



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

Ms. Stacey Bowen, Manager
St Joseph Kervick Residence Iii
131 Convent Avenue
Rutland, VT 05701

Dear Ms. Bowen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 14, 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: 0298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2023
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH KERVICK RESIDENCE III	STREET ADDRESS, CITY, STATE, ZIP CODE 131 CONVENT AVENUE RUTLAND, VT 05701
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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: An unannounced on-site re-licensure survey and complaint investigation of a facility self report was conducted on 6/14/23 by the Division of Licensing and Protection. The following regulatory violations are the result of the re-licensure survey, there were no findings from the facility self-report.	R100		
R142 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.8 Level of Care and Nursing Services</p> <p>5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to request a variance granted by the licensing agency for the treatment and management of a resident's Stage 4 pressure ulcer which requires ongoing nursing intervention and wound treatment. (Resident #1) Findings include:</p> <p>Resident #1 has been receiving treatment for cancer since 11/22. During radiation and subsequent treatment and hospitalization followed by treatment at a sub-acute facility, the resident developed per WOCN (Wound Care Nurse) visit note dated 5/19/2023 "...assumed pressure injury stage 4" located on coccyx. Resident #1 has been closely followed by the WOCN while residing at the RCH. Orders for dressing changes have been followed and</p>	R142	<p>R142</p> <p>1. Variance submitted 6/27/2023 to DLP, Approved effective 6/28/2023.</p> <p>2. Conditions requiring a variance have been reviewed. For all admissions and residents in facility with a change in status, need for variance will be assessed.</p> <p>3. Administrator will review all admissions to ensure variance is obtained if required.</p> <p>4. Date of Completion: 6/27/23.</p> <p>R142 accepted 7/11/23, Sherry Ross, RN</p>	

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

Stacey Bowen RN

TITLE

Administrator

(X6) DATE

07/05/2023

Division of Licensing and Protection

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R142	Continued From page 1 conducted by the RCH's LPN (Licensed Practical Nurse) who is the Director of Nursing. Resident #1's coccyx wound is slowly improving and the wound care treatment has not been delegated to unlicensed staff. However, per interview on 6/14/23 at 12:42 PM the LPN confirmed s/he failed to obtain a variance when Resident #1 was admitted to the RCH, knowing the resident was diagnosed with a stage 4 pressure injury which required specific treatment and wound care management. The LPN had acknowledged s/he was not aware of the regulation requiring a variance to provide care to the significant wound which required close monitoring and specific treatment as directed by WOCN.	R142		
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure to create a Care Plan which was specific to the wound care needs for 1 resident. (Resident #1) Findings include:</p> <p>Resident #1 was admitted to the RCH on 1/4/23. After receiving treatment for cancer, s/he</p>	R145	<p>R145</p> <ol style="list-style-type: none"> Care plan implemented for specific wound care management for (resident #1), will be updated with changes by WOCN Nurse. Care plan includes Oversight of WOCN Nurse, Licensed Nurses to perform dressing changes as directed by Kate Lawrence, WOCN Nurse, Plan of care will address dressing changes, specific wound care management, frequency of dressing changes. Care plan includes Oversight of WOCN Nurse. Licensed Nurses to perform dressing changes per guidelines of WOCN Nurse. RN Oversight Nurse/ DON will review care plans to ensure guidelines for dressing changes are in place for residents with wounds. Date of Completion: 7/1/2023. <p>R145 accepted 7/11/23, Sherry Ross, RN</p>	

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R145	Continued From page 2 developed a stage 4 pressure injury requiring specific wound care management under the direction of WOCN. The care plan, developed on 1/4/23 fails to address the specific wound care management, frequency of dressing changes, who is responsible for the dressing changes, what staff should be monitoring and reporting in regards to observations of the specific dressing, along with maintaining diligent continence and skin care. Per interview on 6/14/23 at 12:45 PM, the LPN confirmed the Care Plan was incomplete in regards to skin issues experienced by Resident #1 and specific direction for caregivers. Refer to Tag: 142	R145			
R164 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: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure of the RN (registered nurse) to delegate the responsibility for the administration of specific medications to designated staff for designated residents: Findings include: Per record review on the afternoon of 6/14/23 it	R164	R164 1. Upon further review of records, delegation of staff member in question was found in previous RN Oversight delegations (misfiled). This staff member was on the current list of delegated staff and had been delegated on 4/13/22 (See attached). 2. RN Oversight/ Administrator will maintain Delegation Binder. 3. RN Oversight/ DON will conduct quarterly audits to ensure Delegation paperwork is current in Delegation Binder. 4. Date of Completion: 6/16/2023. R164 accepted 7/11/23, Sherry Ross, RN		

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R164	Continued From page 3 was noted that 1 out of 4 delegated staff had not been re-delegated by the RCH current RN. This was confirmed by administration at 2:15 PM stating " I just noticed one of our med techs was delegated by our previous RN".	R164		
R303 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, there was a failure to post emergency telephone numbers by each telephone on each floor of the RCH: findings include: During a tour of the RCH beginning at 9:30 AM accompanied by the Director of Nursing and Administrator telephones were noted to be operable on each of the floors of the RCH, however emergency phone numbers were not posted by each of the phones. This was confirmed by the Administrator on the afternoon of 6/13/23.	R303	R303 1. Emergency phone numbers posted by telephone on each floor on 6/29/2023. 2. Signs will be maintained by telephones on each floor. 3. Monthly audits will be conducted. 4. Date of Completion: 6/29/2023. R303 accepted 7/11/23, Sherry Ross, RN	