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

January 19, 2024

Alonzo Tapley, Manager
Historic Homes Of Runnemede-Stoughton House
40 Maxwell Perkins Lane
Windsor, VT 05089-1206

Dear Mr. Tapley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 12, 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,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

PRINTED: 01/04/2024
FORM APPROVED

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
	0161	A. BUILDING: _____ B. WING _____	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HISTORIC HOMES OF RUNNEMEDE-STOUGHTON HO	40 MAXWELL PERKINS LANE WINDSOR, VT 05089

(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 12/12/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	R100	POC - Attached All individual tags accepted by Jo A Evans RN on 1/18/24	
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of an admission assessment within 14 days after admission. Findings include: Page 10 of the facility's Policy and Procedure Manual states the RN "will complete a resident assessment within 14 days of admission consistent with the physician's diagnosis and order. " Per record review Resident #1 was admitted to the home on 11/1/23, and his/her admission agreement was signed as completed by the Registered Nurse on 11/17/23. On the afternoon of 12/12/23 the Manager confirmed Resident #1's admission assessment was not completed within 14 days of admission.	R135		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

ATC RN — Interim RN Administrator — 1/15/24

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R135	Continued From page 1 This deficient practice is a potential risk for more than minimal harm due to delay in identifying resident strengths, weaknesses, preferences, and needs; which is the basis of resident care planning.	R135		
R145 SS=E	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 written plans of care describing the care and services necessary to maintain independence and well-being for 3 out of 3 sampled residents (Residents #1, #2, and #3). Findings include: Page 13 of the facility's Policy and Procedure Manual states, "The RN will assume responsibility for the following tasks delegated and/or assigned to an LPN" and includes the oversight of nursing tasks including "Develop a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment.". Per record review Resident #1 has diagnoses	R145	R247 Plan of Correction accepted by Jo A Evans RN 1/18.24	

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R145	Continued From page 2 including Diabetes Mellitus, Dementia, Generalized Weakness and Abnormal Gait. Resident #1's Plan of Care does not identify interventions related to his/her risk for falls with contributing factors including generalized weakness and abnormal gait; and interventions related to Diabetes Mellitus. Per record review Resident #2 has diagnoses including Diabetes Mellitus, Asthma, Epilepsy, Myasthenia Gravis (neuromuscular disease that causes weakness of voluntary muscles), and Hypokalemia (low potassium levels that can cause cardiac dysrhythmia). Resident #2's Plan of Care does not identify interventions related to Diabetes Mellitus, Epilepsy including actions to take if a seizure occurs, cardiovascular risks associated with Hypokalemia, and respiratory risks associated with Asthma and Myasthenia Gravis. Per record review Resident #3 has diagnoses including Atrial Fibrillation (abnormal heart rhythm of the atrial chambers) and a history of Pulmonary Embolism (blood clot lodged in an artery of the lungs). Resident #3's Plan of Care stated s/he is prescribed the anticoagulant medication Eliquis, however his/her Plan of Care does not include pertinent information related to use of this medication including the importance of injury prevention, the risk for uncontrolled bleeding, signs and symptoms of internal bleeding, and when to seek medical attention. Additionally, Resident #2's Plan of Care does not address his/her risk for cardiovascular events related to Atrial Fibrillation and history of Pulmonary Embolism; signs and symptoms cardiovascular emergencies associated with these diagnoses, and when to seek emergency medical assistance.	R145		

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R145	Continued From page 3 On the afternoon of 12/12/23 the Manager confirmed the Plans of Care for Resident #1, #2, and #3 did not describe all care and services necessary to maintain the residents' independence and well-being. In conclusion this deficient practice is a potential risk for more than minimal harm to all residents resulting from unidentified needs and services required to maintain well-being. .	R145		
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 PRN (as needed) medications included the specific dose and frequency for 4 applicable residents (Residents #1, #2, #3, and #4). 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	R147		R247 Plan of Correction accepted by Jo A Evans RN 1/18.24 R179 Plan of Correction accepted by Jo A Evans RN 1/18/24

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R147	Continued From page 5 For Resident #4: a. Albuterol Sulfate HFA 90 mcg Inhaler 2 puffs every 4-6 hours as needed b. Acetaminophen 500 mg tabs Take 1-2 tabs by mouth every 4-6 hours as needed for pain One the afternoon of 12/12/23 the Manager confirmed PRN medication orders for Residents #1, #2, #3, and #4 did not include the specific dose and/or frequency of administration. In conclusion this deficient practice is a potential risk for more than minimal harm for all residents due to 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.	R147		
R162 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 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 written, signed order and supporting diagnosis or problem statement in the resident's record. 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, #2, and #3). Findings include: Page 9 of the facility's Policy and Procedure	R162		

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R147	Continued From page 4 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. For Resident #1: a. Ibuprofen 600 mg Three Times Daily PRN Pain b. Miralax 17 gm if no BM in 3 days For Resident #2: a. Lidocaine 2% viscous Solution 5 ml by mouth as needed for oral discomfort b. Diclofenac Gel 1 % Apply to affected area four times daily as needed for pain, not to exceed 16 gm/day. c. Nystatin Powder 100,000 Apply topically to affected area twice daily as needed for rash/itching d. Orajel Maximum Gel Apply topically four times daily as needed for pain. e. Simethicone Chew 80 mg One tablet by mouth up to 3 x daily for flatulence f. "Sm Milk Magn Sus Original" (Milk of Magnesia) 30 ml by mouth as needed for no bowel movement in 3 days g. Biofreeze Gel 4% 3 oz Apply to affected area as needed for pain/discomfort For Resident #3: a. Divertigo as needed b. Acetaminophen 325 mg tabs 2 tabs by mouth four times daily as needed for pain c. Diphenhydramine 25 mg tab 1-2 tabs by mouth every 6 hours as needed for nausea d. Glutose 15 Gel Take 1 tube by mouth as needed for hypoglycemia e. Tacrolimus 0.1% Ointment Apply to affected area twice daily as needed	R147		

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R162	Continued From page 6 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. 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, #2, and #3: 1. For Resident #1: a. Diclofenac 1% Gel b. Milk of Magnesia c. Gabapentin 300 mg capsules d. Ibuprofen 600 mg tablets e. Aspirin EC 81 mg tablets f. Buproprion HCl 150 mg XL tablets g. Miralax Powder 2. For resident #2 : a. Flonase Sensimist 27.5 mcg Nasal Spray b. Loperamide 2 mg tablets c. Polyethylene Glycol 3350 NF Powder d. Celoxicomb 200 mg capsules, e. Sertraline 50 mg tablets f. Docusate Sodium 100 mg capsule (1 capsule twice daily dose) g. Refresh Tears 0.5% solution h. Ozempic 8 mg / 3 ml Injection Pen i. Triamcinolone 0.5 % Cream 3. Per record review Resident #3's record did not	R162		

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R162	Continued From page 7 include physician's written, signed orders for all medications listed on the December 2023 MAR. These findings were confirmed by the Manager of the home at 3:35 PM on 12/12/23. In conclusion this deficient practice is a potential risk for more than minimal harm to Residents because physician's written, signed orders ensure the medication, dose, route, and frequency of administration are communicated 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	R164		

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R164	Continued From page 8 and responsibility of implementing and monitoring the delegation process to effect safe, accurate medication administration by properly trained staff." During an interview on the afternoon of 12/12/23 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. Med delegated staff are permitted to administer medications only with oversight by the RN who determined the staff is competent in skills required to safely and accurately administer medications. 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. In conclusion, this deficient practice is a potential risk for more than minimal harm for all residents of the home due to medication errors.	R164		
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	R167		

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R167	Continued From page 9 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 ensure development of written plans of care for the use of PRN (as needed) psychoactive medications for all applicable facility residents. Findings include: 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... ". At 1:05 PM on 12/12/23 the Manager confirmed written plans for the administration of PRN psychoactive medications had not been developed for the residents of the home who are prescribed PRN psychoactive medications to include Residents #5, #6, and #7. 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 monitoring the medication's effect, and potential medication errors including misuse.	R167		

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R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review there was a failure to administer one PRN (as needed) medication Acetaminophen as ordered and to document the effect of Acetaminophen administration for one applicable resident (Resident #5). Findings include: Page 9 of the facility's Policy and Procedure Manual states, "[The home's] staff provides	R171		

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R171	Continued From page 11 services that are consistent with the physician's orders for medications, treatments, and nutritional needs."; and page 16 states, "PRN medications will be documented as to the date, time, reason for and effect.". Per record review Resident #5's physician ordered Acetaminophen 500 mg tablet Take 1-2 tablets by mouth every 4-6 hours as needed for pain. During the afternoon med pass the Med Tech was observed preparing the PRN medication Acetaminophen along with the scheduled medication to be administered during the pass without a request from the resident for the medication or a discussion with the resident regarding signs and symptoms the medication is intended to treat. Per the Med Tech, Resident #5 is routinely given Acetaminophen as a scheduled medication with the medication Prednisone, which is scheduled three times daily. Per review of the documentation of PRN Acetaminophen administration, this medication was given without documentation of the effect of administration 12 times as of 12/12/23 during the month of December 2023. On the afternoon of 12/12.23 the Manager confirmed these findings. This deficient practice is a potential risk for more than minimal harm for all residents due to administration of PRN medications more frequently and in greater amount than needed; and potential risk for inaccurate reporting of the medication's effects to the prescribing physician.	R171		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES	R173		

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R173	Continued From page 12 5.10 Medication Management 5.10.h. (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 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: Page 15 of the facility's Policy and Procedure Manual states, "All medications will be stored in a locked Med Room... Only authorized personnel will have keys to the locked Med Room." 1. During the tour of resident rooms commencing at 11:56 AM on 12/12/23 medications were observed to be stored in resident's rooms and bathrooms as follows: a. In resident room #207 medications observed to be unlocked and accessible included Multivitamins, Perio Med Fluoride Concentrate, Voltaren Gel, Ibuprofen tablets, Neosporin Ointment, Calcium Supplements, Salonpas Lidocaine Patches, Dulcolax Liquid, Milk of Magnesia, Refresh Eye Drops, and Saline Nasal Spray. b. In Resident Room #201 medications observed	R173		

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	0161	A. BUILDING: _____ B. WING _____	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HISTORIC HOMES OF RUNNEMEDE-STOUGHTON HO	40 MAXWELL PERKINS LANE WINDSOR, VT 05089

(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
R173	Continued From page 13 to be unlocked and accessible included Vitamin E oil, Robitussin, Phillips Colon Health Daily Probiotic, Sinex Severe Nasal Spray, Systane Eye Drops, Ocusoft Eye Lid Scrub, pain relieving cream, glycerin suppositories, Sleep Calm Homeopathic Remedy, and Cortisone 10 Anti-Itch Cream. During the tour of the resident rooms the Manager confirmed these findings, and confirmed the residents who reside in the rooms have not been deemed capable of self administration. 2. Prior to the observed 2:00 PM med pass on 12/12/23 the medication cart was observed to be left unlocked and unattended. The Med cart is stored in the medication room, which has a combination door lock that is accessible to all direct care staff as confirmed by the front desk staff who stated s/he was not med delegated before s/he unlocked the med room door. This finding was acknowledged by the Manager of the home at approximately 2:40 PM on 12/12/23. 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 and anyone none authorized to handle medications.	R173		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff	R179		

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R179	Continued From page 14 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: (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. 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: 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	R179		

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R179	Continued From page 15 following: 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 The following training is required and will be documented for all staff: 1. fire safety and emergency evacuation 2. policies and procedures regarding mandatory reports of abuse, neglect, and exploitation 3. confidentiality 4. HIPPA " 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. These findings were confirmed by the Manager at 3:58 PM on 12/12/23. This deficient practice is a potential risk for more than minimal harm for all resident due to inadequate staff education and training to safely and effectively provide resident care.	R179		
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including	R189		

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R189	Continued From page 16 nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure one applicable resident's record contained all required documents. (Resident #1). Findings include: Page 33 of the facility's Policy and Procedure Manual indicates the home will maintain and keep on file a medical record that includes medications, assessments, physician's orders, progress notes, signed telephone orders, treatment documentation and plan of care; however the policy and procedure does not require a Physician's Admission Statement to be maintained and kept on file. Resident #1 was admitted to the home on 11/1/23. Per record review, Resident #1's record did not include a physician's admission statement, current medication orders, and progress notes. This finding was confirmed by the Manager at 3:47 PM on 12/12/23. In conclusion, this deficient practice is a potential risk for more than minimal harm for all residents due to the high risk of medication errors; insuffienct coordination of care, and communication of individual needs and services provided.	R189		

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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 3 out of 5 sampled staff. Findings include: 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. At 3:56 PM on 12/12/23 the Manager confirmed the required background checks were not on file and available for review for 3 out of 5 sampled staff. In conclusion this deficient practice is potential risk for more than minimal harm for all residents, as the requirement for criminal background and abuse checks is intended to aid in ensuring the safety and adaquate oversight and care for all residents.	R190		
R246 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human	R246		

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R246	Continued From page 18 consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure food safe for human consumption and free of spoilage, filth, or other contamination. Findings include: 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. During the tour of the facility kitchen and dining areas commencing at 11:00 AM on 12/12/23 spoiled and contaminated food items were observed including: a. A carton of berries completely covered with mold in the kitchen reach in refrigerator b. In the walk- in refrigerator two containers of vanilla icing dated as prepared on 6/13/23 with visible mold inside the containers; an opened quart of buttermilk which expired on 10/23/23; gallon containers of dressings and dill pickle slices with areas of mildew observed on the labels and lids of the containers; and an unlabeled pint jar containing an unidentified substance with mildew and visible pitting of the metal lid were observed. These findings were confirmed by the Chef at 11:50 AM on 12/12/23 and acknowledged by the Manager on the afternoon of 12/12/23.	R246		

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R246	Continued From page 19 In conclusion, this deficient practice is a potential for more than minimal harm to residents due to the high risk of food borne illness for all facility residents.	R246		
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 failure to ensure all perishable food items were labeled, dated, and held at proper food temperatures as required. Findings include: 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. During the tour of the facility kitchen and dining areas commencing at 11:50 AM on 12/12/23 the following perishable food items were observed to be stored without the dates they were opened or prepared. 1. In the reach-in kitchen fridge:an opened containers of corn without an identifying label; milk; lemon juice; mustard; horseradish sauce; mandarin orange slices; jellies; prepared cucumber salad; yogurt; peeled garlic cloves; an	R247		

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R247	Continued From page 20 unsealed bag of sliced turkey; and a bottle of Gatorade were observed without dates indicating when the items were opened or prepared. 2. In the walk -in fridge several unlabeled unsealed trays of single serving pudding; a container of cooked chicken breast without an identifying label; unsealed bags of uncooked chicken breast; 6 bags of shredded and cubed cheese; a container of hash browns without an identifying label; a pitcher containing an unidentified brown liquid; a gallon jar of pickle chips; and multiple one gallon containers of salad dressings were observed without the dates the items were opened or prepared. Additionally bags of chicken, hamburger, and lunch meats were observed to be stored without the dates they were taken out of the freezer to thaw. 3. In the walk-in freezer a container of ice cream; and unsealed bags of chicken and fish were observed without the dates the items were opened. 4. Two chest freezers located in the area adjacent to the walk -in freezer were observed to contain items that were in a semi-frozen state including containers of ice cream and a supply of prepared meals. The Chef confirmed the temperatures of the two two chest freezers were not monitored by staff, and confirmed one freezer was observed to be maintained at 9.7 degrees Fahrenheit, and the other freezer was observed to be maintained at 15 degrees Fahrenheit. The United States Food and Drug Administration recommends storage of food in freezers at or below 0 degrees Fahrenheit (https://www.fda.gov/consumers/consumer-updates/are-you-storing-food-safely). These findings were confirmed by the Chef at	R247		

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R247	Continued From page 21 11:50 AM on 12/12/23, and acknowledged by the Manager on the afternoon of 12/12/23. In conclusion, this deficient practice is a potential for more than minimal harm to residents due to the high risk of food borne illness for all facility residents.	R247		
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 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. 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 during the previous year. Findings include: 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	R302		

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R302	Continued From page 22 morning (5 AM - 11 AM), afternoon(12 PM- 5 PM), evening (6 PM- 9 PM), & night (10 PM- 4 AM) to maintain staff competency in responding to possible fire emergency situations." At 12:05 PM on 12/12/23 the Manager confirmed no fire drills had been conducted during the previous 15 months, and confirmed the last fire drill record on file and available for review was conducted on 9/12/22. This deficient practice is a potential for more than minimal harm for all facility residents due to the high risk of errors occurring during the evacuation process which could cause harm to residents.	R302		

12/12/23 HHR- Stoughton House Survey POC

R135- 5.7.b If a resident requires nursing overview the resident shall be assessed by a licensed nurse within 14 days of admission to the home or the commencement of nursing services

- The RN Administrator will modify the admissions checklist to include resident assessments. 1/31/24
- The administrative assistant will review the checklist to ensure that appropriate paperwork has been completed timely on all new admissions. This will be completed by 1/31/24

R135 Plan of Correction accepted by Jo A Evans RN on 1/18/24

R145- 5.9c(2) Oversee and develop a written plan of care for each resident based on the abilities and needs as identified in the resident assessment.

- The RN Administrator will review all current residents care plans to ensure that they outline the appropriate resident specific resident interventions. 2/28/24
- An RN will review the care plans monthly to ensure that any changes that need to be made based on residents' condition are completed. This will occur during monthly MAR review. This will be completed by 1/31/24

R145 Plan of Correction accepted by Jo A Evans RN 1/18/24

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 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 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 1/18/23

R171- 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or the representatives of the licensing agency that the medication regimen as ordered is appropriate and effective.

- RN Administrator will hold an education session on the documentation requirements for PRN medications 1/31/24
- RN will review the MAR's monthly and provide coaching to staff if deficiencies identified in documentation and provide individualized coaching if issues identified 2/28/24

R171 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
- RN Administrator will monitor medication room to ensure that the medication cart remains locked when unattended and the med room door is closed. 1/5/24

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 preform 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

R189-5.12.b (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain the initial assessment, annual reassessment, significant change assessment, physicians admission statement, and current orders; staff progress notes including changes in the residents condition and actions taken, and reports of physicians visits, signed telephone orders and treatment documentation and resident plan of care.

R189 Plan of Correction accepted by Jo A Evans RN on 1/18/24

- RN Administrator will review all resident records to ensure that all appropriate documentation is present. 2/29/24
- For all records missing the appropriate documentation the RN will contact the residents pcp's to obtain the appropriate documentation. 2/29/24
- The administrative assistant will update the admission checklist to ensure that the required documentation is on the checklist. 1/31/24

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

R 190 Plan of Correction acdepted by Jo A Evans RN 1/18/24

- 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

R246 7.2.a Each home must procure food from sources that comply with all laws related to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination.

- 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

R246 Plan of Correction accepted by Jo A Evans RN 1/18/24

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

R247 Plan of Correction accepted by Jo A Evans RN 1/18.24

- 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
- Defected freezers will be replaced by RN Administrator. 1/31/24

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.....

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

- 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