

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

June 6, 2018

Ms. Kim Russell-Peck, Manager  
Kirby House, Inc.  
64 South Main Street  
Waterbury, VT 05676-1517

Dear Ms. Russell-Peck:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 1, 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

MAY 24 2018

PRINTED: 05/08/2018  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/01/2018
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NAME OF PROVIDER OR SUPPLIER  KIRBY HOUSE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH MAIN STREET WATERBURY, VT 05676
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R100	Initial Comments:  The Division of Licensing and Protection conducted an unannounced onsite re-licensing survey in conjunction with an investigation of one facility self report and one complaint on 4/30/2018-5/1/2018. The following regulatory violations were identified.	R100	Resident #4 who was identified in the deficiency, left the facility on 11/23/2017.	
R129 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.d A home certified to provide assistive community care services (ACCS) shall designate a staff person responsible for case management, who shall provide at least the following case management services: maintenance and implementation of a current assessment and plan of care, and coordination of available community services.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a resident enrolled in assistive community care services (ACCS) received coordination of available community services (Resident #4). Findings include:  Per record review, Resident #4 was admitted to the residence on 4/25/2016 with diagnoses including memory dysfunction. The Resident Assessment dated 4/24/2017 and signed by the Manager and Registered Nurse, states Resident #4 had experienced a deterioration in cognitive status in the last 90 days, had minimal difficulty remembering (requiring direction and reminding 1-3 times a day) and had modified independence	R129	An immediate staff meeting was called between management and the facility nurse to go over any other individuals whose documentation and follow up care may have been unintentionally omitted.  Routine meetings with Management and Nursing are now scheduled weekly to review any changes in resident status. Any identified changes in status will be made to assessments and care plans by RN.  RN will formulate an appropriate course of action for resident to receive any available community services for changes in status  Manager will coordinate any services with RN oversight.  Manager and RN will maintain relevant documentation in resident record.	5.30.18

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	President	5.18.18

STATE FORM

6899

O6FM11

If continuation sheet 1 of 9

5/31/2018 POC accepted  
R129 / R136 / R139 / R145 /  
R266 / R279  
L. K. H. P. N.

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R129	<p>Continued From page 1</p> <p>with making decisions regarding tasks of everyday life. While Resident #4's Care Plan dated 5/11/2017 included interventions that she needed cuing for personal care, there is no evidence of interventions to help Resident #4 maintain independence and well being in response to the assessed changes in cognitive status.</p> <p>Per progress notes dated 11/14/2017, Resident #4 began exhibiting, "some behaviors that indicate she might be having memory issues. Over the last several months, client has reported for noon medication then forgotten she did so and tried to report for noon medications again 10 minutes later about 4 or 5 times." A progress note dated 2/8/2017 states, "please make sure you are reviewing her (blood glucose) meter every time that she is doing her blood sugar, I am suspecting that she may not be reporting it correctly." A Progress Note dated 3/31/2018 documents that Resident #4's daughter called the residence and informed staff that she had been called by a friend of the resident who was concerned about her and said she "seemed confused lately".</p> <p>During an interview, the Manager stated the she was the identified case manager at the residence for Resident #4. The Manager stated the residence had requested a neurology evaluation for Resident #4, but there was no evidence at the time of the investigation to confirm the referral for an evaluation had been made. Per record review, there were no specific care plan interventions or evidence of access to community services to assist in maintaining Resident #4's independence and level of functioning since the changes in memory had been identified. The findings were reviewed with the Manager at 2:45</p>	R129		

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R129	Continued From page 2 PM on 5/1/2018.	R129	R 136	
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all residents are re-assessed at any point in which there is a change in the resident's physical or medical condition for 1 out of 4 residents in the sample (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted to residence on 6/1/1999. Resident #1's last Resident Assessment was completed on 5/31/2017 and stated s/he required supervision with transfer with no physical help, required supervision with mobility with no physical help, was independent with stair climbing, and did not require an assistive device while ambulating. Per observation on 4/30/2018, Resident #1 was utilizing a walker on the first floor of the residence and required assistance of one staff member during a transfer. The lack of re-assessment following Resident #1's change in mobility was confirmed with the Manager at 1:00 PM on 5/1/2018.</p>	R136	<p>Resident #1 had recently been readmitted after a rehabilitation stay. At his readmission we had documentation from nursing that an assessment needed to be completed along with an updated plan of care. This happened during a week that we had a covering nurse in the facility and upon our regular nurse returning it got omitted.</p> <p>Resident #1 has had his readmission/ significant change assessment updated to reflect his current needs along with changes made to his care plan.</p> <p>We have derived a readmission checklist that will be used for future readmissions either from rehab or a hospitalization. Within this list you can find a question on whether an updated plan of care is needed for the resident and updated assessment.</p> <p>Management will sign this check list upon readmission to ensure that everything needed has been</p>	5-30-18

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R139 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.8 Physician Services</p> <p>5.8.c Any refusal of medical care and the reasons for the refusal must be documented in the resident's record. If the resident has an attending physician, the physician shall be notified.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all instances of medication refusal included documentation of physician notification for 2 out of 4 residents in the sample (Resident #2 and Resident #3). Findings include:</p> <p>Resident #2 was admitted to the residence on 6/30/2016 and requires medical care for psychiatric and physical conditions. Per record review, Resident #2 refused scheduled medication on 3/13/2018 and their evening dose of scheduled medications on 3/26/2018. While staff progress notes indicated Resident #2 refused the medication because it was, "not helping" there was no evidence in the medical record that the physician had been notified of the medication refusal.</p> <p>Resident #3 was admitted to the residence on 4/13/2016 and requires medical care for psychiatric and physical conditions. Per record review, Resident #3 refused doses of scheduled medications on 3/8/2018, 3/9/2018 and 3/26/2018. Resident #3 exhibited a pattern of refusing to respond to staff when prompted and encouraged to take medication as prescribed. There was no evidence in the medical record that</p>	R139	<p>Routine meetings with Management and Nursing are now scheduled weekly to review any changes in resident status.</p> <p>MAR's and Resident progress notes will be reviewed for any refusal of medication. Any noted refusals noted will be reported to Providers by RN and documented in Resident record.</p> <p>RN and Administrator will be responsible for ensuring the process is followed.</p>	5.30.18
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R139	Continued From page 4  the physician had been notified of the medication refusal.  The Manager stated in an interview at 1:00 PM on 5/1/2018 that healthcare providers were contacted by either herself or the Registered Nurse if a resident refused medication. However, there was no evidence of an established process to ensure provider notification was documented in the resident medical records.	R139		
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, the residence failed to ensure that the written plans of care for all residents described the interventions and services necessary to maintain independence and well-being for 4 out of 4 residents in the sample. Findings include:  1.) Resident #1, with diagnoses including psychiatric and medical conditions, has resided at the residence since 6/1/1999. Per record review, Resident #1's last Care Plan was updated on 5/17/2017 and was signed by the Registered	R145	R145 –  Routine meetings with Management and Nursing are now scheduled weekly to review any changes in resident status and /or recent behaviors.  Management and RN will include any interventions or services necessary for the Resident to maintain independence and wellbeing.  Any identified interventions or services necessary for the Resident to maintain independence and wellbeing will be made to assessments and care plans by RN.	5.30.18

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R145	<p>Continued From page 5</p> <p>Nurse and the Manager. Per review of the Care Plan, Resident #1 "requires staff cuing" and physical assistance to dress. There is no information in the Care Plan about Resident #1's ambulation and mobility. During observations on 4/30/2018, Resident #1 utilized a walker for ambulation on the first floor of the residence and assistance of one staff member to transfer to a chair. Per record review, the Registered Nurse documented that Resident #1 began ambulating with a walker in February 2018 and had experienced changes in mobility, coordination and foot placement. There was no evidence of interventions included in Resident #1's Care Plan to instruct staff with how to support and provide care to Resident #1 while ambulating.</p> <p>2.) Resident #2, with diagnoses including psychiatric and medical conditions, has resided at the residence since 4/13/2016. Resident #2's Care Plan included a Behavior Management Plan dated 4/10/2017. Per record review, Resident #2 exhibited behavior in July 2017 including entering other resident's rooms without permission, entering other resident's rooms while they were sleeping, and looking for clothes in other resident's rooms. Per progress notes documentation, the Manager requested that direct care staff, "continue to monitor and document" Resident #2's behavior. However, there was no update to the Care Plan to provide instruction to staff about how to intervene and redirect Resident #2's behavior.</p> <p>3.) Resident #3 with diagnoses including psychiatric and medical conditions, has resided at the residence since 6/30/2016. Resident #3's Care Plan, last updated 7/28/2017 includes a behavior plan with interventions addressing agitation and anxiety. Per record review, on July</p>	R145		

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R145	<p>Continued From page 6</p> <p>21, 2017 Resident #3 experienced conflict with another resident following an argument over asking for cigarettes, and the Manager requested staff monitor Resident #3, "closely and report to management if any further issues occur." However, there was no update to the Care Plan to provide instruction to staff about how to intervene and redirect Resident #3's behavior.</p> <p>4.) Resident #4 with diagnoses including memory dysfunction, was admitted to the residence on 4/25/2016. Per Resident Assessment dated 4/24/2017 and signed by the Manager and Registered Nurse, Resident #4 was documented to have experienced a deterioration in cognitive status in the last 90 days, had minimal difficulty remembering (requiring direction and reminding 1-3 times a day) and had modified independence with making decisions regarding tasks of everyday life. While Resident #4's Care Plan dated 5/11/2017 included interventions that s/he needed cuing for personal care, there is no evidence of interventions to help Resident #4 maintain independence and well being addressing their documented change in cognitive status.</p> <p>The above Care Plans for Resident #1, Resident #2, Resident #3 and Resident #4 requiring interventions specific to help maintain independence and well-being were reviewed with the Manager at 1:00 PM on 5/1/2018.</p>	R145		
R266 SS=B	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a</p>	R266	<p>R266 –</p> <p>The ceiling tile that was found in the second floor bathroom has been replaced. This entire light fixture, with cover, in the first floor</p>	



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R266	Continued From page 7  safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to ensure that all areas of the home were maintained in a safe, homelike and comfortable manner. Findings include:  During an environmental tour, a large ceiling tile in the second floor bathroom of the residence was observed to be broken, with visible staining from water damage. A lightbulb was observed to be exposed in a ceiling fixture without a cover in the first floor bathroom. The findings were reviewed with the Manager on 4/30/2018.	R266	R266 Cont.  bathroom has been replaced as well. Both items were already documented on our maintenance list but the task had simply not been performed.  We will continue to use our maintenance & repair checklist to ensure we stay in compliance. The checklist will also include an estimated completion date that will ensure the repairs get completed promptly.	
R279 SS=B	IX. PHYSICAL PLANT  9.3 Toilet, Bathing and Lavatory Facilities  9.3.c Each lavatory sink shall be at least of standard size and shall be equipped with hot and cold running water, soap, and, if used by multiple residents, paper towels.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to ensure that all food handling and storage techniques were consistent with safe food handling practices. Findings include:  During an environmental tour of the kitchen, several large, clear plastic containers were observed to be used for the storage of cereal,	R279	Management will review maintenance check list weekly.  R279- ? I don't believe this is the right regulation that was in violation; however a POC follows bellow for the actual deficiency.	5.4.18

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R279	Continued From page 8 sugar and flour. None of the plastic containers had a date of when the food items were first used or placed in the plastic storage containers. The lack of dates on the containers used for food storage was confirmed with the Manager at 10:30 AM on 5/3/2018.	R279	R279 - Cont.  Immediately after our on-site survey our FSD labeled and dated the cereal, flour and sugar containers. There were no other foods or ingredients that were found by our FSD to be in noncompliance at this time.  Our FSD will continue to monitor all open foods and ingredients in the kitchen for dates to ensure compliance.	5.4.18