

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

May 29, 2018

Ms. Nancy Butryman, Manager  
Heaton Woods  
10 Heaton Street  
Montpelier, VT 05602-2480

Dear Ms. Butryman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 23, 2018**. 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  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/23/2018
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NAME OF PROVIDER OR SUPPLIER  HEATON WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 10 HEATON STREET MONTPELIER, VT 05602
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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, on-site re-licensure survey and an investigation of a self reported event were conducted by the Division of Licensing and Protection on 4/23/2018. The following regulatory issues were identified:	R100		
R145 SS=D	<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 assure that each resident's care plan addressed their identified needs for 2 of 7 residents in the total sample (Residents # 5 and #6). Findings include:</p> <p>Per review of the resident assessments and the progress notes for Residents #5 and #6, both residents have a history of falls and the potential/actual needs related to falls prevention was not included on the care plans for each resident. Resident #5 had a fall on 4/11/18; a fall assessment completed on 4/3/18 had a score of 15, (a score over a 10 equaled a high risk for falls). The care plan did not address this need. For Resident #6, who was diagnosed with osteoporosis and a history of a hip fracture, had a</p>	R145	<p><i>See Attached</i></p> <p><i>Nancy Buttrick RN</i></p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>ADPN / DNS</i> <i>5/21/18</i>	(X6) DATE
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R145 - R252 POC accepted G Coleman RN / pme 5/24/18



Division of Licensing and Protection

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R145	Continued From page 1  fall on 4/5/18, per progress notes. There was no care plan to address this need. The failure to include the risk for falls in the care plans for both residents was confirmed during interview with the charge nurse on the afternoon of 4/23/18.	R145		
R179 SS=B	<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> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced</p>	R179	<i>See Attached</i>	

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R179 Continued From page 2.

by:  
Based on review of staff personnel files and staff interview on 4/23/2018, the community care home failed to ensure that 4 of 5 staff who provide direct care to the residents, received at least twelve (12) hours of training annually in the required topics.

Per review of personnel files, 4 of 5 direct care staff failed to complete the required number of inservice hours that included the mandatory trainings. One PCA/ LNA/ Med Tech (Personal Care Attendant/ Licensed Nursing Assistant/ Medication Technician) lacked the inservice for Emergency Response, another lacked training for fire safety and 2 others had only 2 of the mandatory 7 requirements met. None of these 4 staff members had received 12 hours of inservice during 2017, despite being able to access the trainings on-line. The house manager confirmed during interview at 5:45 PM that there was no documentation present to show that staff did receive the proper trainings.

R179

*See attached*

R247 VII. NUTRITION AND FOOD SERVICES  
SS=F

R247

7.2 Food Safety and Sanitation

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.

This REQUIREMENT is not met as evidenced by:  
Based on observations and staff interview, the facility failed to assure that all perishable foods

*See Attached*



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R247	<p>Continued From page 3</p> <p>were labeled and dated. This practice had the potential to affect all residents of the facility. Findings include:</p> <p>Per observations of the kitchen and food storage areas on 4/23/18 at 9:46 AM, the following observations were made:</p> <ul style="list-style-type: none"> <li>a. The 2 door reach-in cooler had undated pie, mushroom soup, 1/2 of a sandwich, not dated or labeled as to type of sandwich, unknown white soft food, undated, and 2 other unknown unlabeled and undated foods:</li> <li>b. the walk-in cooler had the following unlabeled and/or undated foods: cooked meat (unknown) 4/18/18; (it was labeled as chix salad), brown rice dated 4/13/18, cooked parsnips dated 4/15/18, beef gravy 4/15/18, undated sliced meat (no label) identified by the chef as roast beef, undated sliced turkey, undated sliced cheese of some type, unlabeled and dated white food, unlabeled dish of food dated 3/29/18, raw egg whites, dated 4/19/18, 2 containers of unlabeled and undated meat of some kind.</li> <li>c. The walk-in freezer had a tray of raw formed cookies, frozen and uncovered and undated.</li> <li>d. The dry foods pantry had a plastic container with brown legumes/beans that were uncovered, unlabeled and undated.</li> </ul> <p>The above observations were done by the surveyor accompanied by the chef on duty on 4/23/18. The chef was not aware of any written policies related to food dating and labeling and confirmed the above observations violate safe food handling practices.</p>	R247	<p><i>See attached</i></p>	
R249 SS=C	VII. NUTRITION AND FOOD SERVICES	R249	<p><i>See attached</i></p>	

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R249	Continued From page 4  7.2. Food Safety and Sanitation  7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to consistently assure that staff adhered to safe food handling and storage techniques. This practice had the potential to affect all residents of the home. Findings include:  Per observation of the temperature monitoring logs for the reach-in refrigerators in the kitchen during a tour of the kitchen on 4/23/18, the logs last entry was dated 3/4/18. Per interview with the Chef, staff should document the refrigerator temperature logs daily.	R249	<i>See Attached</i>	
R252 SS=E	VII. NUTRITION AND FOOD SERVICES  7.2 Food Storage and Equipment  7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean  This REQUIREMENT is not met as evidenced by: Based on observations, some areas of the kitchen used for storage of foods and/or equipment were not easily cleanable and not kept clean. This practice had the potential to affect residents of the home. Findings include:	R252		<i>See Attached</i>



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R252	<p>Continued From page 5</p> <p>Per observations of the kitchen and food storage areas on 4/23/18, the following areas were not maintained in a clean and sanitary manner:</p> <ul style="list-style-type: none"> <li>a. A chest of drawers located across from the stove was covered with a self-adherent paper material that was torn and ripped in places and not easily cleanable.</li> <li>b. The front of the chest was painted and visibly soiled in areas.</li> <li>c. Shelves under the counter by the microwave were visibly soiled with a build-up of food crumbs and dust.</li> <li>d. Storage shelves under the dish machine area were soiled.</li> <li>e. A staff coat and bag were observed hanging off of a metal food/equipment shelving unit, in contact with shelves. Another staff coat was observed in the kitchen near the menu board.</li> </ul> <p>The above observations were confirmed with the Chef during the morning tour.</p>	R252	<p><i>See attached.</i></p>	

Division of Licensing and Protection

Heaton Woods Residence 10 Heaton Street, Montpelier, Vt. 05602

Provider's Plan of Correction

R145 V. RESIDENT CARE AND HOME SERVICES:

5.9C (2) Oversee development of a written plan of care for each resident:

5.9C (2) Action Taken or Planned:

RN Manager/DNS will meet with both of the other RN's to be sure that the current plan is being consistently followed. Incident Reports and Physician Orders are used to keep the working Care Plan up to date. I do plan to begin to switch to a computer care plan in the near future, I estimate the switch will take approximately 3- 4 months to complete.

Changes made to assure does not recur:

A system has been put in place to notate that the care plan has been updated as needed, if there is no notation; the RN Manager/DNS will update the Care Plan before she places the incident in the binder. Physician Orders are not filed until they are reviewed by one of the RN's and Care plans updated as appropriate. RN Manager/DNS will spot check Care Plans with orders that are appropriate to be on the Care Plans and add them as needed.

Monitoring to prevent recurrence:

RN Manager/DNS / Designee will do random checks with Incident reports and MD orders to assure that all current issues that are being monitored or worked on, are noted in the Resident Care Plan.

Dates Corrective Action will be completed:

RN Manager/DNS/Designee will review all current Resident Care Plans during the change to computer Care Plan process and will be completed by September 30, 2018. The two Care Plans in question have been updated with the falls on 4/23/18.

R179 V. RESIDENT CARE AND HOME SERVICES

5.11 Staff Services

Staff must have 12 hours of Training:

5.11 b Action Taken or Planned:



The Seven required In-services are completed upon hire by all direct care staff and must be completed each year; employees use our computerized trainings or trainings offered in the building to meet the regulation requirement. All individual staff trainings completed have been printed out and placed in a notebook for a quick check to verify that each individual has completed the required in services and others to total at least 12 hours per year. Each employee will complete any delinquent trainings to get them current.

Changes made to assure does not recur:

We will print each employee training sheets and file them in a notebook with a filing system that makes them readily available by date they need to complete the trainings.

Monitoring to prevent recurrence:

The Administrator/DNS/Designee will monitor each new employee and current employee for completeness of the required seven trainings and also the annual repeating of the trainings and supplemental trainings to add up to a total of 12 hours annually at minimum. New employees complete the computer trainings before they are put on the floor to train which has made it much easier over the last 6 months to assure new employees completed all trainings timely.

Dates Corrective Action will be completed:

This will be done on an ongoing basis. The Administrator/ DNS/Designee will begin the process immediately to verify and notify employees that require the annual trainings be completed for 2018. This will be completed for all employees by September 1, 2018. Trainings will be monitored on an ongoing basis by the Administrator/DNS or other Disciplines direct supervisor to assure that each discipline completes the required trainings upon hire and annually.

## R247 VII. NUTRITION AND FOOD SERVICES

### 7.2 Food Safety and Sanitation

7.2b 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.

7.2b Action Taken or Planned:

An In-service was held on 5/8/18 and another one will be held on 5/22/18 on the topic of Food Labeling with a review of the dietary Policies and Procedure Manual. All dietary staff will read the Dietary Manual and sign off that they have read all policies including the Policy on Labeling and dating all Foods. All undated/unlabeled food was removed from the coolers and Freezer and disposed of on 4/23/18. The Lentils were covered and labeled and dated by the Cook that had used them for the soup and put them in the container.

Changes Made to assure does not recur:

A Chart with recommendations for the length of time Foods and other perishables may be kept. This chart will be posted outside of the walk-in cooler and Freezer and the Reach-in for easy visual access. Staff will use this as a guide to make sure foods being used, are up to date.

Monitoring to prevent recurrence:

The Chef on duty will monitor all labels on a daily basis in conjunction with food preparation and ingredients ordering duties

Date Corrective Action will be completed

The in-service will be completed on 5/21/18. All Walk-ins and the two-door reach in will be monitored by the Chef on duty on an ongoing daily basis for correct dates and labels.

## R249 VII. NUTRITION AND FOOD SERVICES

### 7.2 Food Safety and Sanitation

7.2d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.

Actions Taken or Planned:

All Dietary Staff attended or will attend an In-service on 5/8/18 or 5/22/18 regarding the temperature logs that require daily temperatures to be recorded. The Logs are located outside of the reach in and the Walk- in Freezer and Walk- in Cooler and a designated staff will record the temperature and notify the chef if the temperature of any of the equipment is not within the recommended temperature. The log sheets will be changed monthly and stored for up to one year.

Changes made to assure does not recur:

The Chef will be responsible for reporting any issues to the administrator/designee, Maintenance and/or the outside contracted refrigeration experts. The staff has been made



aware of who needs to be responsible for the recording of all temperatures and who must be made aware if the temperature reading is not within the recommended temperature.

Monitoring to prevent recurrence:

The Chef in charge each day will check each temperature log to ensure that temperatures have been taken and logged each day. The Head Chef will complete random checks weekly to assure the log has been documented on per policy.

Dates Corrective Action Will be Completed:

All Dietary Staff will be in-serviced by 5/21/18 and all new staff will receive the training during orientation on an ongoing basis. This will be complete by 5/22/18 and maintained on an ongoing basis.

## R252 VII NUTRITION AND FOOD SERVICES

### 7.2 Food Storage and Equipment

7.3b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean.

7.3b Action Taken or Planned:

The Chest of drawers has been removed from the kitchen and at this time replaced with an easily cleanable surface. The Chest of drawers will be cleaned, sanded and repainted with a high gloss easily cleanable paint and if appropriate be put back in place and on the cleaning chart to be checked/cleaned on a daily basis. To address the cleanliness of the all aspects of the kitchen daily, weekly and monthly, a cleaning chart has been devised. Each item/area will be cleaned on a predetermined schedule, staff members will initial and date the chart as the items are cleaned. During the in-service held on 5/8/18 and 5/22/18 All staff were reminded that coats and personal items are to be stored in the staff locker room and not in the kitchen.

Changes made to assure does not recur:

Staff have been in-serviced on the cleaning schedule's and the Chef in charge will be responsible for monitoring daily that the cleaning is being done as scheduled.

Monitoring to prevent recurrence:

Random Checks will be made by the Head Chef to ensure cleanliness is being maintained throughout the kitchen and dining room area. The Administrator/Designee will make random checks to ensure that all shelves, storage areas stoves etc. are being cleaned and maintained regularly.

Dates Corrective Action will be completed:

The cleaning of all problem areas has been completed on May 18, 2018 and will be maintained on an ongoing basis. The cleaning charts will be formatted and complete and in place by May 25, 2018.