



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 22, 2020

Mr. Bruce Francis, Manager
Home Sweet Home
99 Atkinson Street
Bellows Falls, VT 05101

Dear Mr. Francis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 31, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/31/2019
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An on-site investigation of three (3) complaints was conducted by the Division of Licensing and Protection between 12/30 and 12/31/19. The facility had substantiated findings surrounding the complaints.	R100			
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, 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, the facility failed to ensure that staff do not have charges of abuse, neglect, or exploitation against him or her. Findings include:	R181			

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

5899

MIKN11

If continuation sheet 1 of 6

R181-R247 POC's accepted 1/22/20 SFramekenn/PMC

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R181	Continued From page 1 During the review of employee files on 12/31/19, for six direct care staff, the manager was not able to provide evidence that the Vermont Criminal Information Center background checks were completed for four of the staff. The facility does a nationwide search that only covers the states in which a person has lived and worked it doesn't always include information about Vermont. None of the six employees had background checks to determine if there is a record on the abuse registry. The manager stated at 9:34 AM on 12/31/19 that the background checks had not been completed according to Vermont State Regulatory requirements.	R181		
R200 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to insure that there are written policies that includes posting pictures of residents on social media. Findings include: Per interview with the manager of the home on 12/31/19 at 2:15 PM, he stated that the facility held a discussion regarding posting pictures of residents on social media, and each resident was asked if they agreed or disagreed. During interviews with residents and staff, they confirmed	R200		

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R200	Continued From page 2 that there had been a group meeting. The manager and the Registered Nurse stated that all residents that were present at the meeting said that they have social media and were happy that they could share their pictures with each other. During interviews with residents, they were not aware that staff were also taking pictures and posting them on social media. The manager further stated that there is no written policy regarding pictures being posted on social media and the process for being able to do so.	R200			
R213 SS=E	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to ensure that every resident was treated with respect and full recognition of the resident's dignity, individuality and privacy in regards to posting pictures on social media for two residents, Resident #1 and #2, and in regards to the rights of the resident regarding care for one resident, Resident #1. Findings include: 1.) During the interview with Resident #1 at 12:37 PM on 12/30/19, s/he stated that s/he wasn't asked if pictures could be taken of him/her playing Bingo or during the Christmas party. S/he further stated that they did not know that their	R213			

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R213	Continued From page 3 picture had been taken and posted on social media (Facebook) until someone told them, and stated to the surveyor that it is not okay to take and post pictures on Facebook. Resident #2 stated on 12/30/19 at 1:19 PM that staff has asked permission to take his/her picture, but have never asked for permission to post it to Facebook. Per interview with the manager of the home on 12/30/19 at 2:15 PM there was a discussion of posting pictures of residents on social media following the discovery that some of the residents had pictures that had been posted on Facebook by staff. Each resident present was asked if they agreed or disagreed and per the manager, everyone verbalized that they were happy to have their pictures shared. There is no evidence in the resident record for the residents that had pictures posted on social media, that gave permission to do so. The manager confirmed at this time, that there is no written agreements that were signed by the residents, nor any policy regarding pictures being posted on social media and the process for being able to do so. 2). During an interview with Resident #1 on 12/30/19 at 12:38 s/he stated that s/he does not like to take showers. S/he also stated that there is a care giver who screamed at him/her to shower stating "You might stink". Per record review Resident Progress Notes dated 11/8/19 state that the Resident "took a shower tonight when told to do so". 11/11/19- 11/12/19 Progress Notes state "I asked [her/him] to take a shower. [S/he] did not want to but I told [s/he] had to take one so [s/he] did". 11/27/19 Progress Notes state "[S/he] didn't want to take a shower like I asked [her/him] I told [Her/him] [s/he] is	R213		

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R213	Continued From page 4 going to take one. [S/he] got upset with me and went upstairs". Per interview with the Registered Nurse on 12/31/19 the care giver "talks loud sometimes and maybe comes off as a little sterner". During this interview confirmation was made that Resident #1's care plan does state that s/he "needs prompting" but the resident does not need a stern approach to shower.	R213		
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 staff interview and record review, the facility failed to provide evidence that all perishable foods were held at proper temperatures. Findings include: During an interview on 12/30/19 at 11:00 AM the facility Manager confirmed that on one occasion in early December, undercooked chicken was served to the residents requiring that it be disposed of and an alternate meal was provided. Per the Registered Nurse (RN), one of the residents asked him/her to look at the chicken that was just served and the RN stated that it was pink, bloody and not cooked. The meal was removed and an alternate was given. The RN	R247		

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R247	Continued From page 5 was not sure if it was due to the oven not working properly at the time and s/he was not aware of the temperatures of the chicken being tested to insure that it was at the proper temperature before serving. The manager also confirmed that there is no evidence that the staff checks the temperatures of perishable foods prior to serving it to the residents.	R247		

Plan of Correction Due	Home Sweet Home	99 Atkinson Street	Bellows Falls, Vermont	05101
Deficiency	Our Action to correct	Measure or change made to prevent reoccurrence	How the corrective ACTION will be monitored	Dates Corrective action will be completed
<p>R213 Residents Rights</p> <p>Facility failed to ensure that every resident was treated with respect and full recognition of the residents' dignity, individuality and privacy in regards to posting pictures on social media.</p>	<p>Facility will ensure that every resident is treated with respect and full recognition of the residents' dignity, individuality and privacy in regards to posting pictures on social media.</p>	<p>1) HIPAA policy on social media and photography will be created.</p> <p>2) Define "needs prompting" to staff when used as an intervention in a care plan</p>	<p>1) All staff and management will have documented education on the policy on social media and photography</p> <p>2) All staff will have documented education on "prompting" when used as an intervention in a care plan</p>	<p>2/1/2020</p>
<p>R247 Food Safety and Sanitation</p> <p>Facility failed to provide evidence that all perishable foods were held at proper temperatures</p>	<p>Facility will provide evidence that all perishable foods were held at proper temperatures</p>	<p>Temperature log and guide in place for all perishable foods. (FYI temp log for refrigeration and freezer already in place)</p>	<p>All staff will have documentation of education of the perishable food temperature log, guide and how to use it</p>	<p>2/1/2020</p>

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<p>R181 Staff Services</p> <p>Facility failed to ensure that staff do not have charges of abuse, neglect or exploitation against him or her</p>	<p>Facility will ensure that staff do not have charges of abuse, neglect or exploitation against him or her</p>	<p>Manager will file for background checks in Vermont with Vt Criminal Information Center on all current staff and prior to employment of any future potential employees.</p>	<p>Add VERMONT specific Background check to pre-employment checklist</p>	<p>2/1/2020</p>
<p>R200 Policies and Procedures</p> <p>Facility failed to insure that there is written policies that include posting pictures of residents on social media.</p>	<p>Facility will insure that there are written policies that include posting pictures of residents on social media.</p>	<p>HIPAA policy on social media and photography will be created.</p>	<p>All staff and management will have documented education on the policy on social media and photography</p>	<p>2/1/2020</p>