VERMONT

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

August 5, 2024

Aimee Tedeschi, Manager
Heaton Woods
10 Heaton Street
Montpelier, VT 05602-2480

Dear Ms. Tedeschi:

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

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0297	A. BUILDING: _____ B. WING _____	C 06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATON WOODS	10 HEATON STREET MONTPELIER, VT 05602

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R100	Initial Comments: On 6/17/24 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and investigation of one facility reported incident. There were no regulatory deficiencies identified related to the facility reported incident. The following regulatory deficiencies were identified related to the annual relicensure survey:	R100		
R145 SS=D	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 a written plan of care which describes care and services required related to use of anticoagulant medication and aggressive/ assaultive behaviors. Findings include: Per record review Resident #1 is diagnosed with Chronic Atrial Fibrillation (abnormal heart rhythm affecting the atrial chambers of the heart) and is prescribed the anticoagulant medication Eliquis to minimize the risks of stroke associated with this condition.	R145	For resident #1 a behavioral careplan has been created and staff educated about how to implement it. Additionally, the skin section under the service plan has a care plan addressing anticoagulation and all related monitoring and reporting. Staff have been been educated about this addition as well. (Date of implementation: 6/18/24). DIrector of nursing will be responsible for all ongoing education and monitoring.	

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R145	Continued From page 1 Progress Notes indicate Resident #1 has presented with aggressive and assaultive behaviors on multiple occasions including incidents noted as: a. 5/22/24: "increasing outburst, anger, and aggression" b. 5/26/24: "multiple short outbursts of aggression towards staff today" c. 5/28/24: "swung at staff and pushed the wheelchair into a staff member" d. 6/1/24: Raising fists and threatening to knock staff out e. 6/2/24: Swinging and hitting at a visitor and backing the visitor against the wall in a stairwell with his/her wheelchair f. 6/9/24: "...increased physical aggression towards staff- hitting and kicking at them. Threatening staff." g. 6/14/24: "...hostile and aggressive towards staff when attempting to redirect..." h. 6/15/24: "...getting loud and aggressive at staff and peers...standing at chair yelling and trying to hit..." i. 6/16/24: "throwing utensils", "making obscene gestures", "throwing hands", "combative", "verbally aggressive" At 1:55 PM on 6/17/4 the Director of Nursing confirmed Resident #1's Plan of Care did not include care and services related to use of the anticoagulant medication Eliquis; and did not include goals and interventions to address Resident #1's aggressive and assaultive behaviors. In conclusion this deficient practice is a potential risk for more than minimal harm to all residents resulting from unidentified residents needs and interventions.	R145	R145 Plan of Correction accepted by Jo A Evans RN on 8/2/24	

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R167	Continued From page 2	R167		
R167 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop plans for the administration of PRN (as needed) psychoactive medications by staff other than a nurse for all applicable residents of the home. Findings include: On the afternoon of 6/17/24 the Director of Nursing was requested to provide the home's policies and procedures for development of written plans for the administration of PRN (as needed) Psychoactive medications by staff other than a nurse. In response the Director of Nursing provided the home's Psychoactive Medication Flow Sheets policy and procedures effective	R167	An updated policy addressing all psychoactive PRN medications prescribed for any residents, with details on individual and specific target behaviors, alternative non-pharmaceutical interventions to attempt first, side-effects to watch out for and report as well as desired outcome to achieve (i.e. an individualized psychoactive prn medication flow-sheet and care plan for each psychoactive medication for each resident who has such prescribed) has been initiated and will be finalized and fully implemented by September 1st, 2024. This will be done by our Director of Nursing.	

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R167	Continued From page 3 February 2017 which states, "When a resident is placed on or admitted on an anti-depressant or an antipsychotic, a flow sheet must be started. " The document provided for review includes policies and procedures for the completion and use of behavioral tracking sheets for residents prescribed antidepressants and antipsychotics; and does not include policies and procedures for the development of a written plan by a registered nurse for the PRN administration of all types of psychoactive medications. On the morning of 6/17/24 the Director of Nursing (DON) was requested to provide copies of written plans for the administration of PRN psychoactive medications by staff other than a nurse for review. At 11:21 PM on 6/17/24 the DON confirmed the required plans for the administration of PRN psychoactive medications had not been developed for all applicable residents of the home. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to administration of PRN psychoactive medications without essential information provided to staff by a Registered Nurse, and risk for potential medication errors including misuse.	R167	R167 Plan of Correction accepted by Jo A Evans RN on 8/2/24	
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her,	R181		

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R181	Continued From page 4 as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written documentation was on file and available for review indicating the decision to hire 2 applicable Staff with substantiated Vermont Center for Criminal Information (VCIC) criminal record findings did not pose a risk to facility residents per the Division of Licensing and Protection's memorandum entitled "Background Check Process" sent to all Residential Care Home facilities on June 25, 2015. Findings include: On the afternoon of 6/17/24 the Executive Director was requested to provide written documentation indicating substantiated findings on 2 applicable Staff's VCIC criminal background checks did not pose a risk to the residents of the home. At 2:15 PM on 6/17/24 the Executive Director confirmed the requested documentation was not on file and available for review in the	R181	Starting 8/1/24 Our Director of Operations will perform all background checks and only hire applicable staff that do not pose a threat to the residents. If a minor crime was committed we will submit a letter of approval that they can still be hired without posing a threat to the residents. The letters of approval were written 7/15/24 and are found in the employee files. The Executive Director will put into policy that staff start doing national background checks. We will also add a letter to each staff member's files if there is something that comes back on their background check that we are aware and will accept their employment at LWG. This will be completed by 8/31/2024	

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R181	Continued From page 5 personnel files of the 2 applicable Staff. In conclusion this deficient practice is a potential risk for harm to all facility residents due to the failure to conduct a review of criminal background checks and document an administrative decision that the substantiated findings did not pose a threat to the safety and well-being of facility residents.	R181	R181 Plan of Correction accepted by Jo A Evans RN on 8/2/24	
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 complete all required background checks for 5 out of 5 sampled staff. Findings include: Per record review, National Criminal Background Checks were not completed for 5 out of 5 sampled staff. This finding was confirmed by the Executive Director at 1:32 PM on 6/17/24. Additionally, the Executive Director confirmed National Criminal Background Checks had not been completed for all facility staff. In conclusion this deficient practice is a potential risk for more than minimal harm for all residents, as the requirement for criminal background and abuse checks is intended to ensure all residents are free from the risk of harm.	R190	All background checks will be completed before staff start orientation on all staff. This is effective immediately. The background checks not completed at survey were completed 7/15/24. The Director of Operations is responsible for completing all checks. R190 Plan of Correction accepted by Jo A Evans RN on 8/2/24	

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R247	Continued From page 6	R247		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 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 observation and staff interview there was a failure to ensure perishable foods and beverages were labeled and dated as required. Findings include: The home's Food Production Use by Dating Guidelines policy and procedure stats, "Food shall be rotated and thrown out according to expiration times and guidelines.", and provides guidance for expiration times and disposal of outdated items. This policy does not instruct kitchen staff to label and date all opened and prepared items to ensure timely use or disposal of perishable items. During a tour of the home commencing at 8:45 AM on 6/17/24 the following perishable foods and beverages were observed to be stored in the kitchen without labels indicating the dates the items were opened or prepared: In the reach-in refrigeration unit: bottles of condiments including ketchup, mayonnaise, and mustard; containers of soup base; dairy products including cream cheese, sour cream, 3 gallons of milk, half and half, and yogurt; 2 jars of strawberry preserves; a gallon of salsa; multiple squeeze bottles and gallon containers of	R247	Starting immediately all products that are opened will be labeled and dated ensuring only fresh and safe products served. R247 Plan of Correction accepted by Jo A Evans RN on 8/2/24	The kitchen manager is responsible for labeling and dating all food and open items. Staring 8/1/24

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R247	Continued From page 7 dressings; plates and bowls of leftovers and prepared items without identifying labels and dates including fruits, 3 plates of salad and other leftovers stacked directly on top of each other, a breakfast plate, and a tray of a baked item that appeared to be bread pudding; and opened beverages including almond milk, orange juice, pitchers of prepared drinks, 1 liter bottles of soda, and 4 bottles of juice. Additionally, a container of blueberry cake dated as prepared on "5/24", 24 days prior to the survey. In the walk-in refrigeration unit: bag of peeled garlic, an unsealed 2.5 lb container of cheese, and a gallon of sour kraut. Additionally, a container of beet juice dated "6/8" , 9 days prior to the survey. In the freezer: four 3 gallon containers of ice cream. In the dry storage room: opened bags of graham cracker crumbs, rice, and pasta These findings were confirmed by the Kitchen Manager at 9:20 AM on 6/17/24. In conclusion, this deficient practice is a potential risk for more than minimal harm due to food borne illness for all facility residents.	R247		
R259 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the	R259		

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R259	Continued From page 8 food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure poisonous compounds are not stored with food items in the kitchen of the home. Findings include: The home's Storage of Food Products policy states, "Food products will be stored in such a manner as to minimize the risk of spoilage and contamination. " During the tour of the home's kitchen commencing at 8:45 AM on 6/17/24 food items were observed to be stored on the same shelf as cleaning chemicals containing poisonous compounds. A shelf in the kitchen area was observed with spray bottles of disinfectants, glass cleaner, stainless steel polish and cleaner, and peroxide based multi-surface cleaner which were placed on the same shelf as an unsealed open box of cupcakes which was placed directly against a bottle of disinfectant, 2 containers of coffee, and a bottle of Torani vanilla syrup. This finding was confirmed by the Kitchen Manager at 9:20 AM on 6/17/24. In conclusion this deficient practice is a risk for more than minimal harm to all facility residents due to contamination of food items exposed to poisonous compounds.	R259	Starting immediately all chemicals and cleaning products they will be dated, labeled, and stored in a separate cupboard safely. All products and chemicals will be in a locked cupboard and labeled. The kitchen manager is responsible for this task. Starting 8/1/24 R259 Plan of Correction accepted by Jo A Evans RN on 8/2/24	