



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

June 16, 2023

Ms. Ashley Hudson, Manager
Four Seasons Care Home, Inc
135 South Main Street
Northfield, VT 05663-5603

Dear Ms. Hudson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 17, 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,

Pamela M. Cota RN C1

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/17/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663
--	--

(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: The Division of Licensing and Protection conducted an unannounced onsite relicensure survey concurrently with an investigation of a facility self-report and a complaint on 4/17/23. The following regulatory violations were cited as a result:	R100		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ol style="list-style-type: none"> (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. 	R179	Tag R179 accepted on 6/16/2023 - C. Scott/ R. Tremblay	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

UZUZ11

If continuation sheet 1 of 5

Ashley Duchs

DNS/manager

6/16/23

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/17/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663
--	--

(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
R179	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that direct care staff in the applicable sample had completed the required annual trainings. Findings include:</p> <p>Per record review, Staff #1, #3, and #4 had not completed the required 7 mandatory trainings in the recent year of review. The mandatory trainings include: Resident Rights, Fire Safety, Emergency Response First Aid, Abuse/Neglect Exploitation, Respectful Effective Communication, Infection Control, and General Care and Supervision. Staff #2 had not completed 5 out of the 7 mandatory trainings in the last year of review. The incomplete trainings include: Resident Rights, Emergency Response First Aid, Abuse/Neglect Exploitation, Respectful Effective Communication, General Care and Supervision.</p> <p>On 4/17/23 at 3:00 PM, the Manager confirmed the trainings were not completed for the staff members reviewed.</p>	R179		
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to complete the mandatory</p>	R190	Tag R179 accepted on 6/16/2023 - C. Scott/ R. Tremblay	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663
--	--

(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
R190	Continued From page 2 requirement to obtain Abuse Registry Check for 1 out 5 staff members. Findings include: Per record review 1 out 5 staff did not have Criminal Background Checks and Abuse Registry Check for Child and Adult completed upon requirement. On 4/17/23 at 3:00 PM the manager confirmed Staff #1 did not have Criminal Background Checks and Abuse Registry Check on file. The manager acknowledged the requirement to have background checks completed.	R190		
R224 SS=G	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident # 1) was free from abuse. Findings include: Facility staff provided Resident # 1 with an unprescribed drug, causing the Resident to be sent to a hospital. Per a 3/16/22 nursing note, Resident # 1 had a sudden change in speech, slowed speech and thought process. H/she was also ambulating slower and requiring stand by assist which was not the Resident's baseline. Per	R224	Tag R224 accepted on 6/16/2023 - C. Scott/ R. Tremblay	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663
--	--

(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
R224	Continued From page 3 a 3/17/22 nursing note, Resident #1 told a family member that a facility Personal Care Attendant (PCA) gave him/her a package of marijuana gummies which h/she ingested. Review of facility documentation regarding the incident clearly shows that the PCA did give Resident #1 marijuana gummies. The PCA confirmed this in a written statement. On 4/17/23 at 1:35 PM, a facility owner confirmed that the incident did occur as above.	R224		
R247 SS=E	<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 interviews there was a failure to ensure all perishable food and drinks were labeled and dated. Findings include:</p> <p>During a tour of the facility kitchen and food service area commencing at 08:56 AM on 4/17/23 the following perishable food items were observed and confirmed by the facility maintenance manager to be improperly stored:</p> <p>In the reach- in refrigerator, multiple items were not labeled as to when they were opened. These items include a gallon of milk, bag of shredded cheese, and a quart of juice.</p>	R247	Tag R247 accepted on 6/16/2023 - C. Scott/ R. Tremblay	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/17/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663
--	--

(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 4 In the dry storage area, eight bags of raisin bran cereal and one large bag of egg noodles were noted to be stored on the floor. This was confirmed by the facility maintenance manager at time of finding.	R247		
R258 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure trash cans in the kitchen area remained covered. Findings include:</p> <p>During tour of facility kitchen area commencing at 8:56 AM on 4/17/23 observations noted a plastic trash can located in food prep area was uncovered. This was confirmed by the maintenance director at the time of observation.</p>	R258	Tag R258 accepted on 6/16/2023 - C. Scott/ R. Tremblay	

R179

We have implemented a new modality for staff to meet their yearly training requirements. This form of training allows staff to complete the training anywhere, at any time, using any smart device (phone, ipad, kindle, laptop, etc.). Administration has preloaded into each staff member's accounts, the required training modules to complete. This software is available via our electronic medical record software and is specific to long term care. This was started 4/13/23 but is new and there is a learning curve. Staff that are unable to do so through their own "smart devices" will have access to facility equipment AND/OR be provided with literature/demonstration by the general manager.

The General Manager will monitor, encourage and ensure that the training is being completed. Lastly, we will provide an incentive for staff to complete their training in a timely fashion.

R190

Administration has recognized flaws in our processes, in regards to new hires. We will be implementing a new-hire checklist, so that necessary "steps" are not "overlooked." Streamlining the hiring process will help ensure that items such as; necessary paperwork has been rec'd (consents, direct deposit, W2's, healthcare declaration, etc), hiring in-services have been assigned/rec'd, background checks have been performed, fobs have been assigned, name tags have been printed, HIPPA has been reviewed, paid time off, holiday pay, shift differential, job duties are known, expectations are clear, etc, etc. Additionally, we will schedule background checks to be completed the 2nd Wednesday of every month. Hopefully this will add a second means of ensuring that background checks are up to date and current.

R224

Administration reported this event immediately to DLP, upon learning of what transpired and the staff member was immediately disciplined and placed on unpaid leave. We immediately reviewed and updated our Resident Rights Policy, Abuse Prevention Policy & Procedure, Recognizing and Reporting Abuse Neglect and Exploitation and our Medication Administration Policy. A memo was also sent out to all staff that NO ONE is to bring ANYTHING into Four Seasons, at any time, for any reason, for any residents. Residents must purchase things themselves OR have family or friends bring them items requested. We also thoroughly discussed with all staff that residents need orders for everything in a care facility (lotions, creams, cough drops, cough syrup, Tylenol, Cold medicine, Abesol, etc.). So just because something is "legal" or Over The Counter and readily available, does not mean the resident can have it in a facility. This is explained and understood by our medication designated staff but housekeepers, maintenance, and other personnel were not aware of this. The staff member involved with this incident no longer works at Four Seasons.

R247

A new job description has been compiled for the kitchen staff. This includes a list of do's and don'ts. Our kitchen staff recently moved from maintenance to cooking for the home. He is still learning and needs clear guidelines to follow, as well as being held accountable. Within the job description, it has been noted that food orders rec'd, MUST be taken care of appropriately the

day they are rec'd. This means that boxes rec'd, must be opened and rotated into the circulation of dry storage, the day it is rec'd. This will eliminate items being found in boxes in dry storage, waiting to be put away.

We ask to be provided with "the laws relating to food and food labeling," as identified in 7.2.a in the residential care home regulations. There is nothing tangible in the regulations as read, specifying the labeling "criteria." In our viewpoint, we met regulation 7.2.b. Milk is labeled, held at less than 40 degrees and has an expiration date. Juice containers are labeled, held at less than 40 degrees and have an expiration date.

We use a minimum of 3 gallons of milk daily. We have never labeled milk jugs when they were opened, due to the fact that we use them essentially the day they are opened. Additionally, they have expiration dates, so if they are not opened & unused after the expiration date...why would they need to be labeled? This is also true for juice. At most, juice containers last 2 days. Once gone, a new container is brought up from the dry storage.

Cheese is normally dated with an opened date, as we do not use cheese as frequently. It should have had a piece of tape, securing it closed, with the date it was opened.

The findings are not accurate regarding the storage of raisen bran. The raisen bran had been removed from the box it came in and was on the top shelf in the dry storage. The surveyor indicated that it was not properly labeled, nor did it have an expiration date, as that information would be found on the box that it was sent in. Stickers have been purchased so that when these items are rec'd, they can be properly labeled. These items were NOT on the floor.

The egg noodles were in a cardboard box on the floor. They were not directly placed on the floor. We do not store anything "on the floor." They had yet to be removed from the box, to be placed in the appropriate place in dry storage.

R258

Our kitchen garbage is changed a minimum of twice daily, in an effort to "prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents." Our garbage is lined, and placed in containers. We have ordered a new garbage can from our distributor that comes with a cover. The cover will be on the garbage when not being actively used by the cook. This will be implemented as soon as it is rec'd. This item is also included in the kitchen staff job description. A sign will also be posted by the garbage can, noting that the garbage must be kept covered.

We have hired a new general manager. She will be monitoring to make sure that all of these items do not recur. It will take several months to make sure that items have not been inadvertently missed from; the list of job duties in the kitchen staff job description, as well as the items to include in the new hire onboarding process (however, background checks have already been added to the new hire checklist, so that item has already been resolved). She will review all the in-services over the next 90 days, to ensure that in-services have been completed as assigned.

Ashley Shuler 6/18/23