



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 18, 2018

Ms. Carol Ann Cunningham, Administrator  
Merten's House  
73 River Street  
Woodstock, VT 05091-1265

Dear Ms. Cunningham:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 25, 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". The signature is fluid and cursive.

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  47S002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/25/2018
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NAME OF PROVIDER OR SUPPLIER  MERTEN'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 73 RIVER STREET WOODSTOCK, VT 05091
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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
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N 001	<p>Initial Comments</p> <p>An unannounced, on-site re-licensure survey was conducted by the Division of Licensing and Protection on 9/25/2018. The following regulatory issues were identified:</p> <p>5.2 COMPREHENSIVE ASSESSMENTS: (a) The facility must make a comprehensive assessment of the resident needs (and) (c) Frequency. Assessments must be conducted: (1) no later than 14 days after the date of admission</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on medical record review and confirmed by staff interview, the facility failed to complete a significant change of condition assessment, for 1 of 2 sampled residents, who was hospitalized after a fall (Resident #1). The findings include the following:</p> <p>Per medical record review, Resident #1 had a fall on 8/23/18, requiring hospitalization on 8/24/18, and diagnosed with a fractured femur. The resident underwent surgical repair of the right hip and returned to the facility on 8/30/18. Per review of the Minimal Data Set (MDS) Assessment, (a required assessment by the State of Vermont), a significant change of assessment was begun on return. The assessment is to be completed no later than 14 days after the date of (re)admission and/or promptly after a significant change in physical condition. Review of the MDS assessment, identifies that the requirement has not been completed as required. To date, the assessment is not completed and is some 12+</p>	N 001	<ul style="list-style-type: none"> <li>- As of 9/25/2018, the MDS was completed for Resident #1.</li> <li>- A Mertens House RN with MDS experience has been asked to work with our DON regarding the completion, scheduling and promptness of MDS.</li> <li>- The MDS schedule will be reviewed at least weekly by the MDS RN and DON every Tuesday.</li> <li>- The MDS schedule has been reviewed as of Tuesday, 10/16/2018 and is on track.</li> </ul>	
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Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Cal Ann Coleman*

TITLE

*Administrator*

(X6) DATE

*10/17/18*

*POC's for 5.2, 7.14(g)(2), 10.6(b)(1) accepted 10/18/18 G Coleman RN/PM*

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N 001	<p>Continued From page 1</p> <p>days overdue. The Director of Nurses confirms, on 9/25/18 at 11:05 AM that the assessment has not been completed yet.</p> <p>7.14 DIETARY SERVICES: (g) Sanitary conditions. The facility must: (2) store, prepare, distribute and serve food under sanitary conditions.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and confirmed by staff interview the facility failed to store and distribute foods in a sanitary and safe manner in the main dietary department and the kitchenette on the nursing unit. The findings include the following:</p> <p>Per tour of the dietary department on 9/25/18 at approximately 9:30 AM in the presence of the Food Service Supervisor (FSS), the following was identified:</p> <ul style="list-style-type: none"> <li>-4 five-pound boxes of Bisquick mix, with an expiration date of August 2018;</li> <li>-1 five-pound box of muffin mix, with an expiration date of April 20, 2018;</li> <li>-1 box (6 bars) of Fiber One Brownie Bars with an expiration date of August 22, 2018;</li> <li>-2 individual Chewy Fiber Bars with an expiration date of July 2018;</li> <li>-a large bin storing granulated sugar with the contaminated scoop resting on the product; and</li> <li>-3 canisters of thicket in the unit kitchenette opened and partially used dated 7/2018 and 8/2018 with the contaminated measuring scoop resting on the product.</li> </ul> <p>The FSS confirmed during the tour that the boxes</p>	N 001	<p>All food items in question were discarded on 9/25/2018. All other food items inventoried discarded if needed.</p> <p>Effective immediately, we have updated the cook job assignment sheet to include checking for out dated products in the pantry and also for the upstairs kitchenette. All cooks have been educated in this matter as of 10/16/2018. (see attachment)</p> <p>The bin containing the granulated sugar has a holder for the scoop so that it does not rest upon the sugar. All Cooks have been advised of this as of 10/16/2018.</p> <p>Additional scoops have been purchased. Each scoop used for thicket whether in the kitchen or upstairs kitchenette will only be used once and washed after each use. All cooks have been advised of this as well as the nursing staff.</p> <p>The Food Service Supervisor will oversee the kitchen staff and monitor the updated job assignments to ensure compliance.</p>	

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N 001	<p>Continued From page 2</p> <p>of mix were all outdated and the scoop should not be stored on the sugar. Per tour of the kitchenette on the nursing unit, the Registered Nurse confirmed on 9/25/18 at approximately 1 PM that the measuring scoop was stored in side the open canister resting on the product.</p> <p>10.6 REGULAR IN-SERVICE EDUCATION: (b) Inservice training. The in-service training must: (1) be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on personnel file review, the facility failed to assure that 1 of 5 staff members in the sample completed the required 12 hours of inservice trainings during 2017 and 2018. Findings are detailed below.</p> <p>Per review of 5 personnel files, 1 licensed nursing assistant (LNA) only attended 1 hour of training during 2017 and none in 2018. This is confirmed by the Director of Nurses, during interview on 9/25/2018.</p>	N 001	<ul style="list-style-type: none"> <li>- Said LNA from the sample of 5 has now completed 6 hours of in-service education as of 10/8/2016.</li> <li>- The remainder hours will be completed by 11/30/2018.</li> <li>- At the beginning of each month all LNA in-service records will be reviewed for completion by the Director of Nursing and if incomplete, that LNA will be spoken to and/or counseled if disregard of the regulations continues.</li> <li>- The Administrator will review the in-service records quarterly.</li> </ul>

KITCHEN CLEANING SCHEDULE

2018

	Oven	Refrigerator	Upstairs Refrigerator & Cupboards	Microwave Up and Down	Pantry
January	Jen & Katrina	Rhonda & Joe		Rhonda	
Date/Initials					
February	Rhonda & Katrina	Jen & Katrina	Joe	Katrina	
Date/Initials					
March	Jen & Katrina	Rhonda & Joe	Rhonda	Jen	
Date/Initials					
April	Rhonda & Joe	Jen & Katrina	Jen	Joe	
Date/Initials					
May	Jen & Katrina	Rhonda & Joe	Katrina	Rhonda	
Date/Initials					
June	Rhonda & Joe	Jen & Katrina	Joe	Katrina	
Date/Initials					
July	Jen & Katrina	Rhonda & Joe	Rhonda	Jen	
Date/Initials					
August	Rhonda & Joe	Jen & Katrina	Jen	Joe	
Date/Initials					
September	Jen & Katrina	Rhonda & Joe	Katrina	Rhonda	
Date/Initials					
October	Rhonda & Joe	Jen & Katrina	Joe	Katrina	
Date/Initials					
November	Jen & Katrina	Rhonda & Joe	Rhonda	Jen	
Date/Initials					
December	Rhonda & Joe	Jen & Katrina	Jen	Joe	
Date/Initials					