



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 4, 2022

Mr. Dane Rank, Manager
Thompson Residential Home
80 Maple Street
Brattleboro, VT 05301

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 17, 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: 0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER
THOMPSON RESIDENTIAL HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**80 MAPLE STREET
BRATTLEBORO, VT 05301**

(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 re-licensing survey was conducted by the Division of Licensing and Protection on 3/3/2022 followed by off site review of records submitted by the facility on 3/17/2022. There were regulatory findings as a result of this survey.	R100		
R125 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.4 Refunds 5.4.c A home may not seek to recover for lost income from ACCS residents for care on days that are not days of service. A home may not require, induce or accept payment for care for residents in the ACCS program for days of residence that are not days of service. In the case of ACCS residents and homes, the refund shall be based on any funds paid in advance by the resident for care and services. A home shall not offset all or any part of the refund by charging the resident for covered or optional services for any day that does not meet the definition of a day of service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to protect stored food from contamination from dust, insects, rodents, and overhead leakage. Findings include: During tour of the dry storage area in the basement of the facility on 3/3/22 at approximately 3:10 PM, bags of pasta and rice were observed sitting directly on the shelf outside of large plastic storage bins with lids placed on	R125	Review of the Dry Storage area was completed by Dietary Director. All Dietary staff inserviced on proper cleaning and maintenance of dry storage. Check-off log for dry storage inspection/cleaning initiated. All items removed for shelf cleaning. All items put back on shelves and in plastic containers. Any paper products were ensured to be covered Area inspected by licensed pest control. No active infestation noted. The Dry Storage area will be audited monthly by the Director of Dietary or their designee with results presented monthly to the Administrator and quarterly to the QAPI Committee.	3/21/22 3/21/22 3/29/22 3/21/22 and ongoing

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

[Signature], Dan A. Rank

TITLE
Administrator

(X6) DATE

4/29/22

RIAS-266 POC's accepted 5/2/22 StreamanRN/pmc

Division of Licensing and Protection

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R125	Continued From page 1 the shelves. Inspection of the shelves was conducted by two nurse surveyors who observed the presence of mouse droppings, white dust, and small chunks of white material that appeared to be from the drywall along the back of the shelves. On the opposite side of the storage room a shelf containing open boxes of paper products was observed. On inspection of the open boxes drinking cups stored outside of protective plastic sleeves were observed. During the tour the Head Chef of the facility confirmed the unprotected dry goods were not stored in the storage bins. During an interview on the evening of 3/3/22 at approximately 7:30 PM the facility administrator confirmed that the dry goods should be stored in the large bins that were purchased for storage.	R125		
R172 SS=E	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 observations and staff interview the facility failed to ensure that all medications were stored in a locked compartment. Findings include: During observation of medication administration at 11:58 am on 3/3/22 the Lead Med Tech confirmed that medications received from the	R172	Medications identified were immediately put behind one lock in the medication file cabinet. Policy for medication delivery and storage was reviewed with all Residential Care staff by Residential Care RN. Education performed. Residential Care RN will monitor following delivery of medications in order to ensure proper storage of these medications, with monthly reports to the Administrator. Quarterly, the RN will present results of her findings in QAPI Committee Meetings.	3/17/22 3/21/22 3/17/22 and ongoing

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R172	Continued From page 2 pharmacy were stored in two brown paper bags on the floor behind a desk in an open office area without a door located off the open dining area. During an interview immediately after the observed med pass the facility administrator confirmed the medications were stored in paper bags in the open office area. S/he also confirmed that the facility policy was to store all medications awaiting reconciliation in a locked cabinet behind the desk.	R172		
R266 SS=F	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, staff interview, and record review the facility failed to provide and maintain a safe environment. Findings include: During a tour of the facility laundry room on the afternoon of 3/3/22 at approximately 3:20 PM two nurse surveyors observed accumulation of dust in and around two gas dryers, on the piping, and other fixtures suspended from the ceiling above the gas dryers. Both dryers are constructed with metal housing containing open areas exposing gas fueled flames to the surrounding environment. One gas dryer was a smaller appliance containing a horizontal opening in the housing along the back of the appliance with	R266	Correct procedure for cleaning dryers was reviewed with Laundry Staff by the Director of Maintenance. Two dryers were taken out of operation and one, newer dryer installed. A checklist for both lint and dryer intake cleaning was initiated. This checklist will be reviewed weekly by the Housekeeping/Laundry Supervisor, who will present a copy of the record to the Administrator monthly, and quarterly in QAPI Committee Meetings. All Laundry staff inserviced on proper cleaning and documentation of lint removal.	3/21/22 3/21/22 3/21/22 and ongoing

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R266	<p>Continued From page 3</p> <p>visible flames inside the open area. A thick coating of dust was observed in and around this opening in the metal housing. The second dryer was a larger appliance with intermittent flames circulating through an open area in the top of the metal housing visible from the back of the dryer. This open area in the housing was coated with a thick layer of dust, clumped accumulations of dust were observed in an open area beside the flames, and dust trailing down from the pipes and fixtures suspended from the ceiling was in close proximity to open flames visible on top of the appliance.</p> <p>During the tour on the afternoon of 3/3/22 at approximately 3:25 PM the Laundry Supervisor confirmed there was no plan in place for performing and documenting regularly scheduled cleanings of the suspended pipes and fixtures, dryer exterior housing, and openings in the housing where flames were exposed.</p> <p>During an interview on the evening of 3/3/22 at approximately 7:30 PM the facility administrator confirmed that a previous plan for performing and documenting cleaning of these areas had been in place and was no longer being followed.</p>	R266		