

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 8, 2020

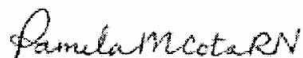
Mr. Faron Boreham, Manager
Homestead At Pillsbury
64 Harborview Drive
St Albans, VT 05478-4477

Dear Mr. Boreham:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 20, 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,



Pamela M. Cota, RN
Licensing Chief

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 11/20/2019
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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 complaint investigation was conducted by the Division of Licensing and Protection on 11/19 - 11/20/2019. There were regulatory findings identified as a result of this investigation.	R100		
R142 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Level of Care and Nursing Services 5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to request a variance from the licensing agency for one (1) of three (3) residents in the applicable sample who received daily catheter irrigation (Resident #1). Findings include: Per record review a Medication Passing Detail with a Physician's order effective 4/3/2019 states "irrigate Foley Catheter (a tube that is inserted in the bladder to drain urine) with 30-60 mls (milliliters) normal saline". There was no evidence in the record that a variance to retain the resident had been requested. On 11/4/2019 the irrigation was held due to the resident being admitted to the hospital. On 11/19/2019 Resident #1 returned to the facility with Physicians orders to change drainage bag with any catheter change as needed, record output, and may flush catheter as needed with 20 cc (cubic centimeter) NS (normal	R142	<p>R142</p> <p>- No Resident with daily catheter flushes will be admitted.</p> <p>- Charts for all Residents with catheters have been reviewed for compliance.</p> <p>DON will monitor this.</p> <p>This was corrected immediately</p> <p><u>See attached revised plan of correction.</u></p>	

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

*Samuel Lee DON, ED
12/17/19
Homestead @ Pillsbury*

R142 - R145 POC accepted 1/7/20 SFreeman/PWJ/PMC

Division of Licensing and Protection

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R142	Continued From page 1 saline). There was no evidence that a variance was requested prior to readmission. Per interview with the Registered Nurse on 11/19/2019 at 4:51 PM the day shift nurse is responsible for irrigating the catheter daily and the caregivers are responsible to empty and change the drainage bag. S/he also confirmed that a request to the licensing agency for a variance had not been requested by the facility.	R142		
R145 SS=D	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 the facility failed to develop a plan of care that describes care and services necessary to maintain a Foley catheter (a tube that is inserted into the bladder to drain urine) for one (1) of three (3) residents in the applicable sample (Resident #1). Findings include: Per record review Resident #1 has a Physician's order effective 4/3/2019 states "irrigate Foley Catheter (a tube that is inserted in the bladder to drain urine) with 30-60 mls (milliliters) normal	R145	<p>R145 - Care plans for Residents with catheters have been reviewed for thoroughness. Any Resident that has a catheter will have a care plan that addresses catheter. This will be monitored by RN oversight. This was corrected immediately</p>	

Please see attached revised plan of correction.

Division of Licensing and Protection

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R145	<p>Continued From page 2</p> <p>saline". On 11/19/2019 the Physicians order was changed to "change drainage bag with any catheter change as needed, record output, and may flush catheter as needed with 20 cc (cubic centimeter) NS (normal saline)". There is no evidence present in the record of a care plan that addresses the care and services needed to maintain the catheter.</p> <p>On 11/19/2019 at 4:51 PM the Registered Nurse confirmed that the day shift nurse is responsible to irrigate the catheter and that the caregivers are responsible to empty the drainage bag. S/he also confirmed that there was no evidence of a care plan in Resident #1's record that addresses care and services regarding catheter care.</p>	R145		
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R142

No resident with daily catheter flushes will be admitted.

Charts for all residents with catheters have been reviewed for compliance. There are currently no residents in house with daily catheter flushes in place.

An audit of charts was completed on 12/30/19. No other residents have been affected. The DON will review all orders for monthly for 3 months to assist with compliance.

R145

Care plans for resident with catheters have been reviewed for thoroughness. Any resident that has a catheter will have a care plan to address catheter use. This was corrected immediately.

Heidi Hadley RN,

Director of Nursing
Homestead