



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 11, 2023

Mr. Carl Erickson, Manager
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 5, 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,

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: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/05/2023
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464
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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
R100	Initial Comments: On 4/5/23 the Division of Licensing and Protection conducted an unannounced on site reconnaissance survey. The following regulatory deficiencies were identified:	R100	<i>Notes: All correction plans were started during the month of May 2023.</i>	
R146 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.4 (3)</p> <p>Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the Registered nurse failed to provide instruction and supervision to direct care staff regarding procedures for managing a feeding tube for 1 applicable resident (Resident #1). Findings include:</p> <p>Resident #1 has a feeding tube to sustain nutritional needs and takes no food or medications by mouth. During the administration of nutritional formula and medications at 3:20 PM on 4/5/23 the Med Tech was observed initiating formula feeding and medication administration without checking for correct placement of the feeding tube in the stomach. When the Med Tech was requested to pause to check for placement s/he responded by moving the syringe lower than Resident #1's torso allowing the stomach contents to flow into the tube via gravity, then lifting the syringe higher so the fluid flowed back through the tube, which is not a standard practice for checking tube placement. The feeding</p>	R146	<p><i>R146</i></p> <p><i>Going forward with gastric tube policy and procedure: Staff will be trained and it will be documented they know how to check the placement of G-tube prior to instilling fluids or nutren. We will check placement by aspirating gastric contents prior to using.</i></p> <p><i>Policy and procedure will be in MAR for easy reference for staff</i></p> <p>Tag R146 accepted on 7/10/23 - C. Scott/J. Evans</p>	7/5

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

TITLE

(X6) DATE

[Signature] 7/5/2023 *[Signature]*

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RIVERVIEW LIFE SKILL9 CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**197 HIGHLANDER DRIVE
JEFFERSONVILLE, VT 05464**

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R146	<p>Continued From page 1</p> <p>process was observed and noted to proceed without issues or concerns. The Med Tech stated s/he had not received specific training regarding the tube feeding process to include instructions for checking tube placement.</p> <p>On the afternoon of 4/5/23 the Registered Nurse indicated s/he was unaware of a facility policy for tube feeding, however a copy of the facility's Protocol and Procedure for Bolus Feedings effective December 19, 2018 was provided for review by a staff member. This document states "Placement of [the Resident's] feeding tube has to be confirmed prior to all fluids given through his/her tube", and indicates the procedure for checking placement is to attach the appropriate size syringe to the feeding tube, ensure the plunger is in the syringe, gently pull back on the plunger to withdraw stomach contents without pulling on the feeding tube, then put the fluids back into the stomach.</p> <p>On the afternoon of 4/5/23 the RN acknowledged the Med Tech had not been educated regarding the facility Protocol and Procedure for Bolus Feedings and did not check the placement of the feeding tube during the observed feeding and medication administration. This is a repeat citation.</p>	R146		
R174 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h. (2)</p> <p>Medications requiring refrigeration shall be stored in a separate, locked container impervious to</p>	R174		

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R174	<p>Continued From page 2</p> <p>water and air if kept in the same refrigerator used for storage of food.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure medications stored in the same refrigerator used for food are stored in a separate, locked container. Findings include:</p> <p>During the facility tour commencing at 10:05 AM on 4/5/23 a kitchen refrigerator was observed to contain medications which were stored on the same shelves as food items and not contained in locked boxes impervious to water and air. Medications stored in the refrigerator included an open unsealed box containing a Forteo 20 mcg /dose subcutaneous pen injector (for Osteoporosis), and 2 Lantus Solar 100 units/ml insulin pen injectors (for Diabetes) in Ziploc bags which were stored underneath food items.</p> <p>At 11:00 AM on 4/5/23 the Manager confirmed medications stored in a kitchen refrigerator with food were not contained in separate locked containers which were impervious to water and air.</p>	R174	<p><i>R174</i></p> <p><i>A medication lock-box was purchased for the purpose of securely and safely storing any medication that needs to be refrigerated.</i></p> <p>Tag R174 accepted on 7/10/23 - C. Scott/J. Evans</p>	<i>7/5/23</i>
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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</p>	R179		

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R179	<p>Continued From page 3</p> <p>residents. The training must include, but is not limited to, the following:</p> <ol style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure 5 out of 5 sampled residents completed the required yearly trainings. Findings include:</p> <p>Per review of staff training records for the previous year:</p> <ul style="list-style-type: none"> * 3 out of 5 staff only completed medication administration training, which fulfilled the requirement for the General Supervision and Care of Residents training; * 2 out of 5 staff did not complete any trainings during the previous year. <p>On the afternoon of 4/5/23 the Manager confirmed 5 out of 5 sampled staff did not</p>	R179	<p><i>R179</i></p> <p><i>Staff Training Records:</i></p> <p><i>Staff will be given education and training as prescribed by the state of VT. We will provide 12 hours of training annually. We will include but not limited to the 7 required inservices and education on our policy and procedures specific to our resident population.</i></p> <p><i>This education and training will be documented in our Staff Log Binder and updated monthly.</i></p> <p>Tag R179 accepted on 7/10/23 - C. Scott/J. Evans</p>	

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R179	Continued From page 4 complete all required yearly trainings.	R179		
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide documentation of criminal record and adult abuse registry checks for 5 out of 5 sampled staff. Findings include:</p> <p>At 2:50 PM on 4/5/23 the Manager confirmed documentation of criminal record and abuse registry checks completed upon hire for 5 out of 5 sampled residents was not on file and available for review; and stated, "I do them every once in a while... I throw out the old ones".</p>	R190	<p><i>Going forward with background checks: when resubmitting background checks for current employees we will keep original copies of background checks instead of discarding them</i></p> <p>7/5/23</p> <p>Tag R190 accepted on 7/10/23 - C. Scott/J. Evans</p>	
R221 SS=F	<p>VI. RESIDENTS' RIGHTS</p> <p>6.9 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home.</p>	R221		

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R221	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to keep an accurate record of all transactions, provide quarterly accounting of all transactions, and to ensure there is a written request to manage funds for 5 out of 5 applicable residents (Residents #2, #3, #4, #5, and #6). Findings include:</p> <p>On the afternoon of 4/5/23 a review of financial records and count of all money on hand for the 5 residents for whom the facility manages money was conducted with the Manager.</p> <p>At 5:32 PM on 4/5/23 the Manager confirmed written requests to manage funds, accurate accounting of all transactions, and documentation of quarterly reports provided to the residents and/or their representatives were not on file and available for review for all 5 residents.</p>	R221	<p><i>Financial record registry has been developed documenting client personal spending money. These registries will be updated regularly and reviewed with the residents on a quarterly basis. Written agreements have been hand signed by residents and filed.</i></p> <p>Tag R221 accepted on 7/10/23 - C. Scott/J. Evans</p>	7/5/23