

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

July 13, 2018

Ms. Jo Evans, Manager Lakeview Community Care Home 322 St Paul Street Burlington, VT 05401-4647

Dear Ms. Evans:

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

amlaM Cota RN

Licensing Chief

	(X1) PROVIDER/SUPPLIER/CLIA	11163 1111 TUBY				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:			(X3) DATE SURVEY COMPLETED	
	0177	B. WING	C 06/20/2018			
PROVIDER OR SUPPLIER	STREET A	DDRESS CITY S	TATE ZIP CODE		<u> </u>	
	222 CT F					
EW COMMUNITY CAP	KE HOME		01			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE	
Initial Comments:		R100	4			
conducted an unar survey and investig incident on 6/20/20 findings related to following regulatory	inounced onsite re-licensure pation of an entity self-reported (18. There were no regulatory the self-reported incident. The principles were identified					
V. RESIDENT CAP	RE AND HOME SERVICES	R136				
5.7. Assessment						
annually and at any	point in which there is a					
by: Based on staff inte	rview and record review, the					
received an assess annually for 1 out of	ment by a licensed nurse of 4 residents in the sample					
completed on April evidence that a re- completed in 2018	9, 2017. There was no assessment had been					
The Manager confi						
	SUMMARY STA (EACH DEFICIENC REGULATORY OR I. Initial Comments: The Division of Lice conducted an unar- survey and investig- incident on 6/20/20 findings related to it following regulatory related to the re-lice V. RESIDENT CAF 5.7. Assessment 5.7.c Each resider annually and at any change in the reside condition. This REQUIREMENT by: Based on staff inter residence failed to received an assess annually for 1 out of (Resident #1). Find Resident #1 had a completed on April evidence that a residence that a r	STREET A 322 ST F BURLING SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey and investigation of an entity self-reported incident on 6/20/2018. There were no regulatory findings related to the self-reported incident. The following regulatory findings were identified related to the re-licensure survey. V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all residents received an assessment by a licensed nurse annually for 1 out of 4 residents in the sample (Resident #1). Findings include: Resident #1 had a Resident Assessment last completed on April 9, 2017. There was no evidence that a re-assessment had been completed in 2018 within the 365 day required	STREET ADDRESS, CITY, S 322 ST PAUL STREET BURLINGTON, VT 054 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments: R100 The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey and investigation of an entity self-reported incident on 6/20/2018. There were no regulatory findings related to the self-reported incident. The following regulatory findings were identified related to the re-licensure survey. V. RESIDENT CARE AND HOME SERVICES 8.136 5.7. Assessment 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all residents received an assessment by a licensed nurse annually for 1 out of 4 residents in the sample (Resident #1). Findings include: Resident #1 had a Resident Assessment last completed on April 9, 2017. There was no evidence that a re-assessment had been completed in 2018 within the 365 day required timeframe. The Manager confirmed the above findings	ROVIDER OR SUPPLIER W COMMUNITY CARE HOME 322 ST PAUL STREET BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFCIENCES (EACH DEFCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey and investigation of an entity self-reported incident on 6720/2018. There were no regulatory findings related to the self-reported incident. The following regulatory findings were identified related to the re-licensure survey. V. RESIDENT CARE AND HOME SERVICES 7.7. Assessment 7.7. 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all residents received an assessment by a licensed nurse annually for 1 out of 4 residents in the sample (Resident #1). Findings include: Resident #1 had a Resident Assessment last completed on April 9, 2017. There was no evidence that a re-assessment had been completed in 2018 within the 365 day required timeframe. The Manager confirmed the above findings	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, NT 05401 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments: R100 R	

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

- RN TITLE NOVE/Program

81/8/F STAD (8X)

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C B. WING 06/20/2018 0177 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET LAKEVIEW COMMUNITY CARE HOME BURLINGTON, VT 05401 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R167 R167 Continued From page 1 R167 V. RESIDENT CARE AND HOME SERVICES R167 SS=D 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 the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH nurse failed to ensure there was a written behavioral plan for the use of PRN (as needed) psychoactive medications which: Describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication and educates the staff for the desired effects or undesired effects the staff must monitor for 2 of 2 applicable residents. (Residents # 3 & #4) Findings include: 1. Resident #3 has a physician's order for the administration of Lorazepam 0.5 mg PRN one tablet every 6 hours for "anxiety", not to exceed 2

tablets in 24 hours. Per review of Resident 3's

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A, BUILDING C B. WING 0177 06/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET LAKEVIEW COMMUNITY CARE HOME BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R167 Continued From page 2 R167 record, a behavioral plan had not been developed to direct unlicensed delegated staff regarding specific behaviors which would benefit from the administration of Lorazepam. 2. Resident #4 has a physician's order for the administration of Lorazepam 1 mg PRN every four hours for "anxiety". A behavioral plan had not been developed to direct unlicensed delegated staff regarding the specific behaviors that would warrant the administration of this medication every 4 hours. Both instances of the absence of behavioral plans for PRN prescribed psychoactive medications was confirmed by the RN/Manager on the afternoon of 6/20/18. R179 V. RESIDENT CARE AND HOME SERVICES R179 SS=B 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;

STATEMEN	of Licensing and Print of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER-	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		X3) DATE SURVEY COMPLETED C 06/20/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
LAKEVIE	W COMMUNITY CAP	ZE HOME	UL STREET TON, VT 05		, A.
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
R179	Continued From pa	age 3	R179		
	residents; (6) Infection control limited to, handwas maintaining clean of pathogens and uni	I effective interaction with of measures, including but not shing, handling of linens, environments, blood borne versal precautions; and vision and care of residents.			
	by: Based on staff interesidence failed to completed training by the Vermont Re	NT is not met as evidenced rview and record review, the ensure that all direct care staff in the topic areas as required sidential Care Home Licensing out of 5 employees. Findings	n i		
	last 12 months, 4 c to complete annua resident emergence	mented staff trainings for the but of 5 direct care staff failed I training in First Aid and y response procedures. The d the above findings at 1:00			
R266 SS=F	IX. PHYSICAL PLA	ANT	R266		
· ·	9.1 Environment		W		
		nust provide and maintain a nitary, homelike and nment.			
	by:	NT is not met as evidenced ions, the residence failed to			

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 0177 06/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET LAKEVIEW COMMUNITY CARE HOME BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) R266 Continued From page 4 R266 ensure that all areas of the home were maintained to provide a clean, sanitary and homelike environment. Findings include: During an environmental tour of the home at 9:15 AM on 6/20/2018, the following areas were observed to be soiled and not maintained in homelike condition: First floor- The light colored flooring in the hallways and resident bathrooms was observed to be visibly soiled with a build up of black grime in areas of heavy foot traffic. Perimeters of the flooring of the bathrooms and hallways were also visibly soiled with black areas of build up. The resident bathroom off the common area had a large area of flooring ripped up, exposing bare floorboard underneath. The bathroom flooring appeared worn with dark areas of build up around the edges of the wall bases. A smell of urine was present in both resident bathrooms on the first floor of the residence. In Room #2, part of the covering to the baseboard heating unit was off. exposing sharp edges of the heating unit underneath. Second floor- The flooring of the upstairs hallway was visibly soiled with a build up of dark grime around the edges near the wall bases. A smell of urine was present in the second floor resident bathrooms and the flooring appeared dark with visible grime. A coating of dust was visible on the small refrigerator in Room #8, and the trash was observed to be overflowing with contents on the floor. There were numerous large spots of sticky, dark grime on the flooring in Room #15 and in the hallway nearby. During an interview at 2:30 PM on 6/20/2018, the Manager stated that the floors of the common

Division	of Licensing and Pro	otection				
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Part Control of Control	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
12		0177	B. WING		06/2	; 0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE		7/2-2-1-
LAKEVIE	EW COMMUNITY CAR	RE HOME 322 ST PA	AUL STREET STON, VT 054	A CONTRACTOR OF THE CONTRACTOR		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
R266	Continued From pa	ige 5	R266			
	year, however repla	o be replaced within the last accement had ceased due to lity of the installation process.	Annual Annua		designment and designers consequences	
R275 SS=D	IX. PHYSICAL PLA	.NT	R275			
	9.2 Residents' Roo	ms	C Lamado, primar o La			
	clean, comfortable inches thick, and st particular bed, a pill	all be in good repair, with a mattress that is at least 6 tandard in size for the low, bedspread, and a) blanket, two (2) sheets, and		20 VIII VIII VIII VIII VIII VIII VIII VI		360
With the second	by: Based on observation ensure that all resident	NT is not met as evidenced ions, the residence failed to dents' beds included a clean and in good condition.				
	Room #2 was obser A large stain was pr several flies were of stain. The room sm observations of the	nental tour, the mattress in sirved to be soiled and odorous, resent on the mattress and bserved on and around the nelled of urine. The condition of the mattress in rmed with the Manager at 2:30				
R285 SS=D	IX. PHYSICAL PLAN	NT	R285			
	9.4 Recreation and	Dining Rooms				'o _
	9.4.d Smoking shal designated areas ar	Il be permitted only in ned the home must ensure that				

PRINTED: 06/26/2018 **FORM APPROVED** Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 0177 06/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET LAKEVIEW COMMUNITY CARE HOME BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) R285 Continued From page 6 R285 residents who object to smoke have "smoke free" dining or recreation space. This REQUIREMENT is not met as evidenced bv: Based on observations, the residence failed to monitor designated smoking areas to ensure cigarettes were disposed of safely. Findings include: During an environmental tour, the cigarette disposal container in the smoking area was observed to be overflowing with numerous cigarette butts on the floor of the porch. During an interview at 2:30 PM on 6/20/2018, the Manager confirmed there was no process in place for Residential Care staff to frequently monitor and empty the cigarette disposal containers. R290 IX. PHYSICAL PLANT R290 SS=F 9.6 Plumbing 9.6.c All plumbing fixtures shall be clean and free from cracks, breaks and leaks. This REQUIREMENT is not met as evidenced Based on observations, the residence failed to

ensure that all plumbing fixtures were clean and

During an environmental tour of the residence at 9:30 AM on 6/20/2018, the toilets on the first and second floors of the home used by residents had a visible ring of fluid around them. There was a space between the flooring and toilet base

free from leaks. Findings include:

Division	of Licensing and Pro	otection			
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	as a filtrance are respective	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0177	B. WING		C 06/20/2018
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE	#2 F2 - 10e 2
		322 ST	PAUL STREET		19
LAKEVIE	W COMMUNITY CAR	RE HOME BURLI	INGTON, VT 05	401	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
R290	Continued From pa	age 7	R290		
	first floor of the res potential corrosion below. All the bath	ge resident bathroom on the idence, creating an opening and damage to the floorboa rooms smelled of urine. The wed with the Manager at 2:3	for rds ie		
		ec s		*	
10					
			0.00		,
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				a r	
5					
				1 7 4	
			,	000	u u
				POC accepted RIBO/RIBO/RIBO/ R275/R285/ Albert DOK RN	- ,
				0136/8167/8179/	22661
			1.	0175/6185/	R290
		10		RELISTED	2/1/12
				Ilher work to	11410
		4			
*					
4					
		*			

2 * 2.8	Actions to correct the deficiency	Measures put into place/systemic changes to ensure deficient practice does not recur	Monitoring put into place to ensure deficient practice does not recur	Date the corrective action will be completed
R136 5.7 C	Due to	A schedule of	Schedule of	08/01/18
Resident	deficiencies in	annual assessment	annual	
assessments to be	Psych Consult	due dates will be	assessments will	N .
completed	Health Record	kept in the	be updated and	
annually and	discussed with	Assessment	monitored	-
whenever there is	Surveyors on day	binder.	monthly.	
a mental/physical	of site review	David Carrie	3 g	
change	paper copies of all	Psych Consult is	_	
*Resident #1 last	assessments will	scheduled to be		w
	be stored in a common binder in	replaced this year.		, g ²
assessment available in EHR	facility office.	# 12°		
was dated 4/9/17	racinty office.			
was dated 4/9/17		et		
R167 5.10 D	Resident specific	Full review of all	Continued	08/01/18
(5)	behavioral plans	PRN orders to	monitoring for	00,01,10
Staff other than a	for all	identify residents	changes that	= 11
registered nurse	psychoactive PRN	who require	require updates in	
may administer	medications will	individualized	individualized PRN	
PRN psychoactive	be added to	plans for PRN	behavioral plans.	31
medications only	individual	psychoactive	and the second state of the second state of the second sec	
when there is a	resident's sections	medication		
written plan	of the MAR book.	administration.	734 234	
describing specific		1 n =		#
behaviors				
medication is		_o m U		
intended to	9			
correct/address;		a		20
specific indications				
for use of the		%		¥ ×
medication;	÷	- 1		3
desired effects of medication and				
medication and undesired effects				E 8
staff must monitor	* .			
for; and				, i
documentation of	111			
timing of, reason	E E		of a	
for, and effects of	gž T		N.	
medication use.	31	1		
	<u> </u>	_		

*Residents #3 and #4 did not have specific behavioral plans for administration of lorazepam R179 5.11 b Training requirements include annual training in first aid and emergency response for all staff responsible for direct care of residents. Four out of five staff surveyed failed to complete this training.	Staff will receive notification of requirement to attend Howard Center first aid training annually with expectation of completing next available training. Nurse/Program manager will provide additional required training during staff meetings.	Request has been made to change HC training policies to reflect licensing requirements. Currently HC staff are required to complete first aid training every two years.	Training completed by Lakeview staff will be monitored quarterly by Nurse/Program manager.	09/01/18
R266 9.1 a The home must provide a safe, functional, sanitary, homelike and comfortable environment. *First floor flooring in the hallways and resident bathrooms were visibly soiled. *First floor resident bathroom had a large area of floor ripped up exposing the floorboard underneath, with	Property manager (CHT) has agreed to resume renovations of flooring and immediately, estimated date of completion has not been received as of this writing. The area referred to as floorboard in the first floor bathroom is a concrete like surface that was installed to improve the flow	A request was made to increase number of cleaning hours by Howard Center Janitorial Services. Staff will continue to do weekly cleanings in resident rooms and assist HC janitorial sevices with cleaning of common areas of facility.	Each staff member is responsible for checking their primary client's rooms weekly to ensure they are kept clean and in order. Program manager will check in with staff during weekly meeting to ensure the rooms are being appropriately cleaned.	Room 8 and 15 will be completed by 7/14/18. Flooring replacement and other facility repairs are expected to be completed by 8/31/18.

bathroom flooring	of water from the		Program manager	
appearing worn	shower to the		will meet with	
with dark areas of	drain.	(a)	janitorial staff	
build up around	Areas of darkness	*	frequently to	
the edges of the	and grime due to		review cleanliness	
wall bases. A smell	heavy traffic will		and discuss needs	*
of urine was	be re-placed with		with janitorial	
present in both	new flooring.		staff.	
first floor	Odor of urine is		*	
bathrooms.	being addressed			10
	by janitorial staff		7	
*In room 2 part of	using cleaners			
the cover of the	which are more	}	-	
baseboard heating	appropriate for			-1
unit was off,	eliminating urine.			
exposing sharp	eminiating unite.	147		
edges of the	Work orders were			
heating unit	Waterwater these processes the followings			
A NOT THE RESIDENCE DESCRIPTION OF THE PROPERTY OF THE PROPERT	placed for repair			
underneath.	of all facility			
*C 1.0	baseboard	я	ž -	1=
*Second floor	heaters.	31		
upstairs hallway				
flooring was visibly	Fridge in room 8		-	
soiled with build	has been cleaned.			
up of dark grime	E 80			
around the edges	Room 15 and			
of the wall bases.	surrounding			Α
	hallways are being			T .
*A coating of dust	cleaned during the		1	4
was visible on the	week of July 9 th .			
small refrigerator		e e		
in room 8.		iii e		
*There were			E)	-
numerous large				
spots of sticky,				
dark grime on the		= *		1
flooring in room				-
15 and the hallway				, i
nearby.			it.	
R275 9.2	The mattress in	All facility	Staff will check	7/15/18
Each bed shall be	room 2 is privately	mattresses are	mattresses during	Ti i
in good repair,	owned by the	being examined to	weekly room	
with a clean	resident who lives	determine which	cleanings and	
comfortable	in that room. He	ones need to be	report any	
mattress.	has agreed to	replaced. Plan is	issues/concerns to	
19	replace the	in place to replace	program manager.	
*Mattress in room	mattress. A new	worn mattresses	10	
2 was soiled and	mattress was	and	-	- 報
2 Was somed and	acticss was	1		

				· W
odorous. A large	purchased from	, 8		
stain was present	Wendell's and			2
in the mattress	delivery is			
and several flies	expected before		, "	\$\$
were observed on	the middle of July.	9	-	1
and around the				92
stain. The room	9			Str.
smelled of urine.	8			
R285 9.4d	Locking ashtrays	Check for	Program manager	8/1/18
Smoking shall be	are being ordered	cleanliness of	to review	CALLED SQUEE
permitted only in	to prevent	smoking area per	checklists to	
designated areas	residents from	shift to be added	ensure area is	. 1
and the home	dumping contents	to checklist for	being checked	51
must ensure that	on the porch	each shift.	daily and kept free	2
residents who	on the poren	caen sint.	of cigarette butts	
object to smoke		Program manager	and other debris.	1,5 14
have "smoke free"		is meeting with	and other debris.	18
dinging or		residents to		1
recreation space.		discuss		r
recreation space.		importance of		
*The disposal	=	putting cigarettes		
container in the		out in the ash		
CONTROL OF THE PROPERTY OF THE		M w		
smoking area was observed to be	14	trays provided and		
overflowing with		keeping area safe and clean.		= 1
	-	and clean.	25	
numerous	£		- b	0 4.,
cigarette butts on the floor of the		W		
porch.			80	
R290 9.6 c	Toilets and seals	Charles f	D	0/24/40
Later to the second sec		Check of	Program manager	8/31/18
All plumbing fixtures shall be	are to be repaired	bathroom floors	to review	1.16
CAR SERVENINE S	when flooring is	for water and	checklists to	1
clean and free	replaced.	urine added to	ensure area is	10.50
from cracks,	Odovotvijasia	shift checklists.	being checked	9 9 9
breaks, leaks.	Odor of urine is	*	every shift.	1 1001
************	being addressed			
*Toilets on the	by janitorial staff		=	
first and second	using cleaners		#	
floors had visible	which are more			
ring of fluid	appropriate for	i p	- '.	
around them.	eliminating urine.			_
There was space		, I		
between the		14	а,	- v
flooring and the	*	8		K
toilet base in the		a 85	8 8 1	
large first floor				
bathroom,	4	3 II	ű.	
creating an				

LAKEVIEW COMMUNITY CARE HOME PLAN OF ACTION RESPONSE TO LICENSING SURVEY ON 6/20/18

opening for				
potential	21	£1		
corrosion and	d 7.		11	j.
damage to the				
floorboards. All				
bathrooms	,			
smelled of urine.			ű	