



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

February 17, 2022

Ms. Kimberly Cole, Manager
Pine Knoll Community Care Home
601 Red Village Road
Lyndonville, VT 05851

Dear Ms. Cole:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 20, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/20/2022
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NAME OF PROVIDER OR SUPPLIER
PINE KNOLL COMMUNITY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**601 RED VILLAGE ROAD
LYNDONVILLE, VT 05851**

(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: The Division of Licensing and Protection conducted an unannounced onsite complaint investigation concurrently with a re-licensing survey on 1/20/22. The following regulatory deficiencies were identified:	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide services to meet resident medical care needs. Findings include: Per observation of a medication pass on 1/20/22 at 11:04 AM, staff failed to follow appropriate infection control procedures. A Care Provider (CP) entered a room with a Covid-19 positive resident. The CP was wearing full personal protective equipment (PPE). After administering medications, the CP left the room and proceeded to the kitchen/nursing station without removing his/her PPE or sanitizing hands. The CP touched several items in the room, including the medication cart and the medication administration record. This was confirmed by the CP at the time of the incident. The facility Registered Nurse stated that it is his/her	R126	R 126 1. No residents were negatively affected by the alleged deficient practice. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. Education and competencies will be completed for staff regarding the appropriate use of PPE to include prevention of spread of infection. 4. Observation audits will be conducted weekly by the Residential Manager or designee to monitor effectiveness of the plan. 5. The audits will be conducted for a minimum of 3 months to determine continued compliance and further frequency of the audits will be determined at that time. 6. Corrective action will be complete by 2/20/2022	

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

[Handwritten Signature]

TITLE

Residential Manager

(X6) DATE

2/10/22

R126 - R145 POC's accepted 2/19/22 RTremblay RN/Pme

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER PINE KNOLL COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851
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R126	Continued From page 1 expectation that staff are to remove PPE either in the resident room or immediately outside the room and to sanitize hands after doing so.	R126	R 136	
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, the facility failed to annually reassess 2 of 3 sampled residents (Residents # 1, 3). Findings include: Per record review, Residents # 1 and 3 had not had an annual assessment done since 2019. This was confirmed by the facility RN on 1/20/22 at 12:05 PM	R136	<ol style="list-style-type: none"> 1. Residents' #1 and #3 have had annual assessments completed. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. An initial audit for all residents has been completed to ensure annual assessments are up to date. 4. The Registered Nurse covering the facility is aware of the requirement to conduct annual assessments of each resident. 5. The Registered Nurse will track each resident to ensure annual assessments are up to date and audit on a monthly basis to ensure assessments are up to date. 6. Corrective action will be complete by 2/20/2022 	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;	R145		

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R145	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 2 of 3 sampled residents (Residents # 2, 3) had written plans of care that are based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;. Findings include: Two residents had either no care plan or incomplete care plans. Resident # 2 was admitted to the facility on 5/24/21. Nursing overview is required due to diagnoses including depression, anxiety, chronic obstructive pulmonary disease and atrial fibrillation. There is no plan of care to address needs. Resident # 3 was admitted to the facility on 5/31/17. Nursing overview is required due to diagnoses including diabetes, bipolar disorder, hypertension and renal disease. The plan of care is incomplete and does not address the resident's needs. On 1/20/22 at 12:05 PM, the facility Registered Nurse confirmed that Residents 2 and 3 did not have care plans in place to address their needs.	R145	R 145 1. Residents' #2 and #3 have plans of care in place to address abilities and needs based on the annual assessment. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. The Registered Nurse for the facility is aware of the requirement to ensure residents have plans of care in place to address abilities and needs based on the annual assessment. 4. The Residential Manager and/or the Registered Nurse will conduct weekly audits to ensure that plans of care reflect current needs. 5. The audits will continue for a minimum of 3 months at which time further frequency of audits will be determined. 6. Corrective action will be complete by 2/20/2022		