



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

May 5, 2023

Ms. Lee Ann Goodrich, Manager
Shard Villa
1177 Shard Villa Road
Salisbury, VT 05769-9588

Dear Ms. Goodrich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 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

PRINTED: 04/28/2023
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2023
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NAME OF PROVIDER OR SUPPLIER
SHARD VILLA

STREET ADDRESS, CITY, STATE, ZIP CODE
**1177 SHARD VILLA ROAD
SALISBURY, VT 05769**

(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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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 4/18/23. The following regulatory violations were identified:	R100	A new procedure has been developed when a resident's financial status changes. A new Admission Agreement with the new daily rate will be presented and reviewed with the resident, family and Director. The resident and the Director will sign the new Admission Agreement. The new procedure document is currently in effect and placed in the Shard Villa Medicaid Billing and Medicaid Information Binder.	4/23/23
R107 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.a (4) If the home agrees to accept SSI or ACCS payments and allows the resident to remain in the home when the resident's financial status changes, the home must provide the resident with a new admission agreement as provided to all ACCS participants. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH failed to complete an updated admission agreement for 1 resident of the sample, that was receiving Assistive Community Care Services (ACCS). Findings include: Per record review on 4/18/23 Resident #1 was approved for Assistive Community Care with Enhanced Residential Care (ERC) services on 4/25/22. The admission agreement was not updated with the financial change in status. The last signed agreement in the record was completed in 2017. Per interview on 4/18/23 at 2:25 PM with the Business Office Manager (BOM) confirmed the last updated admission agreement was	R107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 5-3-23

Tags R107 - R302 Accepted on 5/5/2023 - S. Ross/C. Scott

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R107 Continued From page 1
completed in 2017. The BOM acknowledged the requirement to update admission agreements when financial status changes occur, including acceptance to ACCS and ERC programs.

R179
SS=E 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 by:
Based on record review and staff interview the

R107
R179
The seven mandatory topics are included in Shard Villa's "New Employee Orientation Book". Management reviews these topics with the new employee. These seven topics, along with other educational materials are reviewed with all direct care employees at each monthly staff meeting. 1 of the 7 topics, along with other educational topics are reviewed monthly, totaling 12 hours training/education per year. Those employees absent from a staff meeting will meet with the supervising RN at an agreed upon date for review of the topics discussed at the monthly meeting. The date of this meeting will be documented in the "Shard Villa Staff Meeting and Education" binder, along with the employees name. 4-23-23

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continuation sheet 2 of 5

Handwritten signature: F. A. Lodi, Director

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R179	Continued From page 2 RCH failed to ensure that all staff providing direct care to residents had at least twelve (12) hours of required training each year. Findings include: On 4/18/23 there was a failure to provide the required 12 hours of yearly training to staff who provide direct care to residents. Per record review, and staff interview on the afternoon of 4/18/23 the assistant administrator confirmed the training did not meet the 12-hour yearly requirement for 3 out of 5 employees.	R179		
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 provide care in a safe environment. Findings include: During the facility tour at 9:05 AM oxygen was observed in use by Resident #1 while occupying his/her room. The hallway of the room, entry to the room, 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	R266	Proper "Oxygen in Use" signage has been obtained and posted in the hall, visitors entrance door and inside/outside the resident's room. Policy and Procedure of oxygen use and need for signage reviewed with staff. Oxygen in Use signs placed as stated above on 4-18-23	

H. Goodwin, Director

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R266	Continued From page 3 on the patient's door and in view of the patient and visitors". At 10:00 AM the Registered Nurse confirmed signage was not posted, and acknowledged the use of appropriate signage when oxygen in use to maintain a safe environment.	R266		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 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 provide documentation of fire drills conducted during the previous 12 months. Findings include: On 4/18/23 staff was asked to demonstrate via documentation that they were conducting fire drills on a quarterly basis and rotating times among morning, afternoon, evening, and night.	R302	Evacuation Plan posted in the first and second floor hallways. Fire Drill Policy and Procedure updated and to be held quarterly, rotating times among morning, afternoon, evening and night. The date and time of each drill and staff members participating in the drill will be documented and kept in the "Shard Villa Fire Drill" Binder	4/23/23

LA Goodwin
Director

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R302	Continued From page 4 Based on record review the RCH failed to demonstrate that a fire drill was conducted at night. This was confirmed by the assistant director on the afternoon of 4/18/23.	R302			

K. Goodrich
M/D Director

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