

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

September 12, 2018

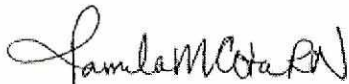
Ms. Brenda Scalabrini, Administrator
Lincoln House
120 Hill Street
Barre, VT 05641-3915

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 17, 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



LINCOLN HOUSE

PAGE 04/13

PRINTED: 07/23/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
---	---

(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: The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 7/17/2018. The following regulatory violations were identified.	R100	Please see attached Plans of Correction.	
R145 68FD	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 written care plans included all interventions and services necessary to assist with the maintenance of independence and well-being for one out of two residents in the sample (Resident #2). Findings include: Resident #2 was admitted to the home in 2017. According to the residence document, "Resident Allergy and Restrictions" Resident #2 has a dietary restriction which requires a dairy-free diet. Upon review of Resident #2's Care Plan, no nutritional items were listed under, "foods to avoid". Resident #2's application to the residence under, "Do you have any dietary restriction?" states "No dairy". The residence admission contract last signed by Resident #2 and the Administrator in 2018 states, "therapeutic diets	R145		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/CLIA REPRESENTATIVE'S SIGNATURE
Minda Sealbach

TITLE
Exe Administrator

(X6) DATE
8.14.18

R145 - R247 POC's accepted 8/14/18 SShenbrookRN/PME

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
---	---

(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
--------------------	--	---------------	---	--------------------

R145 Continued From page 1
will be provided if prescribed by your physician and/ or when diagnosis indicates this".

The inconsistency between Resident #2's Care Plan and recorded dietary restriction was reviewed with the Residence Administrator on the afternoon of 7/17/2018.

R145

R168
SS=D V. RESIDENT CARE AND HOME SERVICES

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(6) Insulin. Staff other than a nurse may administer insulin injections only when:

i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and

ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and

iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the

R168

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
---	---

(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
--------------------	--	---------------	---	--------------------

R168	<p>Continued From page 2</p> <p>residence failed to ensure that all Residential Care Home Regulation requirements were met prior to the administration of insulin by unlicensed staff for one out of two residents in the sample (Resident #1) Findings include:</p> <p>Resident #1 was admitted to the residence in April 2018. Per physician summary note dated 2/15/2018, "control of his/her blood sugars has been problematic for a long time". Upon review of medication orders, Resident #1's order for Lantus (insulin) was changed by the physician three times between 6/8/2018 and 7/12/2018. Resident #1 has physician orders for blood glucose monitoring twice a day. Per review of the blood glucose monitoring log, there were 12 blood glucose measurements in the high range of 300-400 mg/dl between 6/24/2018 and 7/14/2018. While the Personal Care Attendants were obtaining and documenting blood glucose measurements, and administering daily insulin, there was no evidence that an assessment by the Registered Nurse had been completed after Resident #1's medication changes. There was no evidence of an assessment by the Registered Nurse reflecting the resident's condition and diabetes care, or a determination of Resident #1's condition to be stable. Resident #1's care plan states s/her is on a Consistent Carbohydrate Diet, however there was no evidence in the record that this diet was being implemented.</p> <p>The lack of an assessment by a Registered Nurse for a resident with diabetes prior to the administration of insulin by unlicensed staff was reviewed with the Residence Administrator on the afternoon of 7/17/2018.</p>	R168		
------	--	------	--	--

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET, BARRE, VT 05641
---	--

(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
--------------------	--	---------------	---	--------------------

R181	Continued From page 3	R181		
R181 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to ensure that the conditions of a variance for an employee with convictions of crimes inimical to the public welfare were met. This has the potential to effect all residents. Findings include:</p> <p>During an environmental tour on 7/17/2018, Staff #1 was observed to be in the kitchen preparing and providing meal service while residents were in the adjoining dining room. Per record review, Staff #1 has a variance requiring direct</p>	R181		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
---	---

(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
--------------------	--	---------------	---	--------------------

R181	Continued From page 4 supervision by an employee with supervisory authority whenever Staff #1 has contact with residents of the home. The Residence Administrator was unable to provide evidence on 7/17/2018 that the variance had been updated or rescinded by the state licensing agency.	R181		
R213 SS=E	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on interviews, the residence failed to ensure that all residents were treated with consideration and respect for two applicable residents (anonymous Resident A and anonymous Resident B). This has the potential to effect all residents in the home. Findings include: Anonymous Witness #A stated in a phone interview on 7/16/2018 that Staff #1 had refused to provide Resident A with an additional serving of food, which was being offered to other residents during a meal. During an interview on 7/17/2018, Resident A stated that on 7/15/2018 Staff #1 offered other residents at the table additional servings of food without offering Resident A any. Per interview, Resident A had stated, "You didn't offer me any" and Staff #1 replied, "Not if I can help it" and turned and walked away from the table to the kitchen.	R213		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
---	---

(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
--------------------	--	---------------	---	--------------------

R213	<p>Continued From page 5</p> <p>Per interview on 7/17/2018, Resident A went to the kitchen prior to breakfast service on the morning of 7/6/2018 and requested a muffin from Staff #1 due to their early departure for an appointment. Per interview with Resident A, Staff #1 "ignored and refused to talk to me" in response to the request. Anonymous Witness #B observed and confirmed the interactions between Staff #1 and Resident A. Resident A stated the interactions with Staff #1, "left me feeling angry, it bothers me and other residents".</p> <p>During interviews on 7/16/2018 and 7/17/2018, anonymous Witness A and anonymous Witness B stated that Staff #1 "doesn't like a few people (residents)". Staff #1 behaves in ways that appear, "spiteful toward certain residents". Per witness interview, residents will receive different portions of food from Staff #1, and will receive a smaller serving if Staff #1 knows it is a preferred food for a particular resident. Per interview, Resident A states s/he "enjoys bacon on Wednesdays" and receives smaller portions than other residents at their table. Witnesses confirmed Staff #1 gives Resident A fewer pieces of bacon when served.</p> <p>Witness A and Witness B stated in interviews on 7/16/2018 and 7/17/2018 that Staff #1 put excessive amounts of condiments on Resident B's sandwich when a sandwich is requested as an alternative meal. Per interview, witnesses have repeatedly observed Resident B requesting a "small amount" of condiment on a sandwich, and Staff #1 will "put on so much mustard it's unappealing and inedible". Witnesses have observed the resident scraping condiments off their bread and onto their plate prior to eating.</p> <p>After describing the above interactions, Witness</p>	R213		
------	---	------	--	--

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641		
(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
R213	Continued From page 6 B stated the residents, "don't feel safe". Per interview, Resident A described Staff #1's behavior as, "unprofessional, abusive and disrespectful". The Residence Administrator was informed of the reported above interactions between Resident A and Staff #1 on the afternoon of 7/17/2018. The Residence Administrator denied knowledge of unprofessional actions or job performance issues with Staff #1.	R213		
R236 SS=A	VII. NUTRITION AND FOOD SERVICES 7.1.a. (5) The home shall keep menus, including any substitutions, for the previous month on file and available for examination by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and documentation review, the residence failed to keep menus for the period of time required by the Residential Care Home Regulations. Findings include: The Residence Administrator stated that one month of menus was not available when requested by the Nurse Surveyor on 7/17/2018. The Administrator provided only the menu for the week of 7/16/2018-7/22/2018.	R236		
R247 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or	R247		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
---	---

(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
--------------------	--	---------------	---	--------------------

R247	<p>Continued From page 7</p> <p>above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to ensure that all perishable food was labeled and dated consistent with safe food storage practices. This has the potential to effect all residents. Findings include:</p> <p>During observations of a walk in refrigerator and standing refrigerator at the residence on the morning of 7/17/2018, the following unlabeled and out of date food items were identified:</p> <ul style="list-style-type: none"> -3 one gallon containers of milk were out of date, 6/30/2018 -sour cream, out of date, 6/5/2018 -bag of dinner rolls, unlabeled with no date -bag of shredded cheese, observed with the packaging open and no date -4 packages of loosely wrapped sliced cheese, unlabeled with no date -1 individual serving of yogurt, out of date, 7/2/2018 -7 individual servings of yogurt with no date stamped on the label -3 containers of buttermilk, out of date, 6/12/2018 -1 bowl of fruit uncovered, unlabeled with no date -2 containers of salad, unlabeled with no date -1 container of grapes, unlabeled with no date -4 small containers with chopped vegetables, unlabeled with no date -large bag of rolled oats, observed with the bag open, no date -2 partially consumed containers of ice cream, no date <p>The Kitchen Manager confirmed s/he was</p>	R247		
------	--	------	--	--

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
---	---

(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
--------------------	--	---------------	---	--------------------

R247	Continued From page 8 responsible for the dating and labeling of perishable food. The out of date and unlabeled food was discussed with the Residence Administrator and Kitchen Manager on the morning of 7/17/2018.	.R247		
------	---	-------	--	--

R145 V. RESIDENT CARE AND HOME SERVICES

5.9c (2)

Oversee development of a written plans of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care and services necessary to assist the resident to maintain independence and well-being

Plan of correction (POC)

Care plans will be audit will be performed on a monthly basis to ensure that all information is up to date and accurate. Staff has been hesitant to complete and update the care plans, even though during the initial orientation this is discussed and they have been guided on the process.

Implementation will be immediate .Scheduled staff meeting on August 9, 2018 will be focused on reviewing the care plans to ensure competency.

Administrator and the lead PCA will be responsible for ensuring the audit is done on a monthly basis

Lincoln House will be in compliance in 90 days

R 168 V, RESIDENTIAL CARE AND HOME SERVICES

5.10 Medication Management

(6) Insulin. Staff other than a nurse may administer insulin injections only when:

i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and

ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and

iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.

Plan of Correction (POC)

Each of the medication PCA (Personal Care Attendant) have successfully completed the Lincoln House Educational process to be checked off to administer insulin. This is actively used at this time.

The Medication PCA contact the RN when the glucose levels are out of range. They are given instructions to how to proceed on a 24/7 basis.

Unfortunately the documentation of these encounters has failed. There is an attached form that will be implemented immediately to document the encounters with signature of the PCA and RN.

This form will be reviewed on August 9, 2018

Implementation on 08/10/2018 and 100% compliance within 30 days.

This form will be audited by the administrator, RN and the Medication PCA on weekly basis.

R 181 V.RESIDENTIAL CARE AND SERVICES

5.11 Staff Services

5.11. d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions

Plan of Correction (POC)

In reference to the employee in question, there was no indication that the variance needed to be updated on a regular basis. In fact the employee was expunged from the criminal charges. Attached is the documentation from the initial variance. There is no indication of needing to renew. Instructions in reference to the variance process would have been helpful in preventing this issue.

Lincoln House will seek clarification of the expectation of the State Regulatory Process as well as the statutes of the Vermont Legal System in reference to expungement. Lincoln House strives to be in compliance with the State of Vermont Regulatory and Legal Systems.

Immediate consult with legal counsel in reference to the attached documentation in reference to the employee of question

Lincoln House will seek legal counsel within the next 30 days in reference to the expungement and the most recent registry check done by the Vermont Agency of Human Services.

The response will be forwarded to your department after Lincoln House has received the recommendations of legal counsel.

Attached are the forms that were provided for the surveyor on 7/17/2018. In addition the report from the Vermont Agency of Human Services. Dated 7/20/2018 (this had been requested by the surveyor on 07/17/2018

R181 Addendum, per phone call with Admin 8/21/18, Employee in question is on Administrative leave.

R213 VI RESIDENT'S RIGHTS

6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality and privacy. A home may not ask a resident to waive the resident's rights.

Plan of Correction (POC)

Resident Rights is a discussion that is addressed at almost every staff meetings.

On a yearly basis there is an educational opportunity to review the Resident Rights with the employee signing an agreement to abide by this code of ethics at Lincoln House.

The yearly educational opportunity is being offered in the next 30 days and the staff meeting in September will be reviewing the rights and code of conduct here at Lincoln House. Staff will then sign the agreement which is available in their individual files.

To address individual complaint by resident, family or staff.

- The incident will be internally investigated by the Administrator and Medical Administrator.
- This investigation will include, speaking to the complaint, staff, and any observers of incident.
- Consideration in reference to medical, emotional, dietary components will be reviewed in reference to the incident.
- Plan of Action will include documentation of incident, with discussion with resident, family and staff.
- If it is an issue with inappropriate staff intervention, the staff member will be counseled, a plan of action will be developed and signed by the staff member and the administrators.
- If there is a reassurance, the staff member will be required to review and retest on the educational offering for the Rights of the Resident.
- The member will be counseled and forewarned that if there is another incident, it will be immediate dismissal of employment from Lincoln House.

R 236 NUTRITION AND FOOD SERVICES

7.1 a (5) The home shall keep menus, including any substitutions, for the previous month on file and available for examination by the licensing agency.

Plan of Correction (POC)

All menus will be kept in a file on a monthly and yearly basis. These will be accessible for staff, family resident and regulatory surveyors.

This has been implemented as of 08/01/2018

R247 VII NUTRITION AND FOOD SERVICES

*7.2. b All perishable food and drink shall be labeled, dated and held at proper temperatures:
(1) At or below 40 degrees Fahrenheit.*

(2) At or above 140 degrees Fahrenheit when served or heated prior to service.

Plan of Correction (POC)

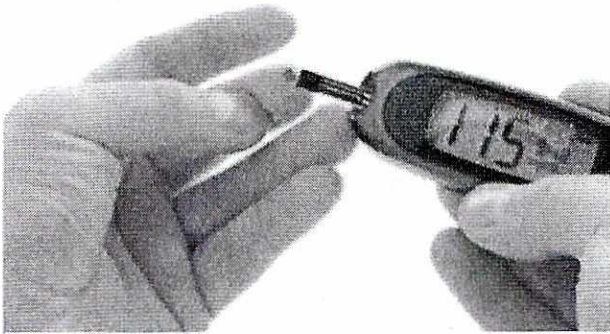
Again seek clarification in reference to outdated foods, Administrator had been in contact with the Department of Licensing and Protection. (She had been told that as long as the food in question was sealed and consistently at the required temperature that the food in question was good for 1 week after the expiration date).

Implementation of this has been implemented by present kitchen staff.

Reeducation of all kitchen staff that prepares and stores food that dates are required on any food in the freezer/refrigerator.

Implementation was immediate.

Administrator and RN will do surprise audits on a monthly basis to ensure compliance within 90 days.



Date _____

Resident Name _____

DOB _____

This is to be used when PCA reports and elevated glucose reading greater than 250

'Glucose reading _____

RN Instructions _____

Follow up _____

PCA Signature _____

RN Signature _____

(Please put this form in RN's mail box.)