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

October 28, 2024

Jerett Turnbaugh, Manager
Loch Lomond Care Home
700 Willson Road
North Concord, VT 05858-7007

Dear Mr. Turnbaugh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 8, 2024.** 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0062	A. BUILDING: ______ B. WING ______	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCH LOMOND CARE HOME	**700 WILLSON ROAD NORTH CONCORD, VT 05858**

(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: On 10/8/24 the Division of Licensing and Protection conducted an unannounced on-site relicensing survey. The following regulatory deficiencies were identified:	R100	Corrective actions for all tags accepted by Jo A Evans RN on 10/25/24. Please see attached document to review corrective actions accepted for each individual tag.	
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of an annual Resident Assessment for 2 applicable residents (Residents #2 and #3). Findings include: The home's Nursing Overview Policies and Procedures are consistent with this regulatory requirement. 1. Per record review, the most recent Resident Assessment on file and available for review in Resident #2's resident record was dated as completed by the Registered Nurse on 9/1/23. A 2004 annual Resident Assessment has not been completed for Resident #2 and was due on 9/1/24. 2. Per record review, the most recent Resident Assessment on file and available for review in	R136		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Manager — (X6) DATE: 10-25-24

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R136	Continued From page 1 Resident #3's resident record was dated as completed by the Registered Nurse on 9/1/23. A 2004 annual Resident Assessment has not been completed for Resident #3 and was due on 9/1/24. These findings were confirmed by the Registered Nurse/Owner at approximately 5:10 PM on 10/7/24.	R136		
R161 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure administration and documentation of medication for one applicable resident occurred according to the home's policies and procedures. Findings include: The home's Medication Management Policy states, "All medications are to be administered to a resident on a valid order of the physician. Telephone orders shall be signed by the physician within 14 days [sic] after ordered"; and further states, "The Manager of the home is responsible for ensuring that all medications are handled according to the facility's policies and that designated staff have been fully trained in the policies and procedures."	R161		

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R161	Continued From page 2	R161		

The Introduction to the home's Medication Administration Procedure states, "The person who administers medications is responsible for assuring the right medication is administered to the right consumer in the right dosage at the right times and by the right route."

The home's Documentation of Medication Administration policy and procedures state," All residents will have a Medication Administration Record (MAR). All medications administered or refused will be documented the client's MAR by designated staff". Procedure #3 of this document states, "When administering a PRN medication staff member will initial on first page of MAR and on back side of page, indicate medication administration, time given, reason given, and response."

On the afternoon of 10/8/24 Resident #1 was observed receiving the medication Tylenol, and the Registered Nurse/Owner was heard stating an order for this medication had not been entered into Resident #1's Medication Administration Record (MAR). Per record review, on 10/8/24 there was no documentation of a prescriber's order on file and available for review for the medication Tylenol. Per interview with the Registered Nurse /Owner on the afternoon of 10/8/24, Resident #1's physician gave a verbal order for Tylenol 500 mg to be given twice daily as needed; however there was no documentation of a verbal order on file and available for review in the resident's record.

Per record review, A Nurse's Note dated '7/30" regarding Resident #1's choices related to use of Nicotine Lozenges contained documentation of 3 doses of Tylenol administered to Resident #1 as

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R161	Continued From page 3 follows: a. "9.24 2 Tylenol 325 mg headache 8 pm" b. "10.1 (illegible amount) 325 mg headache 8 pm" c. "10.8 1 Tylenol 500 mg Back and headache 1:10 pm" At 4:30 PM on 10/8/24 the Registered Nurse/Owner confirmed: 1. Signed orders for the administration of Tylenol to Resident #1 were not on file and available for review 2. There was no documentation of a verbal order received from Resident #1's physician 3. An order for Tylenol was not entered into Resident #1's Medication Administration Record 4. Three doses of the Tylenol were documented as given on a Nursing Note The Registered Nurse /Owner acknowledged this deficient practice is not consistent with the home's medication administration and documentation policies and procedures, the Vermont Residential Care Home Licensing Regulations, and current nursing standards of practice. The Manager of the home acknowledged this finding on the afternoon of 10/8/24.	R161		
R173 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only	R173		

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R173	Continued From page 4 authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review there was a failure to ensure all medications belonging to one applicable resident (Resident #2) were stored in a locked compartment. Findings include: The home's Medication Storage and Labeling policies and procedures are consistent with this regulation. During the tour of the home commencing at 10:05 AM on 10/8/24 medications were observed to be stored on Resident #2's night stand and dresser including Tums, 2 bottles of Systane Eye Drops, and the nutritional supplement Brewer's Yeast. The medications were not secured in locked compartments and were accessible to anyone entering Resident #2's room. Per record review Resident #2's medications are managed by the facility; and there are no signed prescriber's orders on file allowing Resident #2 to self-administer medications or an assessment completed by the Registered Nurse indicating s/he is capable of self-administration. These findings were confirmed by the Registered Nurse /Owner during the tour of the home on the morning of 10/8/24.	R173		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES	R179		

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R179	Continued From page 5	R179		

Continued From page 5

5.11 Staff Services

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:

(1) Resident rights;
(2) Fire safety and emergency evacuation;
(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;
(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;
(5) Respectful and effective interaction with residents;
(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
(7) General supervision and care of residents.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review there was a failure to ensure 5 out of 5 sampled staff completed all required yearly trainings. Findings include:

The home's Staff Training/Responsibilities policy and procedure is consistent with this regulatory requirement.

Per review of training records on file and available

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R179	Continued From page 6 for review for a sample of 5 staff, the required yearly trainings were not completed by 5 out of 5 sampled staff. This finding was confirmed by the Registered Nurse/Owner at 2:05 PM on 10/8/24.	R179		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete all required criminal record and abuse registry checks for 5 out of 5 sampled staff. Finding include: The facility's Background Checks Policy states background checks shall be conducted according to Vermont regulations. The policy has not been updated to include current regulatory requirements. Per review of criminal record and abuse registry background checks on file and available for review on request, all required criminal record and abuse registry checks were not completed for 5 out of 5 sampled staff. This finding was confirmed by the Registered Nurse/Owner at 1:35 PM on 10/6/24.	R190		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment	R266		

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R266	Continued From page 7 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe, homelike environment. Findings include: The home's Environmental Cleaning and Cleaning/Housekeeping policies are consistent with this regulation. During a tour of the home commencing at 10:05 AM on 10/8/24 the following environmental concerns were observed: a. The kitchen pantry room was observed with mouse droppings on the shelves. b. A handicap accessible ramp along one side of the home was no longer accessible due to overgrowth of hydrangea bushes which were covering approximately half of the ramp walkway. c. The rubber stair tread covers on the staircase to the second floor of the home is significantly worn and are a risk for falls and injury due to missing areas of this covering creating an uneven surface. The staircase leads from the main floor of the home to the office where resident's medications are administered, and the kitchen and dining area where residents gather for meals. d. Unsecured chemicals were observed to be stored in the cabinet under the sink in a resident's bathroom on the first floor of the home including	R266		

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R266	Continued From page 8 Lysol toilet cleaner and disinfectant spray. An unlocked cabinet under the bathroom sink in shared bathroom on the second floor of the home was observed with chemicals accessible to residents of the home including Pine Sol Cleaner and Deodorizer, Lestoil Heavy Duty Multipurpose Cleanser, Off Insect Repellant, and Windex Spray. The residents of the home have varying abilities to safely manage access to poisonous compounds including cleaning chemicals. e. The bathtub shower combo in the shared bathroom on the second floor of the home was in need of cleaning, and inaccessible to residents due to the storage of a shower chair and a bucket in the tub. The bathtub shower combo in the shared bathroom on the their floor of the home was in need of cleaning and repair to the area along the top of the shower where the paint was peeling and cracking. The non-skid mats placed in both of the aforementioned bathtub shower combos were in need of replacement due to staining and wear. f. The wooden handrails on the exterior stairway from the second to the third floor of the home appeared to be worn, and had a rough dry surface area which is a risk for splintering. These findings were confirmed by the owners of the home during the tour commencing at 10:05 AM on 10/8/24.	R266		
R313 SS=E	XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables	R313		

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R313	Continued From page 9	R313		

shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review there was a failure to ensure written signed requests were obtained from 2 applicable residents for whom the facility manages funds (Residents #2 and #4). Findings include:

The home's Policy and Procedure for Management of Residents [sic] Personal Finances is consistent with this regulatory requirement.

On the afternoon of 10/8/24 the Registered Nurse/Owner was requested to provide documentation of written requests for the management of persona funds obtained from applicable residents. At 2:45 PM on 10/8/24 the Registered Nurse/Owner confirmed written signed requests to manage resident funds for 2 applicable residents, Residents #1 and #4, had not been obtained by the home.

R314 SS=F — XI. RESIDENT FUNDS AND PROPERTY — R314

11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly

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R314	Continued From page 10 statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to provide quarterly statements to all residents for whom the home manages personal funds. Findings include: The home's Policy and Procedure for Management of Residents [sic] Personal Finances is consistent with this regulatory requirement. On the afternoon of 10/8/24 the Registered Nurse/Owner was requested to produce documentation of quarterly statements provided to residents for whom the home manages personal funds, or the resident's responsible party if applicable. At 2:45 PM the Registered Nurse/Owner confirmed quarterly statements are not provided to all applicable residents.	R314		

Deficiency Statement Plan of Correction (POC)

Survey Date: October 8th 2024

Facility Name: Loch Lomond Care Home

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R136 R136 Plan of Correction accepted by Jo A Evans RN on 10/25/24.	All resident assessments will be completed and signed by RN with updated date of completion	11-2-24	Annual resident Chart checks will be completed prior to September 1st of every year and quarterly checks will be completed. Via checklist	Josslyn Turnbaugh, RN
R161 R161 Plan of Correction accepted by Jo A Evans RN on 10/25/24	A Signed order by the physichian for tylenol 500mg as a PRN was obtained.	10-25-24	All resident PRN and standing orders will be in the MAR and resident Charts and checked quarterly. Via checklist	Josslyn Turnbaugh, RN
R173 R173 Plan of Correction accepted by Jo A Evans RN on 10/25/24	A Signed order for medications for self administering and a lock Box purchased for residents self administering medications.	11-2-24	Medication orders to match self administered meds and quarterly Room scans for closed lock boxes will be completed. Via Checklist	Josslyn Turnbaugh, RN
R179 R179 Plan of Correction accepted by Jo A Evans RN on 10/25/24	A Staff training will be held to incorporate all ~~7~~ training materials are met and Staff are Competent in these training materials.	11-15-24	manager/RN will ensure training material matches and mets State expectations/regulations monthly. Via Checklist	Josslyn Turnbaugh RN
R190 R190 Plan of Correction accepted by Jo A Evans RN on 10/25/24	All required background Checks will be completed on all Staff personnel currently working at the facility	12-1-24	Annual review of all personal Staff Charts to ensure background checks are completed and up to date. Via checklist	Josslyn Turnbaugh RN

Deficiency Statement Plan of Correction (POC)

Survey Date: October 8th 2024

Facility Name: Loch Lomond Care Home

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R266	weekly cleaning of the food pantry to ensure clean space and mouse traps set. handicap ramp cleared by removing hydrangea bushes. Rubber stair tread replaced. Chemicals found in resident bathrooms are locked and secured in staff only locked apartment. wooden handrails replaced. All resident bathrooms and bath tubs scrubbed and free of debrie. and pealing paint repaired.	12-1-24	montly room and living quarters will be inspected by the manager to ensure safety and healthly environment standards are met. Via checklist	Jerett Turnbaugh, manager
R313	All residents have signed documents with written request to manage funds.	11-2-24	manager will ensure all current residents have signed management of funds documents and any new residents will also. This will be checked quarterly. Via checklist	Jerett Turnbaugh manager

R266 Plan of Correction accepted by Jo A Evans RN on 10/25/24

R313 Plan of Correction accepted by Jo A Evans RN on 10/25/24

Deficiency Statement Plan of Correction (POC)

Survey Date: October 8th 2024

Facility Name: Loch Lomond Care Home

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R314	quarterly resident funds statements given to residents and/or guardians. All signed by resident/guardians	12-1-24	manager will ensure quarterly reports of funds are completed by creating a quarterly funds checklist document.	Jerett Thumbaugh, manager

R314 Plan of Correction accepted by Jo A Evans RN on 10/25/24

[signature], owner/RN date 10-25-24

[signature], owner/manager date 10-25-24