

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

October 2, 2023

Ms. Sarah Stimson, Manager
Homestead Senior Living
64 Harborview Drive
St Albans, VT 05478-4477

Dear Ms. Stimson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 30, 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.

Sincerely,



Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/30/2023
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 64 HARBORVIEW DRIVE ST ALBANS, VT 05478
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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
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{R100}	Initial Comments: An unannounced follow-up survey was conducted on 5/30/23 by the Division of Licensing and Protection to determine regulatory compliance from a follow up survey on 3/8/23 and an investigation of one entity reported incident on 4/7/23. All regulatory violations from the survey on 3/8/23 and the investigation on 4/7/23 were found to be back in compliance with the Residential Care Home Licensing Regulations effective 10/3/2000. During the course of the follow up survey on 5/30/23 the following regulatory deficiencies were identified:	{R100}	The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
R147 SS=D	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 record review and staff interview there was a failure to ensure medication orders for 1 applicable resident (Resident #3) included the specific dose and frequency of administration. Findings include: On the afternoon of 5/30/23 the Executive Director and Registered Nurse confirmed medication orders for Resident #3 did not include a specific dose and frequency of administration as follows:	R147	Resident #3's medication orders have been corrected to include specific dosage and frequency. In-Service to be completed with med techs and nurses re: having a specific dosage and frequency for all medication orders. A house wide audit was performed to audit all medication orders and verify that the orders are complete, including specific dosage and frequency. Corrections have been assigned to the facility LPN and RN. Random weekly audits will be performed weekly times 4, and then monthly times 3 by the Executive Director and/or designee. Results of these audits will be brought to the QA committee for review. R147 accepted on 9/30/23 by Jo A. Evans	6/22/2023

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] MHA
CMTA

TITLE
Executive Director

(X6) DATE
6/13/2023

Division of Licensing and Protection

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R147	Continued From page 1 1. Estradiol Cream 0.01% Apply to affected area twice a week at bedtime for: Hormone, which does not include the specific dose to be administered. 2. Glucosamine Chondroitin MSM 1 tablet by mouth as needed as directed for Joint Supplement, which does not include the specific dose and frequency of administration. 3. Mylanta 200-200-20 mg/5 ml Suspension Take 20 ml PO (by mouth) as needed for Upset Stomach, which dose not include the specific frequency of administration. 4. Robitussin 12 Hour Cough 30 mg/5 ml [oral suspension] Take 10 ml PO as needed for Cough/Cold, which does not include the specific dose and frequency of administration.	R147	Resident #s 1 and 2 charts now have written plans for their use of PRN psychoactive medications. Resident #1's records now include 6/22/2023 documentation re: the medication allergy.	
R167 SS=E	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	R167	In-service to be performed with med tech staff and nurses to include that any Resident that takes a PRN psychoactive medication must have a written plan including the specific behaviors/actions addressed, the circumstances to use the PRN med, the desired effects and side effects, and the use and results of use. A house wide audit was performed to audit which Residents are prescribed a PRN psychoactive medication(s). The written plans have been assigned to the facility LPN and RN. A random weekly audit times 4, and then monthly times 2 will be performed by the Executive Director and/or designee. Results of these audits will be brought to the QA committee for review. R167 accepted on 9/30/23 by Jo A. Evans	

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R167	<p>Continued From page 2</p> <p>the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure development of written plans for the use of PRN (as needed) psychoactive medications for 2 applicable residents (Resident's #1 and #2). Findings include:</p> <p>1. Resident #1 is prescribed the PRN psychoactive medications Haloperidol for anxiety/agitation and Lorazepam for anxiety. Additionally, Resident #1's medical records and MAR indicate s/he is allergic to Lorazepam with a history of hallucinations following use of this medication.</p> <p>2. Resident #2 is prescribed the PRN psychoactive medications Prochlorperazine Maleate for anxiety/nausea and Lorazepam for anxiety.</p> <p>On the afternoon of 5/30/23 the Executive Director confirmed written plans for the use of PRN psychoactive medications for Resident #1 and #2 had not been developed. The Executive Director acknowledged Resident #1 was prescribed Lorazepam with a documented allergy to this medication and confirmed there was no documentation of a follow up with the prescribing physician regarding this allergy in Resident#1's record .</p>	R167	I accept the plans of correction for Tag 147 and 167 on 9/30/23 Jo A. Evans	