



**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

September 9, 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 **August 6, 2024**. 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:  <b>0031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>08/06/2024</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 05257</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
{R100}	Initial Comments:  An unannounced onsite follow- up relicensure survey was conducted by the Division of Licensing and Protection to the relicensure survey conducted on 4/22/24. The following deficiency was identified out of compliance with regulatory requirements.	{R100}		
{R151} SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (8)</p> <p>Ensure that the resident's record documents any changes in a resident's condition;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse (RN) failed to ensure necessary nursing follow up was provided for 1 out 4 residents of the applicable (Resident #1).</p> <p>Per record receiver, Resident #1 was seen by a provider on 5/18/24 for pain, status post a fall sustained a few days prior. The RN signed and noted the visit discharge documentation on 5/18/24. The visit documentation indicated follow up care instructions for pain management, care interventions to include monitoring of oxygen saturation levels and indicated signs and symptoms to monitor. The RN failed to document in the resident record and implement the care instructions indicated by the provider.</p> <p>Additionally, Resident #1 was admitted to the hospital on 7/22/24 for change in condition with symptoms of lethargy and decrease fluid intake. The resident returned to the RCH on 7/23/24 with</p>	{R151}		

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

TITLE

(X6) DATE

*Wanda J. King*

*Owner*

*9/6/24*

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>R</b> <b>08/06/2024</b>
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{R151}	<p>Continued From page 1</p> <p>discharge care instructions to include, new medication order, and orders to home health services. On 7/31/24 the Resident was seen at the Primary Care provider for follow up on most recent hospitalization, the provider updated the resident diagnosis list with a new diagnosis of midbrain infarction. On 8/1/24, the RN was present to the home, and a progress notes was written by the RN, "Appetite good, walking with walker, seems happy- no complaints."</p> <p>Per interview on 8/6/24 at 1:45 PM the Manager confirmed the record does not include RN documented and/or implemented the care interventions indicated by the provider on 5/18/24. Additionally, the Manager confirmed the progress note written by the RN on 8/1/24, does not indicate follow up to resident's most recent hospitalization and PCP visit. The Manager confirmed the policy titled "Nursing Overview" indicates the RN is to provide nursing overview and implement all care directions, update care plans and ensure all staff are provided direction in care of residents.</p>	{R151}		
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Fairwinds Residential Care Home  
108 Mechanic Street  
North Bennington, VT 05257  
802-442-4067

Plan of correction for survey done on August 6,2024

(R151)Resident Care and Home Services  
5.9c (8)

Ensure the residents record documents any changes in resident's condition

1.We have acknowledged the lack of proper documentation on our R.N. 's part even after conversations of extreme importance pertaining to the issue of recording and documentation of each and every resident..  
8/7/2024.

The L.P.N. did provide documentation on all occurrences with resident #1.5/20/24,7/29/2024 and 8/2/2024.

2. On August 7,2024 We hired a new R.N.pending the criminal record check which is in the process now.8/7/2024

3. The R.N. has agreed to take the responsibilities as follows in accordance with the state regulations: 9/13/2024

(a)complete an assessment of each resident upon admission and when there is a hospitalization.or significant change in condition.9/13/2024

(b)oversee a development of a plan of care for each resident,update monthly and as necessary when changes occur.9/13/2024

(c) Provide supervision and instruction to all direct care staff regarding all residents nutritional and healthcare needs.9/13/2024

(d)review the residents medication list documented in the MAR.9/13/2024

(e) review residents medications to assure there is a supporting medical diagnosis. Make sure all treatments are documented correctly according to the physician's orders.9/13/2024

(f) assure that all signs and symptoms of illness,accidents , physician visits , hospitalizations and changes in a resident's condition are recorded in the nurses notes at the time of occurrence along with the action taken..9/13/2024

(g) Provide medication delegation to direct care staff in accordance with the home's policy regarding medication delegation.9/13/2024

(h) provide staff training with the assistance from the L.P.N.to meet state regulations .9/25/2024

(i) review all dietary needs with direct care staff to assure nutritional standards are being met and are consistent with the physician's order will also monitor residents weight with assistance from direct care staff.9/13/2024

The R.N. will visit the facility 2-3 times weekly and as needed to provide the necessary nursing overview required for our facility.The manager and staff will be responsible for updating the R.N.and L.P.N.of any or all changes in the residents condition.

4.We are confident with a new R.N. available more frequently that will prevent these documenting errors from reoccurring.

Tag R151-Approved by C.Scott-  
LTCM 9-9-24