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**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

October 22, 2018

Ms. Sarah Holm, Manager  
Homestead At Pillsbury  
64 Harborview Drive  
St Albans, VT 05478-4477

Dear Ms. Holm:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 19, 2018**. 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,



Pamela M. Cota, RN  
Licensing Chief

Homestead Pillsbury POC

PRINTED: 10/09/2018  
FORM APPROVED

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  C 09/19/2018
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NAME OF PROVIDER OR SUPPLIER  HOMESTEAD AT PILLSBURY	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 onsite re-licensing survey, and the investigation of one facility report and one complaint, was completed by the Division of Licensing and Protection from 9/18-19/2018. The following regulatory violations were identified:	R100		
R123 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.4 Refunds  5.4.a When a resident is discharged, the resident shall receive a refund, within 15 days of discharge, for any funds paid in advance for each day care was not provided. In the case of a discharge to a hospital or other temporary placement, the effective date for this provision shall be the day the home is notified the resident will not be returning. For the purposes of providing refunds, "day of discharge" shall be considered the day the resident's room is empty of the resident's belongings, if those belongings are too large or difficult for the home to store temporarily. The facility shall temporarily store small items such as clothing and other personal items if necessary.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to return the deposit of one resident in the applicable sample (Resident #7) within the required 15 day period after discharge. Findings include:  Per record review, Resident #7 and the legal representative signed admission documents and made a deposit in the amount of \$4,950 on 6/15/13. Resident #7 passed away at the facility	R123		

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

TITLE

(X6) DATE

STATE FORM

5899

200111

If continuation sheet 1 of 4

*Saunder*  
Homestead manager 10/18/18

R123 - R206 POC accepted 10/18/18 Mosmerall/PMC

Division of Licensing and Protection

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R123	Continued From page 1 on 2/24/18 [which constitutes a discharge].  During interview on 9/19/18, the Executive Director confirmed that to date the estate of Resident #7 has not been refunded the deposit of \$4,950.	R123		
R177 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h  (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to account daily for narcotic medication for 1 of 7 residents sampled (Resident #5). Findings include:  Per interview with the Executive Director on 9/19/18 at 1:15 PM, the facility received a pharmacy delivery of 10 fentanyl patches for Resident #5 on 11/9/17. When the first staff person to use these patches signed out one patch on 11/17/17 at 7:57 PM, s/he entered the number of remaining patches as 6. Having taken one patch from 10 in the box, there would have been 9 remaining rather than 6. Subsequent staff did not notice this discrepancy and continued to count down from 6 patches, not noticing that 3	R177		

Division of Licensing and Protection

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R177 Continued From page 2  
  
patches were missing, each time they signed out a patch. The patch was ordered to be replaced every 72 hours, so staff miscounted the narcotic 6 additional times, per the individual narcotic record of Resident #5. The Executive Director confirmed that when the discrepancy was noted, further investigation identified that during the daily shift counts of narcotics, the staff were not actually visualizing and counting each patch in a box, and did not notice the initial entry error of 6 rather than 9 on 11/17/17.

R177

R190 V. RESIDENT CARE AND HOME SERVICES  
SS=D

R190

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 record review and staff interview, the facility failed to maintain on file the results of 1 of 5 pre-employment background checks of criminal and adult abuse registry. Findings include:  
  
During review of records provided by the facility, no Vermont Criminal Information Center, Vermont Adult Abuse Registry, or Vermont Child Abuse Registry checks were evident for 1 of 5 employees in the sample.  
  
During interview on 9/18/18 at 2:30 PM, the Executive Director confirmed that the facility did not have these background check records on file for 1 of 5 employees in the sample.

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R206	Continued From page 3	R206	
R206 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p> <p>5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report an allegation of abuse, neglect or exploitation for 1 of 7 residents sampled (Resident #5). Findings include:</p> <p>Per interview with the Executive Director on 9/19/18 at 1:15 PM, the facility received a pharmacy delivery of 10 fentanyl patches for Resident #5 on 11/9/17. When the first staff person to use these patches signed out one patch on 11/17/17 at 7:57 PM, s/he entered the number of patches remaining as 6. Having taken one patch from 10 in the box, there would have been 9 remaining rather than 6. Subsequent staff did not notice this discrepancy and continued to count down from 6 patches, not noticing that 3 patches were missing, each time they signed out a patch. The Executive Director confirmed during interview on 9/19/18 that when the discrepancy was noted, this allegation of potential resident abuse, neglect or exploitation was not reported to the Division of Licensing and Protection, Adult Protective Services, or the police.</p>	R206	

10/18/18

Homestead Pillsbury Plan of Correction-

R123-Resident refund for Resident #7 has been paid October 17, 2018. (see attached proof of payment)

Resident refunds will be returned to any resident Discharged by the 15<sup>th</sup> day after discharge.

ED will oversee all resident refunds are returned within 15 days of discharge. This has been completed 10/18/18.

R177-Nursing staff have been reeducated about narcotic counting policy and procedure.

Counting of narcotics will be supervised by a charge Nurse or med tech at the change of each shift or charge Nurse or med tech on the cart. To ensure all narcotics are accounted for.

DON or RN oversight will do random (weekly) observation of narcotic counting to ensure policy and procedure are being followed.

This corrective action has been completed 10/18/18.

R190-New employee checklist has been created to ensure all background checks are completed prior to starting work. ED will oversee each new employee's background checks are completed prior to beginning work. ED will ensure all background checks are kept in on site. This will be completed by 10/18/18.

R206-Any suspected abuse, neglect or exploitation will be reported to APS within 48 hrs. Reeducation will be provided to all staff about reporting abuse, neglect or exploitation by 10/31/18. This will be overseen by the ED if any incident occurs.



Printed from Chase Personal Online

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Send on	Deliver by	Status	Payee	Amount
Oct 17, 2018	Oct 24, 2018	Funded	Resident Refund	\$4,646.58

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Status Funds for this payment have been withdrawn from your available balance, which has been updated to reflect the payment.

Paid from CHASE CHECKING (... )

Memo

Transaction number

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