



**AGENCY OF HUMAN SERVICES**  
**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

November 7, 2023

Ms. Lisa Charbonneau, Manager  
Lenny Burke's Farm, Inc.  
Po Box 75  
Wallingford, VT 05773

Dear Ms. Charbonneau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 26, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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

PRINTED: 10/06/2023  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/26/2023
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NAME OF PROVIDER OR SUPPLIER: **LENNY BURKE'S FARM, INC.**  
 STREET ADDRESS, CITY, STATE, ZIP CODE: **PO BOX 75 WALLINGFORD, VT 05773**

(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
R100	Initial Comments:  An unannounced onsite relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 9/26/23. Regulatory deficiencies were identified as a result. Findings include:	R100		
R167 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>6.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse (RN) failed to ensure the development of psychoactive medication plan for as needed psychoactive medications for 2 out of 3 residents of the applicable sample (Resident #1, #2). Findings Include:  Per record review Resident #1, has a physician order for Hydroxyzine 25 mg take 1 tab by mouth</p>	R167	<p><i>x entry updated resubmitted 11/17/23 AKK</i></p> <p><i>To clarify, any psychotropic PRNs have specific resident behaviors listed on MAR to be reviewed by trained med staff prior to administering a psychotropic prn. There is a follow up entry on MAR to note if medication was effective or not - RN has reviewed all alone with trained staff - RN will continue to monitor staff understanding and compliance with above next by</i></p> <p><i>This continues as of 9/27/23 - E</i></p>	

Division of Licensing and Protection  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Licensor* (X5) DATE: *10/18/23*

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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/26/2023
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NAME OF PROVIDER OR SUPPLIER  LENNY BURKE'S FARM, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE  PO BOX 78 WALLINGFORD, VT 05773
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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
R167	<p>Continued From page 1</p> <p>four times a day as needed and Resident #2 Hydroxyzine 50 mg take 1 tab by mouth four times a day as needed .</p> <p>The record did not include a written plan to identify the use of the as needed Psychoactive medications to demonstrate the specific behaviors the medication is intended to correct and/or the desired and undesired effects of the medication.</p> <p>Per interview on 9/26/23 at 1:00 PM the RN confirmed psychoactive plans were not developed for Resident #1 and Resident #2 to demonstrate appropriate use the medication along with monitoring of desired and undesired effects to support unlicensed staff to administer.</p>	R167	<p>Tag 167-Accepted by Carol Scott-LTCM 11-7-23</p> <p><i>see previous page</i></p>	
R173 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES:</p> <p>5.10: Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, there was a failure to maintain medications in a locked medication cart and failed to ensure only authorized personnel have</p>	R173	<p><i>entry updated/resubmitted 11/7/23</i></p> <p><i>digital locks with codes installed immediately following survey on inside and outside access doors to med room 9/27/23 - CHKAN</i></p>	

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NAME OF PROVIDER OR SUPPLIER: **LENNY BURKE'S FARM, INC.**  
 STREET ADDRESS, CITY, STATE, ZIP CODE: **PO BOX 75 WALLINGFORD, VT 05773**

(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
R173	Continued From page 2 access to the medication cart. Findings include:  During the environmental tour of the RCH on 9/28/23 at 8:55 AM, the medication room and medication cart contained inside the medication room was found to be unlocked and unattended, making it accessible to residents or visitors.  Medication Technician confirmed the medication room was unlocked and unattended at time of finding.	R173	<i>Manager will ensure that staff is using digital lock system and keeping med room doors locked whenever staff not in med room area - Staff educated about use of digital lock system Digital lock system 9/27/23 installed 9/27/23</i>	
R176 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h (4)  Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the Manager failed to ensure medications that were outdated were removed from the active medication cart for proper disposal. Findings include:  Per observation of the medication cart, two medications were found to be expired, Nitroglycerin 0.4mg tab, expired 5/23/23, and Tylenol 500 mg (250 count) expired 5/2022.  Per interview on 9/28/23 at 11:15 AM, the	R176	<i>ent from page 2 - will be all medications checked weekly by manager for compliance expiration dates outdated meds will be returned to pharmacy immediately DON will review all medications for correctness and expiration dates monthly - Staff will notify RN/Manager if any inconsistencies with meds</i>	<i>mean 11/7/23</i>

*and for expiration dates - This began as of 9/27/23 -  
above entry updated/resubmitted 11/7/23*

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NAME OF PROVIDER OR SUPPLIER  LENNY BURKE'S FARM, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 75 WALLINGFORD, VT 05773		
(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)	(X6) COMPLETE DATE
R176	Continued From page 3: Manager confirmed the medications were expired. The manager reviewed the medication cart is audited monthly, and acknowledged the medications may have been overlooked.	R176	<p><i>see page 3</i></p> <p>Tag 173 and 176- Accepted by Carol Scott-LTCM 11-7-23</p> <p><i>See Page 5</i></p>	
R179 SS#F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there</p>	R179		

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NAME OF PROVIDER OR SUPPLIER: Lenny Burke's Farm, Inc.  
STREET ADDRESS, CITY, STATE, ZIP CODE: PO BOX 75 WALLINGFORD, VT 05773

(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
R179	Continued From page 4: was a failure to ensure 5 out of 5 sampled staff completed all the required yearly training. Findings include:  Per review of the employee training records provided 5/5 employees did not complete all the required yearly training to include: resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich maneuver, accidents, police, or ambulance contact and first aid, policies, and procedures regarding mandatory reports of abuse, neglect and exploitation, respectful and effective interaction with residents, general supervision, and care of residents.  During interview on the afternoon of 9/26/23 the Manager confirmed s/he was unable to provide documented evidence of completion of all required yearly training for 5 out of 5 sampled staff stating "they may be at a different site".	R179	Tag 179-Accepted by Carol Scott-LTCM 11-7-23  <i>(Error check on 10/19/23 - previous pages)</i> <i>Entry updated/resubmitted 11/7/23 pka</i> <i>Trainings are all up to date based on hire dates and calendar year</i> <i>Staff transferred from flooded facility have had records of training + transferred to Lenny Burke's Farm facility - max updated on 10/19/23</i>	
R248 SS=F	VII. NUTRITION AND FOOD SERVICES  7.2. Food Safety and Sanitation  7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there	R248	Manager has an inservice book to track all trainings and to ensure trainings for all staff are up to date - DON supervises inservices and training on a monthly basis This will continue as of 10/19/23 - <i>mlk</i>	

PRINTED: 10/08/2023  
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NAME OF PROVIDER OR SUPPLIER  
**LENNY BURKE'S FARM, INC.**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**PO BOX 76  
WALLINGFORD, VT 05773**

(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)	(X6) COMPLETE DATE
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R246

Continued From page 5

was a failure to ensure food items were free of spoilage and safe for human consumption. Findings include:

During the facility tour commencing at 8:55 AM on 9/26/23 expired perishable food items were observed to be stored in the refrigerator and dry food storage a package of provolone dell cheese with a sell by date of 8/11/23, a 10.5 oz can of Campbell's cream of mushroom soup expired on 6/10/20, a 15 oz can of Garbanzo beans expired on 3/28/23, a 10.5 oz can of Cream of Broccoli soup expired on 12/13/22, and a 21 oz can of Apple fruit topping expired on 9/14/19.

These findings were confirmed by the Manager at 9:20 AM on 9/26/23.

R246

*Trainings all up to date based on hire dates and calendar year*

*Training records now on site*

*Staff transferred for all employees of Lenny Burke Farm*

*Facility records now on site*

*All food will be dated and labeled and checked by staff daily effective 9/27/23*

*Manager will have all canned goods boxed foods frozen foods checked weekly for expiration dates - effective 9/27/23*

*Manager will monitor on weekly basis as of 9/27/23*

*All cabinets containing cleaning supplies will be locked at all times - locks installed by 10/12*

*See previous pages 10/19/23*

R259  
SS=F

VII. NUTRITION AND FOOD SERVICES

7.3 Food Storage and Equipment

7.3.1 Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.

This REQUIREMENT is not met as evidenced by:

Based on observation and staff interview there was a failure to ensure all cleaning products and other poisonous compounds were stored in a locked compartment. Findings include:

During the facility tour commencing on 9/26/23 at 8:55 AM cleaning products and poisonous

R259

*Manager will monitor on weekly basis as of 9/27/23*

*All cabinets containing cleaning supplies will be locked at all times - locks installed by 10/12*

*locks have*

*Above entry updated / resubmitted 11/7/23 - MKR*

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NAME OF PROVIDER OR SUPPLIER  LENNY BURKE'S FARM, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE:  PO BOX 75 WALLINGFORD, VT 05773
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R259	<p>Continued From page 6</p> <p>chemicals were observed to be stored in an unsecured cabinet located under the kitchen sink and the unsecured laundry closet including 3.78 Qt container of Clorox Bleach, bathroom disinfectant cleaner, kitchen spray cleaner containing bleach, large container of Ammonia, and 2 alrisol containers of Raid.</p> <p>This finding was confirmed by the Manager on the morning of 9/28/23.</p>	R259	<p>Laundry room doors have had a lock installed 9/27/23 - area will be locked when staff not doing laundry - Manager will check when onsite to ensure doors are <sup>and are</sup> locked appropriately - Staff has been educated about above on 9/27/23 - <u>      </u></p> <p>above entry updated / resubmitted 11/7/23 <u>      </u></p> <p>Tag 246 and 259- Accepted by Carol Scott- LTCM 11-7-23</p>	