

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

June 28, 2022

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 **June 2, 2022**. 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

Jamela M CotaRN

If continuation sheet 1 of 2

Division of Licensing and Protection STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C	
	0175				06/02/	06/02/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
		120 HIL	L STREET			
LINCOLN I	HOUSE	BARRE	, VT 05641			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments:		R100	June 15, 2022		
				monitoring of to include Homperan oxygen Saturation	VItal SIANS	
	An unannounced on-site complaint investigation			Monitoring of	J'i'a' a'J'i	
	was conducted by the Division of Licensing and		I.	I to Illan acas	tule and	
		2 and completed on 6/2/22.		To molude you point	1000000	
	The following regula	tory violation was identified:		ANDER SATURATION	Will	
				Oxygen Some	1. 1.515	
R126	V. RESIDENT CARI	E AND HOME SERVICES	R126	continue on a da	IIN DUSIN.	
SS=E					1 11 non	
				The time frame of these vital signs?	or obtaining	
	5.5 General Care		V	110 110000	mcludiM	
		II. Durington Ange		These VItal Signo	, (
	5.5.a Upon a resident's admission to a residential care home, necessary services shall			More son time and or	cugen saturtion	
		nged to meet the resident's	1	The state of the s	Jan. Lima	
		cial, nursing and medical care		Henzerature and or will change from	akyim	
	needs.	cial, hursing and medical care				
	needs.			in the twenty of to between midn ten A. M. This	· at and	
				to between mide	Mrs. wir	
				10	So call will	
	This REQUIREMEN	IT is not met as evidenced		ten A. M. This be added to the duties there by and Mesidents	JUSCO I	
	by:			I the	yen fin.	
		on and staff interview the		be added 10	a relative	
	RCH failed to provid	de the necessary monitoring of		1 Post Store but	icontitying	
	residents during a C	Covid-19 outbreak by failing to		duties in	10 1 6 ast	
	consistently monito	r temperatures and oxygen nts infected with the Covid		and residente	the now.	
	virus. Findings inclu		1	wind to y	Pair James Turi	
	VII do: 1 indingo more		1	not yet had H		,
	Per review on 5/31/	22 of monitoring	1	of the	tion monitored)
	documentation of re	esidents infected with the		and oxygen		
	Covid-19 virus note	ed on 5/7/22; 5/15/22 & 5/21/22		I the Start.		
		evidence that demonstrated		Re The Co	discussed	
	temperatures and o	oxygen saturations (O2 Sat)		not yet had He and oxygen when the day. This plan was at stoff meeting and will take if four 15, 2022.	Marian	
	were being monitor	red by the staff on a daily		d or Dr mootille	Jure 19, dock	1. 1
		on the afternoon of 5/31/22		at sty	good to Day	1/15/2
		inistrator and the Registered though this process for		and will take 4	rest 1	A 1 .
	monitoring resident	is was conducted each		100 100 21132	, -	O Jack
	morning evidence	of monitoring for the above	1	parte 15, or		RA
	mentioned dates co	ould not be provided upon		U		7030
igisian of the	gnsing and Protection	The state of the s				(X6) DATE

RIDL POL accepted 6/27/22 FMUNHShanipme

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: С B. WING 0175 06/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET **LINCOLN HOUSE BARRE, VT 05641** SUMMARY STATEMENT OF DEFICIENCIES (X4) JD PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R126 Continued From page 1 R126 request. Temperatures and oxygen saturation levels of the blood are important indicators in determining if a resident's health may be deteriorating while being infected with Covid-19 as per CDC (Centers for Disease Control) guidelines last updated 5/27/22 "Clinical Presentation".

Division of Licensing and Protection