



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

October 31, 2019

Ms. Anna Henderson Jones, Manager
South Bay Home
121 Kingdom Way
Newport, VT 05855

Dear Ms. Henderson Jones:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 7, 2019**. 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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0538 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/07/2019 |
|--|--|--|---|

NAME OF PROVIDER OR SUPPLIER: SOUTH BAY HOME
STREET ADDRESS, CITY, STATE, /ZIP CODE: 121 KINGDOM WAY NEWPORT, VT 05855

| (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: R100

An unannounced onsite investigation into three self-reported incidents was conducted by the Division of Licensing and Protection on 10/7/19. While the facility was found to be in substantial compliance with regulatory requirements, the following issue was identified, which requires a plan of correction.

R136 V. RESIDENT CARE AND HOME SERVICES SS=B R136

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 record review and staff interview, the home failed to ensure that the annual Resident Assessments were completed and/or available in the medical record for 2 of 4 residents (Resident #1, 2). Findings include:

1. Per record review, Resident #1 had an annual Resident Assessment in the medical record dated 6/7/18. There was no evidence in the paper record or the electronic medical record that this annual assessment had been completed for 2019.

2. Resident #2 had an assessment in the paper medical record dated June 2017. There was no evidence in the paper medical record or in the

See attachment

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Senior Director of Licensed Residential Services* (X6) DATE: *10/25/19*

STATE FORM 6109 OIGS11 If continuation sheet 1 of 2

R136 PDC accepted 10/30/19 kcamposr/pma

Division of Licensing and Protection

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| R136 | Continued From page 1 agency's electronic record that the annual Resident Assessment had been completed in 2018 or 2019. Per interview on 10/7/19 at 1:35 PM, the home's Manager confirmed that the annual assessments for these residents were not on file and available for review in either the electronic or paper medical record. | R136 | | |
|------|--|------|--|--|

Facility: South Bay Home

Survey Date: October 7, 2019

R136 – V. RESIDENT CARE AND HOME SERVICES

5.7 Assessment 5.7.c

Plan of Correction:

- The identified Resident Assessments (Resident #1 - 2019 and Resident #2 - 2018 and 2019) were located and filed in both residents' electronic medical records and their on-site paper charts. They are accessible and available for review.

Date of corrective action – Completed

- The Registered Nurse will continue to complete the Resident Assessment in accordance with regulation 5.7.c and will ensure that they are promptly filed in each resident's chart.

Date of corrective action – immediate and ongoing

- The Residential Manager will ensure that completed Resident Assessments are promptly filed in each resident's chart and are available for review.

Date of corrective action – immediate and ongoing

- The Licensee will complete periodic chart audits to ensure ongoing regulatory compliance

Date of corrective action – immediate and ongoing