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

July 26, 2023

Ms. Kelly Lemieux, Manager
Rivers Edge Community Care Home
5 Hunt Street
Bennington, VT 05201

Dear Ms. Lemieux:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 26, 2023.** 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

Pamela M. Cota, RN
Licensing Chief

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
	0085	A. BUILDING: ______ B. WING ______	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE COMMUNITY CARE HOME	5 HUNT STREET BENNINGTON, VT 05201

(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: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 6/26/23. The following regulatory violations were identified:	R100		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse (RN) failed to ensure psychoactive as needed (PRN) medication plans were developed for 1 of 3 residents in the applicable sample (Resident #2). Findings include: Per record review Resident #2 has a PRN medication order for Lorazepam 0.5 mg tablet, Take 0.5 mg (1 tablet) every eight hours as	R167		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kelly A Lemieux 7/21/2023

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R167	Continued From page 1 needed for anxiety. The record does not include a plan to describe the specific behaviors the medication is intended to correct nor does it include follow up monitoring to determine if the medication is effective with desired outcomes or with undesired effects. During interview with the RN on 6/26/23 at 2:00 PM, s/he confirmed a behavioral plan has not been developed for the use of the Lorazepam. The RN acknowledged the requirement of a written plan for use when unlicensed staff administer as needed psychoactive medications.	R167	RN will place plan for use of PRN medication behaviors the medication is intended to correct, specify the circumstances that indicate the use of the medication, educate staff about what desired effects + understand side effects they must monitor for, document time of, reason for + specific results. RN will monitor weekly for documentation. Education during staff meeting 7/25/2023 Tag R167 Accepted on 7/26/23 J. Shea, RN	9/20/23
R173 SS=F	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 authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, there was a failure to maintain medications in a locked medication cart and a failure to ensure only authorized personnel have access to the medication cart. Findings include: During the environmental tour of the RCH on 6/26/23 at 8:55 AM, the medication cart was	R173	Educate Staff - Medication must be	

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NAME OF PROVIDER OR SUPPLIER: RIVERS EDGE COMMUNITY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 5 HUNT STREET, BENNINGTON, VT 05201

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R173	Continued From page 2 observed to be unlocked and unattended, the medication cart remained unlocked and unattended for 30 minutes, making medications accessible to residents or visitors. Per interview on 6/26/23 at 9:25 AM, the MT confirmed the medication cart was left unlocked and unattended. The manager confirmed the medication carts are to be locked and secured at all times.	R173	in Locked compartments under proper temperature controls and only authorized Personnel may have keys to access. Staff will be educated at staff Meeting 7/25/2023. RN/Manager/Assistant Manager will monitor daily for compliance. Tag R173 Accepted on 7/26/23 J. Shea, RN	9/2023
R176 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to ensure unused/outdated medications were disposed of per facility policy. Findings include: Per observation of the facility medication cart on 6/26/23 at 9:20 AM it was noted that a total of 6 bottles of expired medication were stored in the bottom of the medication cart. These findings include 5.5oz container of Sunscreen expired on 02/2022, 60 tablet container of Tums expired on 4/2023, 150 tablet container of Aspirin 81mg expired on 4/2023, 400 softgel container of stool	R176	Authorized medication delegated staff will ensure unused/outdated medications will be Promptly disposed of	

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R176	Continued From page 3 softener expired on 5/2022, and 12 fl oz Antacid liquid expired on 4/2023. Per interview on 6/26/23 at 9: 30 AM, the manager confirmed the medications were expired and stored within the medication cart.	R176	Staff will do checks weekly. RN and Manager will educate Staff at staff meeting 7/25/2023 and do weekly checks for documentation. Tag R176 Accepted on 7/26/23 J. Shea, RN	10/1/2023
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 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	R179		

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R179	Continued From page 4 by: Based on interview and record review the Manager failed to ensure the required (12) hours of training were not completed in the last year for 5 out of 5 staff of the applicable sample. Findings include: Per record record review 5 out of 5 staff reviewed had not completed the 12 hours of required trainings in the last year. The trainings that were not completed were Resident Rights, Fire safety and emergency evacuation, and Emergency Response and First Aid. Per interview on 6/26/23 at 12:30 PM, the Manager confirmed that 5 out 5 staff reviewed had not completed all of the required (12) hours of training for the last year of review.	R179	RN will ensure staff demonstrates competency in skills + techniques they are expected to perform before providing direct care to residents. there will be 12 hrs of training each year & will include: Residents rights, Fire Safety + Emergency Evacuation + Emergency response + First Aid. Tag R179 Accepted on 7/26/23 J. Shea, RN	8/1/2023
R190 SS=D	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 interview and record review the Manager failed to ensure background checks were completed for 1 out 5 staff of the applicable sample (Staff #1). Findings include: Per record review of the required facility background checks which includes the Vermont Criminal Information Checks (VCIC), the record for Staff #1 did not include a VCIC record check	R190		

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R190	Continued From page 5 prior to hiring and providing direct care services. Per interview on 6/26/23 at 12:45 PM the Manager confirmed a VCIC background check was not completed for Staff # 1 prior to hire and providing direct care services..	R190	Manager will insure that New Employees all have the correct forms in their file prior to the Hire Date Tag R190 Accepted on 7/26/23 J. Shea, RN	10/1/2023
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews there was a failure to ensure all perishable food and drinks were labeled and dated. Findings include: During a tour of the facility kitchen and food service areas commencing at 08:55 AM on 6/26/23 the following perishable food items were observed in the reach- in refrigerator improperly labled and undated. These items include a gallon of milk, pre-made pitcher of orange juice, 32oz shredded mozzarella cheese, 1Lb sliced deli turkey, 4oz sliced pepperoni, 9oz sliced deli turkey, 1Lb sliced salami, 1qt pickles, 4 15oz containers of salad dressings, and 12oz container of tartar sauce. Per interview on 6/26/23 at 9:20 AM, the Manager confirmed the observed perishable food items were not properly labeled with a date of initial use.	R247	Manager will further educate staff on the importance of dating and labeling perishable Food items. Manager will delegate 3rd shift to review each night the Perishables in the refrigerator Tag R247 Accepted on 7/26/23 J. Shea, RN	9/1/2023

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R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 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 the RCH failed to maintain a safe environment. Findings include: During the facility tour at 9:00 AM, Resident #1's room was observed to have oxygen equipment. The entry and the interior of the room did not have proper signage posted. Per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code, it is recommended signage is needed when oxygen is in use. In addition, per Lippincott Manual 8th addition Administering Oxygen by Nasal Cannula Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors". Per interview on 6/26/23 at 10:00 AM the Manager confirmed signage was not posted, and acknowledged the use of appropriate signage to maintain a safe environment.	R266	"OXYGEN IN USE - NO SMOKING" signs have been placed in residents room and 3 entrance doors all residents using Oxygen will have notification placed in Room. Manager will monitor monthly Tag R266 Accepted on 7/26/23 J. Shea, RN	8/1/2023
R291 SS=F	IX. PHYSICAL PLANT 9.6 Plumbing	R291		

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R291	Continued From page 7 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures did not exceed 120 degrees Fahrenheit in resident areas of the residential care home (RCH). Findings include: Per observation on 6/26/23 at 10:15 AM water temperatures exceeded the required 120 degrees Fahrenheit in five resident areas. Resident room #1 water temperature was noted to be 130.5 degrees Fahrenheit, resident room #2 water temperature was noted to be 131.4 degrees Fahrenheit, resident room #3 water temperature was noted to be 130.6 degrees Fahrenheit, resident room # 4 water temperature was noted to be 132.6 degrees Fahrenheit, and the first-floor resident restroom water temperature was noted to be 126.4 degrees Fahrenheit. This observation was confirmed by the manager at the time of findings. Per interview with RCH manager at 12:00 PM s/he stated that the RCH does not routinely monitor water temperatures, but that the would in the future.At 1:45 PM RCH manager confirmed that the service provider had arrived and adjusted the water temperatures stating "There is a broken part they are replacing now".	R291	water temps will be monitored monthly for each wing, common bathrooms and kitchen area. The water temperature has been corrected to the appropriate temps - Not greater than 120 degrees. Manager will conduct monthly water temperature checks. Tag R291 Accepted on 7/26/23 J. Shea, RN	9/1/2023
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness	R302		

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R302	Continued From page 8 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure fire drills were performed on a quarterly basis within the last year. Findings include: Per record review of the facility fire drills, the documentation did not record evidence of fire drills performed in the last year of review. Per interview on 6/26/23 at 1:00 PM the Manager confirmed that Fire Drills were not conducted in the last year of review and confirmed last documented fire drill occurred in June 2020.	R302	Fire Drills will be performed and documented as required. Manager will schedule quarterly and facilitate with the fire Department to complete the quarterly drills. Tag R302 Accepted on 7/26/23 J. Shea, RN	11/1/2023