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 29, 2018

Ms. Melissa Greason, Administrator
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Dear Ms. Greason:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 8, 2018**. 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,

Pamela M. Cota, RN
Licensing Chief

PRINTED: 03/15/2018
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on of Licensing and Protection

MENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0103	A. BUILDING: _____ B. WING _____	C 03/08/2018

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WASHINGTON ELMS	126 ELM STREET BENNINGTON, VT 05201

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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted in conjunction with a complaint investigation and an entity reported incident on 3/7 and 3/8/18. There were no findings for the complaint investigation or the entity reported incident, however there were findings surrounding the re-licensure survey.	R100		
R110 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.b. On admission, the home must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. Any change of rate or services shall be preceded by a thirty (30) day written notice to the resident and the resident's legal representative, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to determine if the resident has any form of advanced directives for 2 of 6 residents, Residents #1 and 4. Findings include: 1.) Resident #1 was admitted to the facility 3/30/16 and during record review on 3/8/18, there was no evidence of advanced directives or code status. Per interview with the house manager at 10:30 AM, s/he confirmed that there is no evidence that advanced directives had been addressed with the resident and there is no noted code status.	R110		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

MLHITE RN 3-27-18

ATE FORM — 5GVR11 — If continuation sheet 1 of 15

3-28-18 Melissa Gleason, Manager/Administrator

R110 - R322 POC accepted 3/28/18 BBartlett RN/PHL

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R110	Continued From page 1 2.) Resident #4 was admitted to the facility 5/31/17 from a rehabilitation nursing home with a form of discharge instructions that stated the resident was a DNR (Do Not Resuscitate), but there is no signed physician statement that the resident is DNR and it was only filled in under code status on the discharge instructions. In the facility's medical record for Resident #4, one area indicates that the resident is Full Code and another indicates No Code. Interview with the house manager at 11:00 AM, confirmation was made that there is no written statement or signed physician order for No Code. The RN confirmed at 11:15 AM that the code status was not made for the resident at this time.	R110	ON ADMISSION CODE STATUS WILL BE ADDRESSED BY RN COLST FORM WILL BE COMPLETED + SIGNED BY PHYSICIAN. MANAGER WILL FOLLOW-UP WITH ADMISSION CHECK LIST TO ENSURE ALL FORMS ARE IN PLACE. CODE STATUS FOR ALL RESIDENTS WILL BE ADDRESSED BY 4-1-18 CODE STATUS LABLED ON OUTSIDE OF RESIDENTS CHARTS / SIGNED COLST FORMS PLACED IN FRONT OF CHARTS.	
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to insure that for 2 of 6 residents, Resident #1 and #2, medications and treatments were consistent with the physician's orders. 1.) Resident #1 record review presented that s/he had an order for Lantus Solostar insulin injection 46 Units subcutaneous every morning. Per review of the Medication Administration Record (MAR) the resident was receiving Levemir 46 Units. Interview with the house manager at	R128		

MINUTES

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R128	Continued From page 2 8:15 AM confirmed that there was no evidence of the order change. S/he stated that on 2/19/18 the pharmacy had sent a copy of a fax that was sent to the physician to indicate that the insurance would not cover the Lantus any longer and Levemir would be substituted. There was no communication sent to the facility from the physician that it was all right to change the types of insulin that Resident #1 would take. Per interview with the Registered Nurse (RN) at 8:30 AM, s/he confirmed that the pharmacy had not sent notification of the response from the physician and the facility had not followed through with the physician to insure that the change was approved. 2.) Resident #2 was transported to the local hospital on 2/10/18 and was admitted to the intensive care unit and placed on a ventilator, after an unresponsive episode that occurred at the facility. The reason for his unresponsive episode was secondary to having an increase of Tramadol dosing by the physician after continued complaints of leg pain. Per hospital reports he had a build up of the Tramadol and his/her kidneys could not tolerate the medication. Upon his return to the facility his/her orders included to be weighed daily and notify the physician of a weight gain of more than two pounds in one day or more than five pounds in a week. Per review of the medical record on 3/8/18, the weights were done for five days and then discontinued by the facility staff. Resident #2 went to the physician on 3/1/18 and returned with orders to continue the same treatments and no changes in medications. There was no order to discontinue the weights. Confirmation was made by the house manager at 10:45 AM that there was no order to stop the weights, s/he further stated that s/he had just assumed the weights were to be discontinued	R128	ALL NEW ORDERS WILL BE PLACED FLAGGED IN RESIDENTS CHARTS FOR RN TO REVIEW. PRIOR TO MAKING ANY CHANGES RN IS TO BE NOTIFIED. MEDICATIONS ARE NOT TO BE ADMINISTERED WITHOUT RN PERMISSION. WRITTEN ORDERS / SCRIPTS MUST BE RECEIVED BEFORE ADMINISTERING ANY MEDICATIONS. RN IS TO BE NOTIFIED OF MEDICATIONS DISCONTINUED. MED DELEGATED STAFF MEETING TO REVIEW PROCESS BY APRIL 12, 2018 MH RN 3-27-18	

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R128	Continued From page 3 because of the five day notification.	R128	MEDICATION DELEGATED STAFF OBSERVATION DURING MED PASS, TREATMENTS + INSULIN ADMINISTRATIONS WILL BE DOCUMENTED BY RN USING COMPETENCY FORM USED DURING INITIAL MED TRAINING. EFFECTIVE IMMEDIATELY MH RN 3-27-18	
R165 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: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility Registered Nurse, failed to monitor and evaluate the designated staff performance in carrying out the nurse's instructions. Findings include: On 3/7/18 at 4:15 PM, medication policies were reviewed with the Registered Nurse (RN) and	R165		

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R165	Continued From page 4	R165		

during the record review, there was no evidence of evaluation and monitoring of medication delegated staff performance in carrying out the nurse's instructions. The RN confirmed at this time, during an interview, that s/he will observe the staff from time to time but there is no documentation to support this.

R168 SS=D V. RESIDENT CARE AND HOME SERVICES — R168

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(6) Insulin. Staff other than a nurse may administer insulin injections only when:

i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and

ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and

iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the

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R168	Continued From page 5 facility failed to assure that the designated staff that administers insulin has received additional training in insulin administration and shown a return demonstration, and the registered nurse has deemed them competent and documented that assessment. Findings include: After reviewing the records surrounding medication delegates and insulin administration, there was no evidence that staff received specific training for insulin administration training or documentation of return administration. During interview with the Registered Nurse (RN) on 3/7/18 at 4:15 PM, s/he stated that s/he doesn't keep documentation about return demonstrations of administering insulin and s/he doesn't keep a record of specific insulin training provided to medication delegated staff. S/he also said that she observes the staff from time to time, but doesn't document this.	R168	DIABETIC TEACHING & INSULIN ADMINISTRATION COMPLETED DURING INITAL MEDICATION DELEGATION TRAININGS. STAFF COMPLETE WRITTEN TESTING REGARDING DIABETES + ARE OBSERVED ADMINISTERING INSULIN AFTER RN DEMONSTRATING PROCEDURE.	
R188 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the	R188	PERIODICAL MED PASS OBSERVATIONS WILL INCLUDE DOCUMENTATION OF INSULIN ADMINISTRATION EFFECTIVE IMMEDIATELY MH RN 3-27-18	

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R188	Continued From page 6	R188		

document giving legal authority to another, if any.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, 1 of 6 residents, Resident #3 did not have a recent photograph of the resident in the medical record. Findings include:

Resident #3 was admitted to the facility 12/27/17 and review of medical record presents that the resident does not have a photograph and there is no documentation of resident refusal to have picture taken. Confirmation made on 3/7/18 at 11:30 AM by the Registered Nurse.

PHOTOGRAPH OF RESIDENT TO BE COMPLETED AT TIME OF ADMISSION. MISSING PHOTOGRAPH OF RESIDENT REQUIRED COMPLETED 3/8/18
MUHTE RN 3-27-18

R247 SS=F VII. NUTRITION AND FOOD SERVICES R247

7.2 Food Safety and Sanitation

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.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to hold food and drink at proper temperatures. Findings include:

At 7:00 AM. per observation, the breakfast tables were set and there were no residents present. There were were glasses of poured orange juice, water and cranberry juice. The direct care giver

STAFF INSTRUCTED TO PLACE BREAKFAST DRINKS AFTER 730 AM. WATERS PLACED AT TABLES DURING AM MED PASS ONLY
COMPLETED 3/9/18
MUHTE RN 3-27-18

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R247	Continued From page 7 on duty, stated that breakfast starts at 8 AM and the residents don't come to the tables until then. The Registered Nurse (RN) confirmed at 7:55 AM that breakfast is at 8:00 AM and the poured drinks were not supposed to be out until residents were at the table and breakfast was served. S/he further stated that the drinks get warm if they are out that long and the issue had been addressed with the staff before.	R247		
R253 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to keep all food service equipment clean. Findings include: During the tour of the kitchen on 3/7/18 at 7:55 AM it was observed that the microwave in the kitchen was dirty and it was greasy to touch. There was spilled food on a plate inside. The caregiver that was preparing to serve breakfast at this time stated that s/he had not used the microwave at all this morning. S/he further stated that s/he had come on duty at 7 AM and hadn't used the microwave and confirmed that it was dirty.	R253	EACH SHIFT STAFF IS RESPONSIBLE TO CHECK MICROWAVE AT BEGINNING + END OF SHIFT TO ENSURE IT IS CLEAN. STAFF TO CLEAN MICROWAVE EACH SHIFT AND AFTER USE IF FOOD SPILLED INSIDE COMPLETED 3/9/18 MH/RE RN 3-27-18	
R259 SS=F	VII. NUTRITION AND FOOD SERVICES	R259		

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R259	Continued From page 8 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to secure cleaning products, stored in the food storage area, in a locked compartment. Findings include: During the tour of the kitchen at 7:55 AM on 3/7/18, it was observed that there was a bottle of Liquid Plumber, Cascade dishwasher liquid and Comet cleansing powder under the kitchen sink, which was unlocked. There were two (2) residents that were eating at the kitchen table and per the care giver, the kitchen is accessible to all the residents. Breakfast was being prepared at the time of discovery and after confirmation at this time, the Registered Nurse stated that the chemicals are to be stored in the locked closet that is located in the kitchen.	R259	STAFF INSTRUCTED CLEANING CHEMICALS TO INCLUDE DISHWASHER SOAP TO BE LOCKED IN DESIGNATED CLOSET. NO CHEMICALS TO BE PLACED UNDER SINK. COMPLETED 3/9/18 MULTI RN 3/27/18	
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.	R266		

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R266	Continued From page 9	R266		

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to maintain a safe and sanitary environment. Findings include:

On 3/7/18 during a tour of the facility: Room 5 presented with a fan with dirty blades and housing that was set up facing the chair where the resident sits. Per the registered nurse (RN), the resident uses the fan to keep cool. S/he further confirmed that all the fans in the house need to be cleaned because they are dirty. A large amount of thick dust build up on the ceiling fan that overhangs the staircase, per the house manager and the RN, the fan is never turned on, but confirmed that the dust build up was very thick and not healthy for residents that have respiratory issues.
The front stair case has a loose railing that is at the top of the stairs that leads from first to second floor, the house manager confirmed that the top staircase post was also loose.
The linen storage area was disarrayed and there were 2 pillowcases on the floor. Per house manager, it is a daily battle to keep the closet straightened out, because residents will go in and help themselves to linen, but confirmed that the linen should not be on the floor and could not positively guarantee that the pillowcases wouldn't be used by someone and they shouldn't be on the floor.
A small refrigerator on the second floor that is used for the residents and by the residents had an open package of hot dog rolls that had an expiration date of 9/6/17 and had a resident's name on it. Per house manager, the residents take care of that refrigerator and there isn't any oversight by staff. She also said that it is used by

LOOSE RAILING REPAIRED ON 3/7/18

CEILING FAN CLEANED ON 3/15/18

LINEN CLOSET REORGANIZED + CLEANED. NO LINEN ON FLOOR. COMPLETED 3/23/18

RESIDENT REFRIGERATOR TO BE CLEANED BY STAFF + FOOD MONITORED FOR EXPIRATION WEEKLY

MAINTENANCE 3/27/18

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R266	Continued From page 10 several residents and confirmed that it should be cleaned periodically. The back stairs going from second to third floor had dirt and were very dusty, some residents use this staircase. Room 11 had peeling wallpaper and ceiling plaster that had fallen on the television and chair by the resident's bed. The RN and house manager stated that the resident peels the wallpaper off, but confirmed that there were several areas between the ceiling and top of the wall that was peeling and the ceiling plaster should not be falling. Confirmation of these findings were made by the house manager and the RN at 9:30 AM.	R266	STAIRWAY (BACK) CLEANED WEEKLY AND AS NEEDED FOR DUST / DIRT ROOM 11 OWNER STATED THAT MAINTANCE MAN HAD PEELED WALLPAPER & REPAIRED CEILING PLASTER. ROOM SCHEDULED TO BE PAINTED & REPAIRS MADE TO WALLS / CEILING BY MAY 1, 2018 MWHITE RN 3/27/18	
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the	R302		

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R302	Continued From page 11 facility failed to conduct fire drills at least quarterly and rotate the times to include morning, afternoon, evening and night. Findings include: Review of the fire drill log record on 3/7/18, the fire drills for the last 12 months were conducted once in January 2017, to include the night shift and day shift, twice in March 2017 to include days and afternoon, twice in July 2017 to include afternoon and nights and then no fire drills were held again until February 2018 which included the afternoon and night shift. There were no fire drills conducted on the evening shift. Interview with the house manager at 11:10 AM, s/he stated that s/he thought that the the evening shift, which s/he stated was from 3:00 PM to 11:00 PM would count for evenings. After reviewing the Vermont State Fire Regulations for Residential care and Assisted Living facilities with the Registered Nurse (RN) and the house manager, s/he confirmed that the fire drills were not done quarterly. After reviewing the regulation with the house manager and the RN regarding the rotation of times, the house manager confirmed that there were no evening fire drills.	R302	FIRE DRILLS WILL BE PERFORMED & DOCUMENTED BY OWNER / MANAGER IN COMPLIANCE WITH REGULATIONS. OWNER / MANAGER WILL ENSURE FIRE DRILLS ARE COMPLETED. MH RN 3/27/18	
R322 SS=D	XI. RESIDENT FUNDS AND PROPERTY 11.9 No licensee, staff or other employee of the home may solicit, offer or receive a gift, including money or gratuities, from a resident. Nominal gifts, such as candy or flowers that can be enjoyed by all staff, are permissible. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that employees do not	R322		

PRINTED: 03/15/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0103	A. BUILDING _____ B. WING _____	C 03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON ELMS	126 ELM STREET BENNINGTON, VT 05201

(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
R322	Continued From page 12 receive money from a resident. Findings include: On 3/7/18 at 7:55 AM a resident told a care giver a Happy Birthday and took $5.00 from his/her wallet and gave it to the employee. The employee told the resident that s/he didn't need anything and couldn't take it and the resident insisted that s/he take it and s/he told him Thank You and put the money in his/her coat pocket. On 3/8/18 confirmation was made by the caregiver and the registered nurse (RN) at 11:55 AM, the care giver had not returned the money to the resident. Per the RN the resident is always giving money to the staff for different reasons and s/he gets upset if it isn't accepted. The RN stated that per the owner, the money should be kept in an envelope with the resident's name on it and kept for him.	R322	STAFF MEETING SCHEDULED BEFORE 4/12/18 TO REVIEW POLICY RE: ACCEPTING MONEY OR GIFTS FROM RESIDENTS. RESIDENT MEETING TO BE COMPLETED BY 4-12-18 BY OWNER TO CLARIFY HOME'S POLICY STAFF ARE NOT ALLOWED TO ACCEPT GIFTS / MONEY FROM RESIDENTS MH RTE RN 3/27/18	