

Division of Licensing and Protection
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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

March 28, 2022

Ms. Heather Presch, Administrator
Merten's House
73 River Street
Woodstock, VT 05091-1265

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **March 16, 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

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 03/16/2022
NAME OF PROVIDER OR SUPPLIER MERTEN'S HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 73 RIVER STREET WOODSTOCK, VT 05091		
(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
S 000	Initial comments The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey on 3/16/22. The following regulatory deficiencies were cited as a result:	S 000		
S374 SS=E	10.6 (a) NURSE AIDE TRAINING - REGULAR IN SERVICE ED 10.6 (a) Performance reviews. The facility must complete a performance review of every nurse aide at least once every twelve (12) months and must provide regular in-service education based on the outcome of these reviews. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete a performance review at least once every 12 months for 5 of 5 Nurse Aides in the sample. Findings include: Per record review of 5 Nurse Aide employee files, 5 of 5 files reviewed did not have evidence of an annual performance review within the last 12 months. Per interview on 3/16/2022 at approximately 12 noon, the Administrator confirmed that the facility had not conducted performance reviews for the 5 sampled employees as required.	S374	S374 Nurse Aide Training – Performance Reviews Performance Evaluations will be completed by 3/31/22 to bring the 5 LNA's from the sample into compliance. An audit will be conducted of LNA personnel files. As a result of the audit Performance Reviews will be completed, on or before 4/30/22, for LNA's who have not received an Evaluation within the past 12 months. An employee list with dates of hire will be kept by the receptionist or designee and reviewed by the DNS or designee at the beginning of each month to ensure evaluations are scheduled timely. The employee list and completed evaluations will be reviewed by the ED quarterly. This information will be presented quarterly at QAPI X4 to ensure ongoing compliance.	
S375 SS=E	10.6 (b) NURSE AIDE TRAINING - REGULAR IN SERVICE ED 10.6 (b) In-service training. The in-service training must: 1. be sufficient to ensure the continuing	S375		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Heather French

Executive Director

3/24/22

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 03/16/2022
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S375	<p>Continued From page 1</p> <p>competence of nurse aides but must be no less than twelve (12) hours per year.</p> <p>2. address areas of weakness as determined in nurse aide's performance reviews and may address special needs of residents as determined by the facility staff; and</p> <p>3. for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the continuing competence of Nurse Aides is no less than 12 hours per year for 5 of 5 sampled Nurse Aides. Findings include:</p> <p>Per record review Nurse Aide #1 had 4.0 documented hours of continuing education in the previous year from the date of survey. Nurse Aide #2 had 2.0 documented hours of continuing education in the previous year from the date of the survey. Nurse Aide #3 had 5.25 documented hours of continuing education in the previous year from the date of the survey. Nurse Aide #4 had no documented hours of continuing education in the previous year from the date of the survey. Nurse Aide #5 had 6.75 documented hours of continuing education in the previous year from the date of the survey.</p> <p>Per interview on 3/16/2022 at approximately 12 noon, the Administrator confirmed that none of the five sampled nurse aides had completed the required 12 hours of continuing education in the last year.</p>	S375	<p>TAG S 374 POC Accepted on 3/28/22 by R. Tremblay/P. Cota</p> <p>S374 Nurse Aide Training – Regular In Service Ed</p> <p>Education for the 5 sample LNA's will be completed by 3/31/22 to ensure they are compliant with the 12 hours of annual education.</p> <p>An audit will be conducted of LNA files. As a result of the audit, education will be completed, on or before 4/30/22, for LNA's who have fewer than 12 hours of in service education for the past 12 months. A log of LNA education hours will be kept and reviewed monthly by the DNS or designee.</p> <p>The education log will be reviewed by the ED quarterly.</p> <p>This information will be presented quarterly at QAPI X4 to ensure ongoing compliance.</p> <p>TAG S 375 POC Accepted on 3/28/22 by R. Tremblay/P. Cota</p>	
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