



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 15, 2018

Ms. Brenda Scalabrini, Manager
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 **October 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

OCT 22 2018

PRINTED: 10/09/2018
FORM APPROVED

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 10/01/2018
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NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641
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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
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced, onsite investigation of two complaints on 10/1/2018. The following regulatory violations were identified.	R100		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and documentation review, the residence failed to ensure there were policies in place to govern all required services. Findings include: During the review of an incident report written by a staff member, the Administrator confirmed there was no policy in place to address the residence's procedure for Mandatory Reporting of Abuse, Neglect, or Exploitation. The Administrator confirmed at 10:45 AM on 10/1/2018 that s/he was not aware an incident report dated 7/7/2017 had been filled out by staff regarding an allegation of abuse involving a resident.	R200		
R207 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to	R207	tag 200 accepted 88 10/9/18	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bruna Scalabini

TITLE

Ex Administrator

(X6) DATE

10.10.18

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 10/01/2018
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R207	<p>Continued From page 1</p> <p>report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that the licensee and staff reported a suspected incident of abuse, neglect or exploitation. This has the potential to effect all residents. Findings include:</p> <p>An anonymous complaint was made with the Licensing Agency for an event that occurred on 7/7/2017. Per residence incident report, a former employee threw a fan in the direction of a resident, and was, "yelling and screaming at the resident". During an interview, the Administrator denied previous knowledge of the incident, stating that, "staff had not reported it" to him/her. Per review of training documentation, all direct care staff had been trained in Abuse, Neglect and Exploitation in August 2018. There was no evidence that the allegation documented by staff on 7/7/2017 had been reported to the residence Administrator, the Licensing Agency, or Adult Protective Services.</p>	R207		
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*tag 207 accepted
88 10/10/18*

R200 v. RESIDENT CARE AND HOME SERVICES

5.15 Policies and Procedures

Each home must have written policies and procedures that govern all services provided at the home for review upon request.

It is unfortunate that the staff member interviewed was unable to state that Lincoln House had a Policy and Procedure Book. In fact in the main office there is a Policy and Procedure Book that is located on the top of the file cabinet.

The Book has been in place since 02/2018, staff were notified in a staff meeting of the presence of the book and location. See Attached picture.

After the survey in early February 2018, the update Policy and Procedure Book has been located in the main office. In fact in a follow-up conversation with Licensing & Protection the RN offered to fax a copy, but at that time they were only requesting In-services Records.

During the interview with the Administrator, the only request was if we had a Policy & Procedure for the Healthcare Whistleblower' Protection Act in our Policy and Procedure Book. At that time the notice for staff at the time clock was the only notification in reference to the Whistle Blower's Protection Act. At this time a requested to see the Policy & Procedure Book would have reassured the surveyor that Lincoln House was in compliance of having this resource available to staff.

In reference to the Mandatory Reporting of Abuse and Neglect or Exploration from an incident report dated 07/07/2017.

The Incident Report was never given to the Executive Administrator or Myself as the Medical Administrator therefore not having knowledge of the event makes it difficult to report.

There is a process at Lincoln House that ALL Incident Reports (AKA Unusual Occurrence Reports) are left in the Medical Directors Mail Box or the Executive Administrator Box for review, follow-up to the specific incident is done and investigation of individual error or process issues is determined. At which time both the Executive Administrator and the Medical Administrator sign the report and implement changes as need be, The Signed report is then filed in the notebook designated for these reports. This process has been in place since Lincoln House opened.

It is difficult to respond to allegations of not reporting as we had no knowledge of the incident.

Plan of Correction (POC)

Kudos to staff that they felt safe under the Whistle Blower's Protection Act that they followed Federal Mandates and reported this alleged incident.

Additional In-Services need to make staff aware that if they feel someone staff or resident are unsafe that not only are they a mandated reporter but that Lincoln House is as well. There for under the Federal mandate of the Whistleblowers Protection Act, they need to follow the procedure here at Lincoln House to complete the Incident Form (AKA Unusual Occurrence Form) and have it follow the protocol here at Lincoln House.

*per T.C. with Administrator
education and POC completed
10/11/2018
SS 4/8/18*

R207 V. RESIDENT CARE AND HOME SERVICES

5.18 Reporting of abuse, Neglect or Exploration

5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services.

Again having an anonymous report is difficult to respond to if the Administration has no knowledge of the event.

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per T.C. with Administrator
education and POC completed
10/11/18
SS 11/18/18

**Written Medication Test
October 2018**

1. As the Medication PCA, do you ever leave medication for a resident to take at a later time?
2. If the resident does not want to take their respective medication, do they have the right to refuse?
3. If the resident refuses, what are the documentation you are responsible to follow?
4. How does Lincoln House ensure that the right resident gets the right medication at the right time?
5. What if the resident is not present for their medication? What are the steps you take when the resident is available for their scheduled medications?
6. What is your responsibility for administering medications if you get interrupted during "pill pass?"
7. What if you have a question in reference to dosing, timing of any medications?
8. What are your responsibilities for documentation if you give a PRN medication?

9. When a resident return from being hospitalized or seeing their PCP and there is a change in dietary orders, where do you document that information?

10. Does the cook in the kitchen need to be alerted to this change? If so where do you document this new order?

11. Where can you locate the dietary needs of each resident?

12. As the medication PCA do you ever prepare the medications for the next shift?

13. What is your responsibility at change of shift in reference to narcotics?

14. What is the protocol if there is a discrepancy in the narcotic count?

15. What is an acceptable glucose reading first thing in the morning?

16. What if the resident is somnolent and their glucose reading is 50? What do you do?

17. What if the reading is greater than 500?

18. What does it mean if the resident has a sliding scale for their glucose readings?

19. The usual Sliding scale for intervention is as follows (however the PCP may have adjusted this scale to meet the needs of the specific resident).

Less than 250	no additional insulin
251-300	3 units
301-350	4 units
351-400	5 units
Greater than 400	6 units Contact RN & PCP

What are some of the common causes of having an elevated glucose?

What if the resident has been out on a field trip to P& C Truck stop, what would the likely cause of the elevated glucose be?

What if the resident has been being incontinent of urine, what could the cause be?

What if the weather has been in the 90-degree range for several days what would the most likely cause be?

IF the resident has an abnormal glucose reading, is there any documentation necessary for this incident?

20. When do you call the ambulance first then notify the RN?

21. What is the procedure to send a resident to the hospital?

Explain the process & also discuss the paperwork involved.

22. What is the process if a physician's office calls with verbal orders to change a dosing of medication.

What is your responsibility as a PCA.

23. What is the unusual occurrence form used for?

24. What is the process after you complete the unusual occurrence form?

25. Where are the unusual occurrence forms located after completion?

26. What is the process for use of analgesic patches or nitro patches for the residents? Are there special precautions of handling the patches? Please describe.

Is there a special form that is used? If so why is the form used?

27. What is the difference between an inhaler and a nebulizer treatment?

28. Why is there Plans of Care? What is important information that is found in these?

29. Who is responsible for completing the Plan of Cares? As a PCA can you update these? What would be important information that you should add?

30. Are there special forms for reporting elevated glucoses? What is the glucose reading that would make you generate this form?

31. Please define confidentiality? Why is this important?

32. Does Lincoln House have a Policy & Procedure Book.

33. What would you find in a Policy & Procedure Book?

POLICIES AND PROCEDURES
FOR LINCOLN HOUSE

9 Nature

to the power