



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

January 18, 2024

Alonzo Tapley, Manager
Historic Homes Of Runnemedede-Evarts House
40 Maxwell Perkins Lane
Windsor, VT 05089

Dear Mr. Tapley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 20, 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: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2023
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NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-EVARTS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089
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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 12/20/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	R100	Plans of Correction for all individual tags accepted by Jo A Evans RN 1/18/24	
R147 SS=E	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 all orders for medications include the specific dose and frequency of administration for 3 out of 3 sampled residents (Residents #1, #3, and #6). Findings include: Page 13 of the facility's Policies and Procedure Manual states, "The [Registered Nurse] will maintain a list of all resident medications for review by staff and physician. The list of medications will include; the resident name, medication(s), date medication ordered, dosage and frequency of administration..." Per record review orders for the following PRN medications did not include the specific dose and/or frequency of administration to include the amount of time between doses.	R147		

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

TITLE

Interim Administrator

(X6) DATE

1/17/24

Division of Licensing and Protection

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R147	<p>Continued From page 1</p> <ol style="list-style-type: none"> 1. For Resident #1 <ol style="list-style-type: none"> a. Ferrous Gluconate One Tablet every other day. b. Ascorbic Acid Take two tablets every other day with Ferrous Gluconate. c. Ammonium Lactate 12% Apply topically twice a day as needed for dry skin, scalp, face and body. The signed order for this medication dated 12/4/23 indicates this is a scheduled medication, not a PRN. Please refer to tag 128. d. Bismatrol 15 ml by mouth as needed for upset stomach. e. Lidocaine 5% Ointment Apply to skin sores three times daily as needed * May self administer * This order in the Medication Administration Record does not include the areas for application as listed on the prescriber's order dated 10/16/23. f. Nasal Relief 0.05 % Spray One spray in each nostril three times daily as needed for nose bleeds. ** Not to exceed 3 days in a row ** g. Tussin DM Two Teaspoons (10 ml) by mouth up to four times daily as needed for cough - followed with a full glass of water. 2. For Resident #3 <ol style="list-style-type: none"> a. Albuterol Sulfate HFA 90 mcg Inhale 2 puffs by mouth four times daily as needed for breathing *May keep in room * b. Antacid Liquid Reg Str (Mylanta) 15-30 cc every 2 hours as needed up to 6 times / 24 hours Simple Indigestion c. Benzonatate 100 mg Capsules One capsule by mouth three times daily as needed d. Bismuth Liquid 525 mg / 30 ml 30 cc by mouth as needed for upset stomach ** Not to exceed 24 cc / 24 hours **. Please note, "ml" and "cc" are equal units and are used interchangeably. e. Calcium Antacid 500 mg Peppermint 2 tabs every 2-3 hours for indigestion * Maximum daily dose: 10 tabs / 24 hours * 	R147		

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R147	<p>Continued From page 2</p> <p>f. DSS 100 mg capsules One capsule by mouth twice daily as needed to soften stool</p> <p>g. Mucinex 600 mg tabs 1-2 tablet(s) (600-1200 mg) by mouth every 12 hours as needed for cough ** Not to exceed 4 tablets / 24 hours **</p> <p>h. Ketaconazole 2 % shampoo Apply small amount topically three times a week * Leave on for 5 - 10 minutes before rinsing off *. This medication order is listed with the PRN medications, however the medication order does not state the medication is to be used as needed and it is not being administered as a scheduled medication.</p> <p>g. Dermagran Ointment Apply to red or open areas three times daily as needed.</p> <p>3. For Resident #6 Diclofenac Gel 1% One application four times daily for pain.</p> <p>One the afternoon of 12/20/23 the Manager confirmed PRN medication orders for Residents #1, #3, and #6 did not include the specific dose and/or frequency of administration.</p> <p>In conclusion this deficient practice is a potential for more than minimal harm for all residents due to the risk of administration of PRN medications at a dose and/or frequency that is ineffective or in excess of the amount required to address the symptoms the medication is intended to treat.</p>	R147		
R162 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's</p>	R162		

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R162	<p>Continued From page 3</p> <p>written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written, signed orders were on file and available for review for 3 out of 3 sampled residents (Residents #1, #3, and #6). Findings include:</p> <p>Page 9 of the facility's Policy and Procedure Manual states, "A copy of the Medication Administration Record (MAR) will go with the resident to be reviewed by the Primary Care Physician at the time of a routine visit. The MAR and physician's orders will be reconciled with the [electronic health record system for the organization that manages the facility] and signed by the physician... "; however, policies and procedures ensuring physician's written, signed orders are on file and available for review for all resident medications have not been developed by the facility.</p> <p>Per record review physician's written, signed medications orders were not on file and available for review for the following medications listed on the December 2023 Medication Administration Records (MARs) for Residents #1, #3, and #6:</p> <ol style="list-style-type: none"> 1. For Resident #1: Nasal Spray 0.05 % One spray in each nostril three times daily as needed for nose bleeds ** Not to exceed 3 days in a row ** 2. For Resident #3: Acetaminophen 500 mg caplets One caplet by mouth every 6 hours as needed for pain. 	R162		

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R162	Continued From page 4 3. For Resident #6: Tramadol HCl 50 mg tablet One tablet by mouth 4 times daily These findings were confirmed by the Manager on the afternoon of 12/20/23. In conclusion this deficient practice is a potential for more than minimal harm to Residents as physician's written, signed orders ensure medications are administered as the prescriber intended.	R162		
R164 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: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure the Registered Nurse delegated the responsibility for administration of specific medications to specific residents to 10 out of 14 applicable staff. Findings include: Per record review, page 15 of the facility's Policy and Procedure Manual states, "A Registered Nurse (RN) employed by [the home] the Residential Care Home will have the authority and responsibility of implementing and monitoring	R164		

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R164	<p>Continued From page 5</p> <p>the delegation process to effect safe, accurate medication administration by properly trained staff."</p> <p>During an interview on the afternoon of 12/20/23 the current RN employed by the home confirmed 10 out of 14 staff responsible for medication administration at the home were delegated by the previous Registered Nurse and had not been redelegated to administer specific medications to specific residents by the current RN.</p> <p>Med delegated staff are permitted to administer medications only with oversight by the RN who determined the staff is competent in skills required to administer medications safely and accurately. Redelegation of staff by an RN currently employed by the home when the RN who previously delegated is no longer employed ensures med delegated staff continue to administer medications under the supervision of the RN responsible for medication administration oversight at the home.</p> <p>In conclusion, this deficient practice is a potential for more than minimal harm for all residents of the home due increase risk to medication errors.</p>	R164		
R167 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home</p>	R167		

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R167	<p>Continued From page 6</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure development of written plans of care for the use of PRN (as needed) psychoactive medications for all applicable facility residents (Residents # 3, #4, and #5). Findings include:</p> <p>Page 23 of the facility's Policy and Procedure Manual states, "Designated staff that administers medications may administer psychoactive medications only when approved by the RN and a written plan for the use of the medication has been developed...".</p> <p>On the afternoon of 12/20/23 the Manager confirmed written plans for the administration of PRN psychoactive medications had not been developed for all residents of the home who are prescribed PRN psychoactive medications to include Residents #3, #4, and #5.</p> <p>In conclusion this deficient practice is a potential for more than minimal harm for all facility residents due to the increase risk of administration of PRN psychoactive medications without monitoring the medication's effect, and potential medication errors including misuse.</p>	R167		

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R173 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all medications the home manages are stored in locked compartments and only authorized personnel have access to the medications. Findings include:</p> <p>Page 15 of the facility's Policy and Procedure Manual states, "All medications will be stored in a locked Med Room..."</p> <p>During the facility tour commencing at 11:10 AM on 12/20/23 medications were observed to be unsecured and accessible in resident's rooms and bathrooms as follows:</p> <ol style="list-style-type: none"> In Resident #1's room: Prescription sunscreen , Gold Bond Medicated Powder, Icy Hot Cream, Biotene Mouth Lubricant, TUMS, and Aspercreme. In Resident #2's room: Scalpicin, TUMS, Neosporin, Extra Strength two bottles of acetaminophen, Gold Bond Eczema Relief 	R173		

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R173	<p>Continued From page 8</p> <p>Cream, Imodium, Mometasone Furoate, Melatonin, and Ketoconazole Shampoo</p> <p>3. In Resident #3's room: Gold Bond Medicated Powder, Ketoconazole 2% Shampoo, Rexall Medicated Foot Powder. Additionally, several bottles of Nasal Spray and several Albuterol inhalers were observed to be unsecured and accessible in Resident #3's room. While Resident #3 has orders allowing self administration of these medications, the requirement to store medications in a locked compartment also applies to self-administered medications in order to prevent unauthorized access and misuse.</p> <p>These findings were acknowledged by the Manager during the facility tour on 12/20/23.</p> <p>In conclusion these deficient practices are a potential risk for more than minimal harm for all facility residents due to access to medications by residents with varying ability to safely self-administer medications.</p>	R173		
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> <p>(1) Resident rights;</p>	R179		

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R179	<p>Continued From page 9</p> <p>(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> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 5 out of 5 sampled staff completed all required yearly trainings. Findings include:</p> <p>Per review of the facility's Policy and Procedure Manual, page 32 of the manual states, "[The home] will provide at least (12) hours of training/education in a calendar year (January thru December) to staff providing direct care to residents. This training will be documented yearly, with documentation kept in the employee's file; and must include, but is not limited to, the following:</p> <ol style="list-style-type: none"> 1. Resident Rights; 2. Resident emergency response procedures, such as Heimlich maneuver, CPR, accidents, police or ambulance contact, and first aid; 3. general supervision and care of residents <p>The following training is required and will be documented for all staff:</p>	R179		

Division of Licensing and Protection

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R179	Continued From page 10 1. fire safety and emergency evacuation 2. policies and procedures regarding mandatory reports of abuse, neglect, and exploitation 3. confidentiality 4. HIPPA" (HIPAA) 1. The facility's policy and procedure related to staff trainings does not include all yearly trainings required by the licensing agency to include Respectful and Effective Interactions with Residents and Infection Control Measures. 2. Per review of yearly training records, 5 out of 5 sampled staff did not complete all required yearly trainings. At 4:19 PM on 12/20/23 the Manager confirmed documentation of the completion of all required yearly trainings was not on file and available for review for 5 out of 5 sampled staff. This deficient practice is a potential for more than minimal harm for all residents due to increased risk of inadequate staff education and training to provide resident care safely and effectively.	R179		
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 ensure criminal record and abuse registry checks were completed as required for 5	R190		

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R190	<p>Continued From page 11</p> <p>out of 5 sampled staff. Findings include:</p> <p>Per review of the facility's Policy and Procedure Manual, policies and procedures have not been developed to ensure criminal record and abuse registry checks are completed as required.</p> <p>At 4:20 PM on 12/20/23 the Manager confirmed the required background checks were not on file and available for review for 5 out of 5 sampled staff.</p> <p>In conclusion this deficient practice is a potential for more than minimal harm for all residents, as the requirement for criminal background and abuse checks is intended to ensure all residents are care for safety.</p>	R190		
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. Findings include:</p> <p>Per review of the facility's Policy and Procedure Manual, specific policies and procedures related to storage and labeling of perishable food items have not been developed.</p>	R247		

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R247	<p>Continued From page 12</p> <p>During the tour of the facility kitchen and dining areas commencing at 11:10 AM on 12/20/23 the following perishable food items were observed to be stored without the dates they were opened or prepared.</p> <p>1. In the refrigerator perishable items including condiments, a pitcher of orange juice, containers of chopped lettuce and cucumbers, and stacks of single serving containers of tartar sauce and coleslaw were observed to be without the dates the items were opened or prepared.</p> <p>2. In the freezer there were six containers of leftovers without identifying labels and the dates the items were prepared, and 4 cartons of ice cream without the dates they were opened.</p> <p>On the morning of 12/20/23 the Manager acknowledged perishable food items were stored in the refrigerator and freezer without identifying labels and dates the items were opened or prepared.</p> <p>In conclusion, this deficient practice is a potential risk for more than minimal harm to all facility residents due to food borne illness.</p>	R247		
R266 SS=F	<p>ix. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p>	R266		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2023
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NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-EVARTS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089
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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
R266	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe, functional, sanitary, homelike environment. Findings include:</p> <p>Page 41 of the facility's Policy and Procedure Manual states the facility "will provide a safe, functional, sanitary, homelike and comfortable environment. " and "will maintain the physical plant in good repair".</p> <p>During the facility tour commencing at 11:10 AM on 12/20/23 the following environmental concerns were observed:</p> <ol style="list-style-type: none"> 1. Resident bathrooms were observed to be without non-skid rugs and shower mats to prevent falls and injuries. 2. Resident #3's bedroom and bathroom were in need of cleaning. Tissues were observed on the bed, bedroom floor, bathroom floor and the windowsill, in the bathroom. A leaking faucet in bathroom sink was in need of repair. The baseboard heater in the bathroom was missing end caps, and there were areas of exposed piping where the baseboard radiator covering was missing. A bottle of Comet was observed to be stored on the floor in the closet. 3. Unsecured and cleaning chemicals in unlocked cabinet accessible to residents in the kitchen including disinfectant spray, Comet spray, deodorizing spray, and bleach spray. <p>These findings were confirmed by the Manager during the facility tour commencing at 11:10 AM on 12/20/23.</p>	R266		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2023
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NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-EVARTS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089
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R266	Continued From page 14 This deficient practice is a potential for more than minimal harm for residents due to increased risk of injury and harm in an unsafe and unkempt environment.	R266		
R302 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to conduct fire drills on at least a quarterly basis and to rotate drill times among morning, afternoon, evening, and night during the previous year. Findings include:</p> <p>Per record review page 50 of the facility's Policy and Procedure Manual states, "Fire drill must be scheduled and performed for [the home] at least quarterly and shall rotate times of day among morning (5 AM - 11 AM), afternoon (12 PM- 5 PM), evening (6 PM- 9 PM), & night (10 PM- 4</p>	R302		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2023
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NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-EVARTS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089
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R302	<p>Continued From page 15</p> <p>AM) to maintain staff competency in responding to possible fire emergency situations."</p> <p>Per review of documentation of fire drills conducted at the home on file and available for review for the previous year, fire drills were not conducted during the 1st, 3rd, and 4th quarters during the previous 12 months and drills were not conducted during the afternoon, evening, or night.</p> <p>At 1:15 PM on 12/12/23 the Manager confirmed the only documented fire drill on record for the previous 12 months was conducted on the morning of 4/14/23.</p> <p>This deficient practice is a potential risk for more than minimal harm for all facility residents due to missed opportunities for staff and residents to practice the evacuation process and identify effective procedures for safe and timely evacuation.</p>	R302		

12/20/23 HHR- Evarts House Survey POC

R147-5.9.c(4) Maintain a current list for review by staff and physician of all residents medications. The list shall include: Residents name; Medications; date medication ordered, dosage, and frequency of medications; and likely side effects to monitor.

- MAR review conducted by RN Administrator and new orders provided by PCP's 1/3/24
- Monthly MAR review by RN to ensure that all medication orders contain the appropriate information is included. 1/31/24

R147 Plan of Correction accepted by Jo A Evans RN on 1/18/24

R162-5.10c Staff will not assist with or administer any medication, prescription, or over the counter medications for which there is not a physicians written signed order and supporting diagnosis or problem statement in the residents record.

- RN to review each residents record and contact PCP's for any medication that does not have an signed order- 2/28/24
- Monthly with each MAR review RN will ensure that all new medications on MAR have a written order in the medical record 2/28/24.

R162 Plan of Correction accepted by Jo A. Evans RN on 1/18/24

R164- 5.10 If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents

- RN Administrator will train and redelegate all appropriate staff by 1/31/24
- Administrative assistant will create an onboarding checklist for new staff to ensure that medication delegation is performed on all new staff. 2/29/24

R164 Plan of Correction accepted by Jo A Evans RN on 1/18/24

R167-5.10 If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: 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.....

- RN Administrator will create plans of care for the use of and monitoring of psychoactive medications for each resident that requires them. 1/31/24
- Monthly the RN will review the MAR's and ensure that those receiving new psychoactive medications have the appropriate plans of care. 2/29/24

R167 Plan of Correction accepted by Jo A Evans RN on 1/18/24

R173- 5.10.h Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personal shall have access to the keys.

- RN Administrator will round on all resident rooms to ensure that there are no medications remaining in resident rooms. 1/31/24
- RN Administrator will assess each resident to determine their appropriateness to self-administer medications and contact the residents PCP for self-administration orders as appropriate. 2/29/24
- RN Administrator will provide education on medication safe practices to include medications in resident rooms and medication security 1/31/24

R173 Plan of Correction accepted by Jo A Evans RN on 1/18/24

R179 5.11 The home must ensure that staff demonstrate competency in the skills and techniques that they are expected to perform before providing any direct care to residents. There shall be at least 12 hours of training each year for each staff person providing direct care to residents.

- Administrative assistant will update HHR's policy manual to include the two missing annual trainings. 2/28/24
- RN Administrator will review the assigned education modules annually to ensure they meet the requirements. 1/31/24
- RN administrator will monitor staff performance monthly and provide coaching to staff to complete the required trainings. 1/31/24
- RN administrator will require that all staff that have not meet the annual training requirements will be suspended until the modules are completed. 1/31/24

R179 Plan of Correction accepted by Jo A Evans RN 1/18/24

R190 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff

- HR will review all staff files to ensure that all staff have received the appropriate screenings. 2/29/24
- For those that do not have the appropriate screenings HR will submit those screenings. 2/29/24
- Administrative assistant will add background screenings to new hire checklist. 2/29/24

R190 Plan of Correction accepted by Jo A Evans RN on 1/18/24

R247-7.2.b All perishable food and drink shall be labeled, dated, and held at proper temperatures.

- Dietary supervisor will develop policies and procedures related to food storage and labeling of perishable items. 1/31/24
- Dietary supervisor will a food labeling program to include a schedule of inspections for outdated and unlabeled items. 1/31/24
- Dietary supervisor will inspect each cooler and storage area weekly for outdates, food that is unsafe to eat and unlabeled items. 1/31/24
- Dietary supervisor will develop and implement a temperature monitoring program for all food containing refrigeration and freezer equipment. 1/31/24

R247 Plan of Correction accepted by Jo A Evans RN on 1/18/24

R266 9.1a The home must provide and maintain a safe, functional, sanitary, homelike, and comfortable environment.

- RN Administrator will purchase and install non-skid shower mats for all resident rooms. 2/29/24
- RN Administrator will implement a cleaning schedule for residents room and will monitor weekly for compliance. 1/3/24
- Facilities manager will install lock on cabinet in kitchen where chemicals are stored. 2/29/24
- Facilities manager will install a new faucet in residents room 2/29/24
- Facilities manager will fabricate and install protective covering for the missing heating covering for residents room 2/29/24
- RN Administrator will round in each residents room to ensure appropriate heating covering and non leaking faucets. If any additional identified facilities manager will be notified and appropriate repairs made. 2/29/24
- Facilities manager will round on all rooms monthly to ensure faucets are functioning appropriately. 2/29/24

R266 Plan of Correction accepted by Jo A Evans RN on 1/18/24

- RN Administrator will round on all residents rooms to ensure no cleaning products remain in any of them. Education will be provided to staff regarding cleaning product safety. 1/31/24
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R302-9.11 Each home shall have in effect and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire or evacuation of the building when necessary. All staff shall be instructed periodically under the plan. Fire drills should be conducted quarterly and shall rotate times of day.....

- RN administrator will develop a schedule of fire drills to be performed by facilities staff 1/31/24
- RN will meet with facilities manager the week before the drill is scheduled to ensure that the drill is planned as scheduled. 1/31/24
- RN administrator will meet with facilities manager after each drill to ensure they were conducted and gather lessons learned to share with staff and update plan as needed. 1/31/24

R302 Plan of Correction accepted by Jo A Evans RN on 1/18/24