manager will be responsible for applying for a Level of care variance for any resident that has exceeded our level of care for licensure.This will assure we will remain in compliance with our licensing regulations.2/28/24.

2.(R101)

.1.Policies and Procedures were and are in place; they were not easily accessible due to the fact that some are on bulletin boards and some are in the books depending on what they apply too.

2. After the survey on December 19,2023 Our Nurse and manager have been re-writing and updating all policies and procedures and we have placed a copy in a folder if needed to be viewed.1/26/24 and 1/28/2024.We will continue to finish the remainder by 3/1/2024.

3. We will review and update procedures and policies on a yearly basis and make changes as necessary.1/26/24

R101 Plan of Correction
accepted by Jo A Evans RN
on 2/28/24

(R144) Resident Care Home and Services

5.9c Assessments

1.Resident #2 was evaluated by the nurse and a new assessment was completed on 1/2/24 . A new care plan was developed including all medical diagnosis and concerns , also including the need for physical therapy.1/16/24

2. A second assessment was completed on 2/1/24 due to a change in condition for resident #2

3. The nurse will continue to assess residents,review resident charts,physician orders and hospital discharges and update care plans and assessments if there is a significant change , hospitalization, and on a yearly basis.1/16/24

R144 Plan of Correction
accepted by Jo A Evans RN
on 2/28/24

R(145) Resident Care Home and Services

5.9c (2)

1.Resident #1's care plan was updated to include Hypoxia. Hypokalemia,dietary interventions,risk of falls,and signs and symptoms of cardiac issues.1/28/24.

2. The nurse will continue to assess residents,review resident charts,physician orders and hospital discharges on a weekly basis .Care plans and assessments will be updated when there is a

Pronouns removed
by DLP 2/28/24

significant change, new orders from the physician, a hospitalization and on a yearly basis. 1/16/24.

3. Resident #2's care plan was updated to include staff instructions related to the home exercise program prescribed by the physical therapist. 1/16/24.

4. The Nurse will update the care plans whenever there is an order for physical therapy. As well when there is a significant change in condition, new orders from the physician, a hospitalization, and on a yearly basis. 1/16/24.

5. Resident #3's care plan was updated to include all medical issues addressed from the discharge orders of [REDACTED] recent hospitalization on 11/17/24. 1/20/24

6. The nurse has and will continue to review the discharge orders following a hospitalization, [REDACTED] will develop a new care plan and assessment to address the concerns that occurred during the hospital stay. 1/16/24.

R145 Plan of Correction
accepted by
Jo A Evans RN
on 2/28/24

1.(R147)Resident Care and Home Services

5.9c (4) Medications

(1).Resident 1's medications have been discontinued and disposed of by the R.N.

(2.) The Nurse and manager have and will continue to rewrite med sheets on a monthly basis and when there is a change in physician orders. The meds will be checked with the most recent physician orders to prevent errors from recurring when transcribing the monthly med sheets and maintain compliance. 1/16/24

2. (1) Resident #2's care plan has been changed and updated to include the frequency of administration, time between doses and symptom intended to treat. 1/28/24

(2)The nurse will review new orders for the residents if the orders are not complete [REDACTED] will obtain a phone order and request a new written order that is complete. The nurse will document on the MAR upon receiving the request to prevent errors from recurring and maintain compliance. 1/16/24.

Pronouns removed
by DLP 2/28/24

3.(1) a. Resident #3's med orders have been changed and updated to include specific dose, instruction to dissolve, and symptoms intended to treat. 12/20/23.

(2) The nurse and manager have and will continue to rewrite med sheets together, on a monthly basis and when there is a change in physicians orders. The meds will be checked with the most recent physician orders to prevent errors from occurring when transcribing the monthly med sheets and maintain compliance. 1/16/24.

b. A request was sent to the physicians for a completed order and changes and updates added to the by med sheet to include frequency of administration, type of medication, specific area to apply and duration as ordered by the provider. 1/16/24.

(3) The Nurse will review new orders if the orders are not complete. [REDACTED] will obtain a phone order and request a new written order that is complete. [REDACTED] will document on the MAR upon receiving the phone order to prevent errors from reoccurring and maintain compliance.

(R169) Resident Care and Home Services

5.10

Medication Management

1. Training is provided and updated yearly, when there is a new resident, new staff member or new orders for medications. 1/5/24
2. This was a transcription error and measures have been put in place to prevent this from recurring. 1/16/24
3. A staff training has been set up to update the policies for putting up and administering medications. The R.N will then document in the med delegation folder. 2/22/24.
4. The nurse will review all med orders, the nurse will document on the MAR on a monthly basis and when there is a change in physician orders, The nurse and

Type text here

R147 Plan of Correction
accepted by
Jo A Evans RN on 2/28/24

manager, together will check the medications with the most recent physician orders to prevent errors from occurring when transcribing the meds to the med sheets and to maintain compliance.

5.

(2) 1. Resident #1's med orders and sheets have been corrected to include prn O2 and the addition of imodium 2 mg qd. 12/20/23.

2. The 3 medications that had been on hold since 6/22/23 have been removed from the MAR and discontinued. 1/1/24

6. The nurse will review the current physician orders and document the medications on the MAR. The nurse and manager will check the MAR with the current physicians orders to prevent recurring errors and maintain compliance.

R169 Plan of Correction
accepted by Jo A Evans
2/28/24

7. (R179) Resident Care and Home Services

5.11 Staff Services

1. Staff training on infection control was provided on 12/12/24 but had not been documented and signed for at the time of survey. It has been documented and signed for. 12/20/24.
2. Emergency Response procedures and first aid was provided on 12/30/24

3. At least 12 hrs of staff training will be provided by the nurse yearly with 1 offered each month at our staff meetings. We will begin with the 7 required staff trainings to assure that they are finished so we maintain compliance. 2/1/24.

R179 Plan of Correction
accepted by
Jo A Evans RN 2/28/24

(R189) Resident Care and Home Services

5.12 b.

1.(a)

Pronouns removed
by DLP 2/28/24

Resident #1 was discharged from hospice on 12/4/23 documentation is in [REDACTED] chart. A call was made to hospice nurse and a request was sent to the physician to discard the hospice kit which was not used because the resident quickly returned to [REDACTED] baseline condition.

1.(b).The nurse and manager are working together on all documentation for the resident charts .The nurse will continue to review physician orders,hospice notes (if any one is admitted to hospice) , hospital discharges, to assure proper documentation is in each residents chart, update care plans and assessments as changes occur with the residents to prevent errors from recurring and to maintain compliance 1/16/24

2. (a)The Nurse updated and completed resident#2's change of condition assessment on 1/16/24 .The nurse completed a second assessment on 2/1/24,due to another change in condition.

2.(b) The nurse will continue to evaluate the resident,review the charts,physicians notes and hospital discharges and due the appropriate charting To prevent these errors from recurring and to maintain compliance.

3.(a) Resident#3's progress notes were updated to contain the correct information.1/16/24

(b)The nurse will continue to assess the residents x3 weekly and more if needed ,also upon return from the hospital . The nurse will review charts, physician orders,and hospital discharges , [REDACTED] will provide updated progress notes in the residents chart ,an updated care plan and assessment will be done within 24hrs of return to prevent errors from recurring and to maintain compliance.1/16/23

4.(a) Resident#1's plan of care was updated on 1/28/24 which addresses all care needs at the present time.

(b)The nurse will continue to review resident charts,the physician's orders,and hospital discharges. when there is a change in condition or a change in orders an updated care plan will be completed.1/16/24.

(c)Resident#2's care plan was updated to include all care needs and changes on 1/16/24and again on 2/1/24.

(d) The nurse will continue to review resident charts ,the physician orders,and hospital discharges.When there is a change in condition or change in orders an updated care plan will be completed,to prevent errors from recurring and maintain compliance.1/16/24

3(a).Resident #3's care plan was updated to include all care needs on 1/20/24.

(b) The nurse will continue to review resident charts,the physician orders, and hospital discharges. When there is a change in condition or change in orders an updated care plan will be completed,to prevent errors from recurring and maintain compliance.1/16/24

R189 Plan of Correction
accepted by
Jo A Evans RN on 2/28/24

(R247)Nutrition and Food Services

7.2 Food Safety and Sanitation

(1).All items have been labeled and discarded upon survey.

(2.)A meeting with staff was held to reinforce the importance of labeling everything .all staff was receptive and have been diligent in placing labels on items as they are opened and placed in the refrigerator or freezer as well as the cabinets.The manager has been looking through the refrigerator each morning to assure items have been labeled and discarded in a proper time frame.1/1//24.

(3.)The manager will continue to monitor the refrigerator and cabinets on a daily basis to ensure items are labeled and discarded in the proper time frame . Staff has been delegated to check and clean the refrigerator on a weekly schedule.This will prevent this deficiency from recurring and maintain compliance.12/30/23.

R247 Plan of Correction
accepted by
Jo A Evans RN
2/28/24