

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

February 5, 2021

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 **December 14, 2020.** 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

Lamela MotaRN

Licensing Chief

PRINTED: 12/28/2020 FORM APPROVED

If continuation sheet 1 of 6

Division of Licensing and Protection (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 12/14/2020 0175 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 120 HILL STREET LINCOLN HOUSE **BARRE, VT 05641** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREEIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R100 R100 Initial Comments: An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 12/1/2020, with the investigation concluding on 12/14/2020. The following regulatory violations were identified. Going forward will update care plans as indicated by changing needs of residents. Will not rely R146 R146 V. RESIDENT CARE AND HOME SERVICES SS=D 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health on verbal communication

May also use the R.I.

Communication book

for written communication care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the registered nurse failed to ensure that instruction and supervision was provided to unlicensed staff to carry out treatments for 1 of 3 residents Care plans are reviewed/monitored annually in January 2021 1/29/21 monitoring each resident sampled (Resident #1). Findings include: Per record review, Resident #1 had a history of sluggish bowel function that required medications to keep regular bowel movements occurring. The resident had PRN (as needed) medications ordered that included Polyethylene Glycol (Miralax) 17 grams daily as needed for bowel regularity, Ducosate Sodium 100 mg. cap one daily with fig bar as needed, Senna-lax-S 8.6/50 mg. tab 1-2 as needed for constipation, and for Enema, use rectally as needed for constipation. Review of the PRN medication administration record going back to April 2020, there were entries indicating that Resident #1 took Miralax K. pabille a frequently, sometimes multiple times per week to keep bowels functioning. Per this PRN record, the Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

R146-R192 POCs accepted 2/5/21 K.Campos, RN/PMC

STATE FORM

Division of Licensing and Protection		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COMPLETED		
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			B. WNG				4/2020
		0175	B. WING			1 12/1	4/2020
NAME OF D	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP	CDDE		
MAINE OF FE	TO VIDER OR OUT LIER	120 HILL					
LINCOLN	HOUSE	BARRE, 1					
				1	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX		(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP	RIATE	DATE
		F			DEFICIENCY)		
D440	O	4	R146				
R146	Continued From page	; I	11.1-0				
	entries for this resider	nt ended on 5/27/20, and	1	1			
	there were no new er	tries until 7/3/2020, which	1	1			
	was for Acetaminophe	en for pain. The next entry	1				
		as on 8/6/2020, when the	1				
		tered Milk of Magnesia	1				
		constipation, although the	1	1			- Si
	order reads "for gastr		1	1	. ,	1. 0	
				lo.	wel record was loca	Perl	į i
	On 8/6/2020, staff wro	ote a progress note that		100	Wel receive vous four		
		was given prune juice and		١.	acidonts Lathrour	Λ	
		constipation. There was an		In	LEZIGE CONTINUE	•	4
	indication in the staff note of 7/28/20 that the resident had a bowel movement, but there were no other records produced when asked of how they were keeping track of the bowel movements. On 8/7/2020, the staff note as written by the unlicensed caregiver stated that the resident was		1		1) wild to the		
				an	d provided		
			1		residents bathroom d provided to the rueyer as she was modeling the survey	·	
			4	SU	rueyen old	A	
				00	made ting the sorve) DT	
						1	
		Milk of Magnesia again,			0	KN	
	and that the Register						1
	regarding an impaction	n and complaint of pain.					
	, , , , , , , , , , , , , , , , , , , ,						
	The staff person state	ed that the nurse told them		3		gi	
	to give the resident a	n enema, despite being told	4		1	haa	
	that there was a large	stool in the rectum that the	8	1	nearly instruction	3100	
	resident could not par	ss, and the staff also stated	Į.	1 +	1000-0	0	
		that they had not been		1	give an enema b	Hen	
		na and did not attempt it.		1-10	give an con-	1	1
		•	1		1 O CW. WIGS 1	101	1
	Per interview on 12/2	/20 at 1:10 PM, the	4	IT	learneed she was 1 ained to do 80		
		ke with this surveyor on the		1	1 1 10 80		
	telephone and denied	telling the staff person to	1	1 /7	anned 11 de	0-	
		enema. Despite this denial		1		RIEN	
	by the nurse, the unli			1		RN	
	forwarded text messa	ges to the surveyor from the	1				
	nurse on 8/7/20, which	h confirmed that the nurse	3				
		nlicensed staff to give the					
		espite not being trained for					
		t was not able to pass the	1	1	a		
	large stool, and was s	ent to the ED where they			Repable 12	J	
	manually disimpacted	the resident of a large			C Source To		

Division of Licensing and Protection							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		RUCTION	(X3) DATE SURVEY COMPLETED	
						С	
		0175	B. WING			12/1	4/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET							
LINCOLN HOUSE BARRE, VT				11. (***********************************			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
R146	Continued From page	2	R146			4	01/201
	amount of stool.			1.1.1	I no longer relyon in munication. Docum	rechal	·
	Also per record review	w, there were no instructions		VVII	7	. Loti	m
	by the nurse for unlice	ensed staff to follow to		CON	n munication. Docum	mentall	//\
		s bowels specific to what t, what order to give them in,		will.	accor on the care	_	
	or how long since the	last bowel movement to	1	יון טען	m. Record of BM	ż	1
	start giving them. Per	interview on 12/1/20 at 1:00 ager confirmed that there		pa	M. Record of	Jants	
	was no record availab	ole to show tracking of		RALIL	I be Kept on resid	cono	1-1
	Resident #1's bowel r	novements by staff, and that		0	wing Land meds	05	1/29/21
	the daily progress notes did not always record this either. The Manager also confirmed that there was no record of unlicensed staff training			req	viring bowel meds	V-201	1 /21
			1	1 , 1	+ MA . TC	DI.	
	on bowel protocols for by the nurse on giving	r medication or delegation		-	pared will bein	5N	1.0
	by the thirse on giving	g arr crioma.		Ih	is record will be in M.A.R. and record	led	
R165 SS≃D	V. RESIDENT CARE	AND HOME SERVICES	R165	do	ily as a montion	160	,
	5.10 Medication Man	agement			care plan will reflect sidents Status and	e i	01/2621
	5.10.d If a resident re	equires medication	1	1he	Care plan with		,
	administration, unlice	nsed staff may administer		ve	sidents Status unt		
	medications under the	e following conditions:		am	y changes in that	N (1202)	
	(3) The registered nu	irse must accept		01	itus. Designated s I date and initial se changes when rea	tall	
	responsibility for the p medications, and is	proper administration of responsible for:	l l	510	initial		1 1
	 Teaching designate 	ated staff proper techniques		Wil	date and	e - 4	1/20/21
	for medication admini appropriate infor	stration and providing mation about the resident's		10	se changes when rea	id.	12/21
		edications, and potential		(PC	3= -)	RJ	
	side effects;		1			EN	
	ii. Establishing a pr	ocess for routine lesignated staff about the				E.N	
		nd the effect of medications,					
	as well as changes in				Q. spatelle av		
	III. Assessing the re	sident's condition and the			C. oparace "		

Division of Licensing and Protection (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: 12/14/2020 B. WING 0175 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 120 HILL STREET LINCOLN HOUSE **BARRE, VT 05641** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Monitored and evaluated R165 R165 Continued From page 3 12021 in the nurses floor notes need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's RN instructions. Less reliance on verbal This REQUIREMENT Is not met as evidenced communication. More Based on record review and interview, the Registered Nurse failed to ensure that the staff documentation in daily was provided with appropriate information regarding monitoring of the condition and medication regime for 1 of 3 residents reviewed. nurses notes (Resident #1). Findings include: Written communication may also be in the continued Communication book & monitored Per record review. Resident #1 had a history of sluggish bowel function that required medications to keep regular bowel movements occurring. The resident had PRN (as needed) medications The care plan will reflect ordered that included Polyethylene Glycol (Miralax) 17 grams daily as needed for bowel residents status and regularity, Ducosate Sodium 100 mg. cap one daily with fig bar as needed, Senna-lax-S 8.6/50 any changes in status mg. tab 1-2 as needed for constipation, and for Enema, use rectally as needed for constipation. Review of the PRN medication administration record going back to April 2020, there were entries indicating that Resident #1 took Miralax Will continue to monitor, frequently, sometimes multiple times per week to each resident during monthly Staff meeting rounds keep bowels functioning. There was no evidence that the Registered Nurse educated the unlicensed staff with regards to documenting bowel movements, and how to implement the bowel medication regime with instruction on what PRN medication to give when, as well as documentation of, and how long the resident should go without, a bowel movement before Q. Soabille and more interventions were tried. Per interview on 12/1/20, the home's Manager confirmed that there was no evidence of written protocols for

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
ANDIDANO	dol(tab))or		A BUILDING.					
		0175	B, WING		12/	14/2020		
NAME OF PE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
120 HILL S								
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE	(X5) COMPLETE DATE		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIEI				
R165	Continued From page 4		R165					
	staff to follow, or docu regard to bowel mana	umentation of training with agement for Resident #1.						
R192 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports		R192	T Lawel mov	ement			
				record was	located			
	stored in an orderly readily available for reshall be kept on file a	ecords shall be filed and nanner so that they are eference. Resident records t least seven (7) years after discharge or death of the		The bowel move record was prior to the s leaving	or veyor Po Po Po Po Po Po Po Po Po			
	by: Based on record reviewed reports and records with the contraction of the cords with the cord	is not met as evidenced ew and staff interview, vere not available for review eviewed (Resident #1).		the change will forward BM rebein the MAR Therefore monit	cord will and ored daily	2/1/21		
	sluggish bowel function keep regular bower resident had PRN (as ordered that included (Miralax) 17 grams deregularity, Ducosate daily with fig bar as nimg. tab 1-2 as needed Enema, use rectally a Review of the PRN more record going back to entries indicating that frequently, sometime keep bowels function	esident #1 had a history of on that required medications. I movements occurring. The seneded) medications. Polyethylene Glycol aily as needed for bowel Sodium 100 mg. cap one eeded, Senna-lax-S 8.6/50 and for constipation, and for as needed for constipation, and for as needed for constipation. The dication administration April 2020, there were to the Resident #1 took Miralax is multiple times per week to ing. Per this PRN record, the int ended on 5/27/20, and			RI EN			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDE		(524)	A. BUILDING.						
0175		B. WING	B. WING		4/2020				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LINCOLN	HOUSE		STREET						
			VT 05641	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLETE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
R192	Continued From page	9 5	R192						
		ntries until 7/3/2020, which	1			1			
	was for Acetaminoph	en for pain. The next entry							
	on the PRN record w	as on 8/6/2020, when the							
	resident was adminis	tered Milk of Magnesia constipation, although the	1						
	order reads for "gasti	ritis". Per request from the							
	surveyor, staff looked	for a bowel record for				2			
	Resident #1, as well as a PRN (as needed) medication administration record from 5/22/20 to								
	7/2/20 and missing r	record data from 7/4/20 to							
	8/6/20. Per interview	on 12/1/20 at 1:00 PM, the							
	Manager confirmed t	hat there appeared to be	1						
	missing documentati	on that tracked bowel							
	movements and PRN medications given for that time period.								
	une penoa.								
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Division of Licensing and Protection