



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

June 20, 2024

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 **May 6, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

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 05/06/2024
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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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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 05/06/24. The following regulatory violations were identified:	R100		
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 record review and staff interview the Registered Nurse failed to ensure a developed plan of care identified all necessary care services required to meet needs of 1 out 4 residents (Resident #1).</p> <p>Per record review Resident #1 transferred to the facility on 8/27/23 from a affiliated RCH. The resident past medical history includes a diagnosis of Diabetes, with daily medications. Resident #1 is prescribed orally medication along with insulin for diabetes management. The plan of care was reviewed on 8/24/23 was not updated to identify care and services for Diabetes management.</p> <p>Per the facility policy, titled Nursing Overview, the policy identifies the licensed is to "Develop and Maintain a care plan for each resident."</p>	R145	<p>R145</p> <ol style="list-style-type: none"> Care plan for resident #1 implemented for Diabetes and care management on May 8, 2024. Care plans will be reviewed for updates and changes by RN oversight and DON upon admission, annually and with any medical changes. RN Oversight and DON will both review resident charts for changes and updates. Date of Completion May 8, 2024. <p style="text-align: right; color: blue;">R 145 Accepted Jenielle M Shea, RN 6/18/24</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stacey A. Bowen RN

Administrator 5/28/24

Division of Licensing and Protection

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R145	Continued From page 1 Per interview on 5/6/24 at 1:52 PM, the Manager confirmed the plan of care was reviewed, however not updated to identify care and services for the management of Diabetes. The manager indicated, the plans of care are reviewed annually, or with a change in condition. This deficient practice is a risk for more than minimal harm to all residents resulting from unidentified residents needs and interventions to provide care and services.	R145		
R172 -SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the RN failed to ensure medications within the medication carts were properly labeled to identify opening and use by dates. Per observation of the medication carts, 2 insulin pens were labeled as opened on 5/6/24 with a discard date of 6/4/24 by staff. Upon inspection both pens were in use, Lantus insulin pen a.) measured at approximately 200 units out 300 units and Lantus insulin pen b.) measured at approximately 100 units out 300 units.	R172	1. Audit of all medications in use on treatment carts, medication carts and refrigerators for appropriate labeling completed on May 9, 2024. 2. Provide in-service to all nursing staff to include LPN, Med Techs and Nurse Aides on appropriate labeling of all medications, eye drops and treatments with open and use by dates. 3. RN Oversight and DON will review monthly audits and implement this as part of QA program for monitoring starting in June 2024. 4. Expected completion date: June 15, 2024. R172 Accepted Jenielle M. Shea, RN 6/18/24	

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R172	Continued From page 2 Per interview on 5/6/24 at 9:35 AM the Nursing Administrator confirmed the medications pens were labeled as opened 5/6/24 (the date of survey) and discard on 6/4/24. The Nursing Administrator confirmed through observation, that both pens were presently being utilized as pen a.) indicates approximately 100 units have been used, and pen b.) approximately 200 units have been used. The Nursing Administrator acknowledged the pen was incorrectly dated to indicate the opening and discard dates. The Nursing Administrator confirmed a policy is not in place to identify labeling practices of medications that indicated to be utilized in a period of time once opened. In conclusion this deficient practice is a risk for more then minimal harm for all facility residents do to possible use of ineffective medications used for disease management.	R172		
R176 SS=F	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	R176	1. Audit of all medication and treatments were completed by nursing staff, any outdated medications and treatments were discarded by May 9, 2024. 2. Monthly audits will be conducted for expiration dates and open/use by dates. All nursing staff will be trained in this nursing process. 3. RN Oversight and DON will review monthly audits and implement this as part of QA program for monitoring starting in June 2024. 4. Expected completion date: Inservice and QA induction June 15, 2024.	R176 Accepted Jenielle M. Shea, RN 6/18/24

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R176	Continued From page 3 RCH failed to ensure unused/outdated medications were disposed of per facility policy. Findings include: Per observation of the facility medications, it was noted that expired medication, creams, and injectable's were observed to be in use. Findings include a box of Omnifix expired on 5/2021, Nystatin Topical powder expired on 7/2023, Isopropyl Alcohol expired on 6/2021, Isopropyl Alcohol expired on 4/2019, 4oz container of Gold bond expired on 5/2023, 100g container Diclofenac Topical 1% gel expired on 2/2024, Miconazole Nitrate 2 % Cream expired on 3/2023, 8 oz container Dermal Wound Cleaner expired on 4/2024, 2.7 oz container of _____ Aspercreme expired on 3/2024, and 1 tetanus Boostrix injection expired on 4/7/2024. These finding were confirmed by the Nursing Administrator at the time of finding. Per review of the facility policy and procedure titled Medication Disposal states, Medications, in all forms, must be disposed of when it is refused by a resident, is outdated, becomes contaminated, is discontinued, or the resident is discharged or expires. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to risk of inadequate disease or illness treatment.	R176		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and	R200		

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R200	<p>Continued From page 4</p> <p>procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure development of and access to policies and procedures that govern all services provided by the home. Findings include:</p> <p>Per interview on 5/6/24, at 12:30 PM the Nursing Administrator confirmed a policy is not established to account for labeling practices of staff for medications that are indicated to be utilized in a period of time once opened.</p>	R200	<ol style="list-style-type: none"> 1. A policy will be written for Labeling practices of staff for medications that are indicated to be utilized in a period of time once opened. 2. The policy will be reviewed with all nursing staff at in-service training. Nursing staff will complete monthly cart audits for medications/ treatments without labels or that are expired. 3. RN Oversight and DON will review monthly audits for labeled medications/treatments and implement this as part of QA program for monitoring starting in June 2024. 4. Expected completion date June 15, 2024. 	
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the RCH failed to ensure foods items were proper labeled stored within the pantry of the kitchen included dates of opening.</p> <p>During the facility touring commencing at 9:05 AM, the dry storage pantry was observed to have the following items without labeling of dates in which the items were to be used by. These items</p>	R247	<p style="text-align: right; color: blue;">R200 Accepted Jenielle M. Shea, RN 6/18/24</p>	

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R247	<p>Continued From page 5</p> <p>include: (4) 64 oz. Large jars grape jelly (5) 5 lb. Large bags of yellow cake mix, (16) instant 3.5 oz. vanilla and (2) chocolate pudding pie filling , (4) 5 lb. containers of peanut butter, (3) 128 oz. jars of Kosher dill slices, (5) 4 lb. jars Apricot preserve, (5) 1 lb. bags Marshmallows, (5) 7 lb. cans butterscotch pudding, (3) 7 lb. can lemon pudding, 24 oz. gelatin mix, (2) bags of corn flakes cereal. In addition, (2) containers of rice, cornmeal and flour, were opened and stored in large containers with lids without the proper dates to indicate the items were opened and dates of expiration.</p> <p>Per the facility policy titled Food Service, the policy states to "All perishable food and drink shall labeled, dated."</p> <p>An interview on 5/6/24 at 9:35 AM, the Kitchen Manager identified the items are removed from the original packaging (boxes) and stored on the shelves within the pantry. The kitchen manager confirmed the food items identified do not have the dates required to reference for expiration, nor are the items that are repackaged (stored in sealed containers) indicate the dates of repackaging and expiration. The manager acknowledged to be unaware the delivered bulk items, are not individually labeled with the required dates.</p> <p>In conclusion, this deficient practice is risk for more then minimal harm for all facility resident due to increased risk of food born illnesses.</p>	R247	<ol style="list-style-type: none"> 1. Audit of dry storage pantry completed on May 7, 2024, for expiration dates and open/ use by dates. 2. All items will be labeled with product and expiration dates, as they are delivered to the kitchen. Inservice to all staff that put food items away on the use of Julian codes and storage of food items. All items to be labeled with appropriate dates. 3. Monthly audits will be conducted by staff and added to the QA program after in-service to all staff. 4. Expected completion date June 15, 2024. 	<p>R247 Accepted Jenielle Shea, RN 6/18/24</p>
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