



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

March 21, 2023

Ms. Mary Belanger, Manager
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 6, 2022**. 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: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2022
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401
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R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced on-site re-licensure survey and investigation of one complaint on 12/6/22. The following regulatory deficiencies were identified associated with both the complaint and re-licensure survey:	R100		
R128 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to administer medications consistent with physician's orders for 2 applicable residents Residents #1 and Resident #2. Findings include:</p> <p>1. Per review of Resident #1's Medication Administration Record (MAR) noted there was an order for diclofenac gel (Voltaren) topical medication used in the management of pain related to arthritis. The MAR stated Resident #1 can receive Voltaren twice daily to his/her right knee. Per review of the actual physician order dated 11/21/22 states: "diclofenac sodium gel, use 4 g twice daily on affected knees for arthritic pain (max dose 16 grams/day)". The application of the gel requires staff to use a dosing card in order to measure the correct dose to be applied on the resident's knee. However, the MAR fails to define the actual dose and the process for measuring the prescribed 4 grams of the pain</p>	R128	<p>5.5 General Care Residents' orders will reflect the exact written order by the provider. Staff that do orders will be in-serviced on the proper procedure for taking an order off. The procedure has been modified with more details and the critical importance of being exact will be reinforced. All staff will sign that they have reviewed the procedure. All new orders will be checked by a licensed nurse and signed off. The orders that were cited on #1 and #2 residents have been changed to reflect the consistency from order to MAR.</p> <p>#1 resident has the correct dose with the process for measuring in place on the MAR.</p> <p>#2 resident's Debrox ear drops – we have created new standing orders and Debrox is not part of them. All previous standing orders are discontinued and providers signing new ones-MD checked with and new telephone order for Debrox to give 5 gtt's in affected ear for three evenings flush with warm water on the 4th morning – flushed by nurse PRN.</p> <p>#2 resident's duplicate diclofenac sodium gel/ Voltaren order was corrected by removing duplicate order on the day of survey.</p> <p>DON with RN support responsible for continued surveillance</p> <p>Tag R128 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Mary Belanger* TITLE **Administrator** (X6) DATE **2/9/2023**

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R128	<p>Continued From page 1</p> <p>medication. On 12/6/22 at 2:20 PM the Med Technician confirmed the discrepancy.</p> <p>2. Per record review of physician's orders for Resident #2, Carbomide Peroxide (Debrox brand ear wax softener) Ear Drops 4 drops in affected ear for 3 days as needed with instructions to flush ear canal with warm water on day 4 was ordered on 11/29/22. His/her Medication Administration Record (MAR) for December of 2022 noted an order to administer Carbomide Peroxide (Clearcanal Ear Wax Softener brand) 5 drops in both ears at bedtime as needed with instructions stating "then flush ears for earwax removal" and did not indicate the correct dose, the number of days the drops should be applied, and when to flush the ears to remove wax. On the afternoon of 12/6/22 the Director of Nursing confirmed the order in Resident #2's MAR was not consistent with the most recent signed physician's orders.</p> <p>Per record review of signed physicians orders for Resident #2, Imodium (antidiarrheal medication) 4 mg by mouth after first loose stool then 2 mg after each subsequent loose stool, not to exceed 8 mg in 24 hours was ordered on 11/29/22. The MAR for December 2022 noted an order for 4 mg followed by 2 mg after each loose stool, not to exceed 16 mg per day. On the afternoon of 12/6/22 the Director of Nursing confirmed the order for Imodium in Resident #2's MAR was not consistent with the physician's orders and allowed for twice the maximum daily dose defined in the physician's orders.</p> <p>Resident #2's physician ordered diclofenac (Voltaren) topical pain relief gel for arthritic pain. The order was entered into Resident #2's MAR twice with one entry using the brand name Voltaren and a second entry using the generic</p>	R128		

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R128	Continued From page 2 name diclofenac, which created potential for overdose of this medication. Duplication of diclofenac orders in Resident #2's MAR was confirmed by the Director of Nursing on the afternoon of 12/6/22.	R128		
R147 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure medication orders for 1 applicable resident (Resident #2) included the dosage and frequency of administration. Findings include:</p> <p>Per record review Resident #2's December 2022 MAR noted orders for 4 PRN (as needed) medications that did not provide instructions for the frequency of administration including Benadryl 2 % Topical Cream, Mintox Antacid Cream (oral liquid solution for gastric upset), Calcium Antacid 500 mg tablets, and Diclofenac 1% Topical Pain Relief Gel.</p> <p>Resident # 2's MAR also included a duplicate order for Diclofenac 1% Topical Pain Relief Gel which presented a risk for overdose of this</p>	R147	<p>5.9 Resident #2 had four prn orders that needed correction.</p> <p>Benadryl cream 2% needed frequency and dosage, frequency is corrected to state-prn every four hours MAX: four times a day. In checking with dosage there is no dosing requirement.</p> <p>Diclofenac Topical Gel 1% needed frequency and dosing corrected it now states - apply 4gms to knees (using the measuring ruler to determine the amount) prn for pain every six hours MAX: two times a day.</p> <p>Calcium Antacid 500mg needed frequency corrected it now states – give two tabs po prn for gastric upset every four hours MAX: six tablets/day.</p> <p>Mintox needed frequency corrected to now state – give 30cc prn every four hours MAX: four times a day.</p> <p>DON with RN support responsible for continued surveillance.</p> <p>Tag R147 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	

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R147	Continued From page 3 medication. Both diclofenac orders did not include the dose of Diclofenac to be applied. An order for Benadryl 2% topical cream also did not include the dose to be applied. On the afternoon of 12/6/22 the Director of Nursing confirmed Resident #2's medication orders for Benadryl Topical Cream, Antacid Cream, Calcium Antacid tablets, and Diclofenac Topical Relief Gel did not include instructions for the frequency of administration; orders for Diclofenac Topical Relief Gel and Benadryl Topical Cream did not include the dose to be applied, and the duplicate orders for for Diclofenac Topical Relief Gel in Resident #2's MAR .	R147		
R167 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: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.	R167	5.10 All psychoactive as needed medications have individualized care plans to reflect the reason why the medication is ordered, identifying the behaviors and when it should be used. Approaches are in place to attempt prior to considering the prn medication. That part of the care plan is in the MAR. When the approaches are unsuccessful and medication is needed, the Med Techs must call the licensed nurse on call for approval to give the prn psychoactive. The Med tech must document in the chart, the approaches attempted, that the nurse was called and approved the administration of the prn psychoactive. Med tech will, also, document the effect of medication. Resident #2 – the resident's prn Risperidone has been care planned to identify the behaviors, approaches, and the protocol. The care plan is in the MAR and med techs know the procedure. Responsible DON with RN oversight Tag R167 POC accepted on 3/21/23 by J. Evans/P. Cota	

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R167	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure a written plan for the administration of a PRN (as needed) psychoactive medication by unlicensed staff was developed by the nurse for one applicable resident (Resident #2). Findings include:.</p> <p>Per record review Resident #2's physician ordered Risperidol (antipsychotic medication) 0.5 mg once daily as needed for agitation. At 12:20 PM on 12/6/22 the Registered Nurse confirmed a written plan for the administration of PRN Risperidol by unlicensed staff which describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use had not been developed for Resident #2.</p>	R167		
R179 SS=E	<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 residents. The training must include, but is not limited to, the following:</p> <p>(1) Resident rights;</p>	R179		

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R179	<p>Continued From page 5</p> <p>(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> <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 applicable staff completed all required yearly training's to include Resident Rights; Fire Safety and Emergency Evacuation; Resident Emergency Response Procedures and First Aid; Mandatory Reporting of Abuse, Neglect and Exploitation; Respectful and Effective Interaction with Residents; Infection Control Measures; and General Supervision and Care of Residents. Findings include:</p> <p>Per review of staff in-service training records 5 out of 5 staff failed to receive training in "Respectful Effective Communication", 2 out of 5 staff had only completed 2 of the 12 hours of required training, and another staff member had only completed one training related to Resident Rights. The Administrator confirmed on the afternoon of 12/6/22 there were deficits in the provision of the 12 hours of yearly required training.</p>	R179	<p>5.11 As cited 5 staff failed to receive training "Respectful Effective Communication" this was completed by 12/21/2022.</p> <p>As cited 2 staff had only 2 of the 12 hours of required training this was completed by 12/31/2022</p> <p>As cited 1 staff had completed only one training this was completed by 12/31/2022. Responsible DON and Administrator</p> <p>To manage in-services and staff meetings, DON created a binder with all staff members names on a spreadsheet to check off when each staff member completes an Inservice. A copy of the in-service or agenda is included in binder. And in this binder, a 2023 monthly calendar was created to allow staff to know when meetings and in-services are scheduled in advance to prepare to attend. The binder will be reviewed quarterly by DON or Administrator. Reminders will be given to staff quarterly to do all the missed inservices.</p> <p>Tag R179 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	
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R191	Continued From page 6	R191		
R191 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12 Records/Reports</p> <p>5.12.c A home must file the following reports with the licensing agency:</p> <p>5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.</p> <p>5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.</p> <p>5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p>	R191	<p>5.12c 5 Leadership team and Executive Director of Vermont Catholic Charities will review VCC and state policies regarding mandated reporting. See attached in-service documentation.</p>	

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R191	<p>Continued From page 7</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to report exploitation of 20 applicable residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20) when a staff member embezzled personal funds belonging to the residents. Findings include:</p> <p>During the month of July 2022 the facility Administrator discovered personal funds belonging to 20 applicable residents had been embezzled by the administrative staff member responsible for the accounting and safeguarding of resident's personal funds managed by the facility. The combined total of resident funds stolen by the administrative staff was \$2,232.72. While the organization that manages the Residential Care Home replaced the money stolen from the residents, the Administrator failed to report the exploitation of the 20 applicable residents to the Licensing Agency. At 3:05 PM on 12/6/22 the current Administrator confirmed the previous Administrator who discovered the funds were stolen failed to report the exploitation of 20 applicable residents to the Licensing Agency.</p>	R191	<p>5.12c 5 This incident was reported to the Burlington Police Department. Leadership team and Executive Director of Vermont Catholic Charities will review VCC and state policies regarding mandated reporting. To be completed by 2/28/2023</p> <p>Tag R191 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	
R206 SS=E	V. RESIDENT CARE AND HOME SERVICES	R206		

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R206	<p>Continued From page 8</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p> <p>5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to report exploitation of 20 applicable residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #15, #16, #17, #18, #19, and #20) to Adult Protective Services when a staff member embezzled personal funds belonging to the residents. Findings include:</p> <p>During the month of July 2022 the facility Administrator discovered personal funds belonging to 20 applicable residents had been embezzled by the administrative staff member responsible for the accounting and safeguarding of resident's personal funds managed by the facility. The combined total of resident funds stolen by the administrative staff was \$2, 232.72. While the organization that manages the Residential Care Home replaced the money stolen from the residents, the Administrator failed to report the exploitation of the 20 applicable residents to the Adult Protective Services. At 3:05 PM on 12/6/22 the current Administrator confirmed the previous Administrator who discovered the funds were stolen failed to report the exploitation of 20 applicable residents to Adult</p>	R206	<p>5.18</p> <p>This incident was reported to the Burlington Police Department.</p> <p>Leadership team and Executive Director of Vermont Catholic Charities will review VCC and state policies regarding mandated reporting. See attached in-service documentation.</p> <p>Tag R206 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	

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R206	Continued From page 9 Protective Services.	R206		
R224 SS=E	<p>VI. RESIDENTS' RIGHTS</p> <p>6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure and protect the right to be free from exploitation for 20 applicable residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #15, #16, #17, #18, #19, and #20). Findings include:</p> <p>Per record review personal funds belonging to 20 residents managed by the facility were embezzled by the administrative assistant entrusted with management and safeguarding of the resident's funds. The combined total amount stolen from the applicable residents in August of 2022 was \$ 2,232.72. The administrative staff who stole the money falsified documentation of financial transactions, and moved money from one resident's envelop to another during the required monthly accounting process in an attempt to prevent discovery of the theft. The facility Administrator responsible for monitoring the administrative assistant's documentation and accounting failed to ensure accuracy of the assistant's documentation process and the required accounting of the resident's cash on hand to prevent the exploitation of the applicable</p>	R224	<p>6.12</p> <p>Administrative Assistant and Administrator have been trained on proper procedure on documentation and how to ensure the safety of resident funds.</p> <p>Policies are being enforced by Administrator and VCC accountant on and monthly basis to ensure the safekeeping and accurate tracking of resident funds.</p> <p>Tag R224 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	

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R224	Continued From page 10 residents. At 3:05 PM on 12/6/22 the current Administrator confirmed the exploitation of 20 residents whose personal funds were embezzled by the former administrative staff, and the previous Administrator's failure to ensure the and protect the resident's right to be free from exploitation.	R224		
R235 SS=E	VII. NUTRITION AND FOOD SERVICES 7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews there was a failure to record substitutions when the meals served did not follow the written posted menu. Findings include: During observation of the noon meal on 12/6/22 residents reported frequent variations from the written menu and stated they cannot rely on the posted menu for an accurate list of what will be served during meal times. At 12:45 PM on 12/6/22 the Kitchen Manager confirmed substitutions are not recorded on the written menu and stated s/he was not aware of the requirement to record meal substitutions on the written menu.	R235	7.1a Food substitutions are being noted on the weekly menus and on the menu board. The menus with the substitutions are being saved and kept in the Dietary Supervisors office. Supervisor will ensure that staff document all menu changes. This was put into place 2/1/2023. Tag R235 POC accepted on 3/21/23 by J. Evans/P. Cota	
R247 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation	R247		

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R247	<p>Continued From page 11</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 there was a failure to ensure kitchen staff consistently labeled, dated and covered all perishable food. Findings include:</p> <p>During a tour of the kitchen on 12/6/22 at 10:05 AM accompanied by the RCH Administrator and the Kitchen Manager the following observations were made and confirmed:</p> <p>1. Within the walk-in cooler: Undated items included cottage cheese, contents of an unknown liquid, jar of chopped garlic, uncooked hamburger in a tray, not dated and placed on soda cans, and moldy cabbage with visible black spots stored with other cabbage.</p> <p>2. Within the "reach in" refrigerator: Undated items included: 2 opened squeeze bags of icing, tub of unknown brown liquid, tarter sauce, salad dressing and a box of chocolate chips with box open, unsealed bag lining exposing chips to other foods/air.</p> <p>3. In the prep room adjacent to the dinning room: Tub of peanut butter on prep unit and chocolate syrup not dated when opened.</p>	R247	<p>7.2b Dining staff will use labels on all open foods. Labels will include Item name, date, time opened/made, use by date and initials. Dining supervisor will ensure labels are being used. See attached label. Completed by 3/15/2023</p> <p>Tag R247 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	

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R248	Continued From page 12	R248		
R248 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure to ensure all work surfaces are cleaned and sanitized after each use along with equipment and utensils. Findings include:</p> <p>During a tour of the kitchen on 12/6/22 at 10:05 AM accompanied by the RCH Administrator and the kitchen manager the overall observations made and confirmed included a heavily soiled ansul hood and cook stove, equipment situated on counters were noted to be left with dried food spills, kitchen cabinet doors and handles were soiled with build up of food and the shelves were unkept with food crumbs and debris.</p> <p>During the tour commencing at 10:05 AM on 12/6/22 the kitchen manager confirmed a cleaning schedule has not been developed to ensure all work surfaces, equipment and utensils were routinely cleaned and sanitized.</p>	R248	<p>7.2c Cleaning task list will be created to include all cleaning and sanitizing tasks. Dining Supervisor will review daily to ensure completion. Completed by 3/1/2023</p> <p>Tag R248 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	
R250 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.e The use of outdated, unlabeled or</p>	R250		

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R250	Continued From page 13 damaged canned goods is prohibited and such goods shall not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure damaged cans are not maintained on the premises. Findings include: During the course of the facility tour commencing at 10:00 am on 12/6/22 dented cans of peppers, chicken soup, and three bean salad were observed stored on the same shelves as undamaged cans in a food storage room adjacent to the kitchen. During the course of the kitchen tour the Kitchen Manager and facility Administrator confirmed the damaged cans were maintained on the premises.	R250	7.2e Dented cans are now stored in a separate area of the storage room. Dietary Supervisor will educate all dining staff. This will be completed by 2/28/2023. Tag R250 POC accepted on 3/21/23 by J. Evans/P. Cota	
R251 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all food and equipment was stored to protect from sources of potential contamination. Findings include: During a tour of the kitchen on 12/6/22 at 10:05 AM accompanied by the RCH Administrator and the kitchen manager the following observations	R251		

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R251	Continued From page 14 were made and confirmed: 1. Overhead pipes running the length of the kitchen and suspended over food prep areas were observed to be coated with layers of dust and grime; a large fan sitting at the end of the kitchen was coated with dust. 2. Large stainless steel storage canisters under kitchen counter containing sugar and flour were noted to be left partially opened, exposing contents to possible sources of contamination. 3. In the laundry room located directly adjacent to the kitchen there was noted ripped and exposed fiberglass insulation hanging loosely from pipes extending above a wash machine.	R251	7.3 1 This task will be added to the weekly cleaning check list 7.3 2 Note has been placed on the canisters to remind people to close securely. 7.3 3 This will be repaired by Maintenance by 2/28/2023 Tag R251 POC accepted on 3/21/23 by J. Evans/P. Cota	
R252 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure areas of the kitchen used for storage of food, drink, cooking equipment and utensils are constructed to be easily cleaned and kept clean. Findings include: During a tour of the kitchen on 12/6/22 at 10:05 AM accompanied by the RCH Administrator and the kitchen manager the following observations	R252		

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R252	<p>Continued From page 15</p> <p>were made and confirmed:</p> <ol style="list-style-type: none"> 1. The kitchen floor tiles were noted to be cracked, heavily soiled and creating both a safety and sanitation risk. Due to large gaps where floor tiles are worn and damaged, the ability to clean and sanitize effectively in the present condition would be limited and creates a tripping hazard for kitchen staff. 2. The ansul exhaust hood located above the kitchen stove where resident meals are cooked was found to be heavily soiled with solidified grease and dust creating both a health and safety hazard. Despite the need for preventative cleaning and maintenance of the ansul system, neither the Administrator or kitchen manager were aware when the hood was last cleaned, inspected and/or received general maintenance. In addition, the cook stove below the ansul hood was also soiled with grime. 3. A shelf where various containers of spices were stored was observed to be soiled with dust and food spills. 4. The meat slicer was observed to be soiled with dust along with the large mixer that had dried food spills. 5. Overhead pipes suspended across the kitchen and food prep area was soiled with excessive build up of dust and grime. 	R252	<p>7.3 1 Estimates for these repairs are in process. Repair to be completed by 4/1/2023.</p> <p>7.3 2 Ansul exhaust hood has been cleaned and will be routinely cleaned every six months. Dietary manager, Administrator and vendor all have calendar reminders. See attached documentation.</p> <p>7.3 3-5 Cleaning schedule/task list will be created to ensure that all areas of the kitchen and prep area are cleaned properly. Dining Supervisor will ensure tasks are completed. This will be completed by 3/15/2023.</p> <p>Tag R252 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	
R258 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p>	R258		

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R258	<p>Continued From page 16</p> <p>7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers.</p> <p>This REQUIREMENT is not met as evidenced by: During a tour of the kitchen on 12/6/22 at 10:05 AM accompanied by the RCH Administrator and the kitchen manager the following observations were made and confirmed:</p> <p>Trash receptacles in the kitchen food prep area, employee breakroom adjacent to the kitchen, and the room adjacent to the dining room where food is prepped and delivered to residents were observed without covers to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents.</p>	R258	<p>7.3h Garbage cans with lids have been purchased for the kitchen, dining rooms and prep area. This was completed by 1/15/2023.</p> <p>Tag R258 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	
R314 SS=F	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure accurate accounting and record keeping of all transactions involving resident funds maintained and safeguarded by the facility related to the embezzlement of funds</p>	R314		

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R314	<p>Continued From page 17</p> <p>belonging to 20 applicable residents. Findings include:</p> <p>Per record review the administrative staff member responsible for accurate accounting and safeguarding of resident funds embezzled personal funds belonging to 20 applicable residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #15, #16, #17, #18, #19, and #20). The combined amount stolen from the 20 residents was \$2,232.72.</p> <p>Per interview with the facility Administrator on the afternoon of 12/6/22 the a staff member falsified the monthly accounting of resident funds by bringing a few envelopes containing resident funds at a time to the former Administrator's office to count, then taking money from the counted envelopes and placing it in the next group of envelopes brought to the Administrator's office to be counted. The staff member also failed to maintain records of and signed receipts for all reported transactions.</p> <p>At 3:05 PM on 12/6/22 the facility Administrator confirmed the staff member who embezzled the resident funds failed to accurately record all transactions involving resident funds and complete accurate monthly accounting of cash managed and stored for the residents whose personal funds were stolen.</p>	R314	<p>11.2 Policies are being enforced by Administrator and VCC accountant on a monthly basis. Updated and ongoing since 10/19/2023.</p> <p>Tag R314 POC accepted on 3/21/23 by J. Evans/P. Cota</p>	