VERMONT

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 22, 2023

Ms. Juanita Salmon, Manager
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Dear Ms. Salmon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 10, 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0103	A. BUILDING: _____ B. WING _____	C 03/10/2023

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WASHINGTON ELMS	126 ELM STREET BENNINGTON, VT 05201

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R100	Initial Comments: On 3/1/23 the Division of Licensing and Protection conducted on unannounced on-site relicensure survey and investigation of one complaint, with interviews related to the survey completed on 3/10/23. There were no regulatory deficiencies identified related to the complaint investigation. The following regulatory deficiencies were identified related to the relicensure survey:	R100		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to develop a written care plan with measurable goals and specific interventions to describe the necessary care and services to address each of the resident's identified needs. This practice affected 4 out of 5 residents in the applicable sample. Findings include: 1. Per record review Resident #1 was admitted on 3/3/2017 with diagnoses which include Hypertension, Neuralgia, Malignant neoplasm of the prostate and Anxiety. The plan of care failed	R145		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Manager 5/17/23 (X6) DATE

Tags R145 to R302 accepted on 5/22/2023 - J. Evans/C. Scott

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R145	Continued From page 1 to include interventions related to on-going monitoring and measurable goals of each diagnosis. 2. Per record review Resident #2 was admitted on 5/31/2017 with diagnoses which include Insomnia, COPD, Arthritis and TBI. The plan of care failed to include interventions related to on-going monitoring and measurable goals of each diagnosis. 3. Per record review Resident #3 was admitted on 5/1/201 with diagnoses which include hypertension, depression, hypercholesterolemia, depression, atrial fibrillation. The plan of care failed to include interventions related to on-going monitoring and measurable goals of each diagnosis. 4. Per record review Resident #4 was admitted on 4/20/22 with diagnoses which include Anxiety, Depression, Diabetes and Hypertension. The plan of care failed to include interventions related to on-going monitoring and measurable goals of each diagnosis. Per interview with RN on 3/1/23 at 3:00 PM the nurse confirmed Residents # 1, 2, 3 and 4 plans of care did not identify specific residents needs, ongoing monitoring and measurable goals.	R145		
R150 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken;	R150		

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R150	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure of the RCH nurse to document assessments and follow up care for residents who were demonstrating changes in their health status or had an accident resulting in injury. Findings include: 1. Per record review Resident #1 and Resident #2 tested positive for Covid on 9/28/22. The residents' records did not include documentation of provider notifcation, symptoms monitoring, and follow-up care provided related to Covid infection. On 3/1/23 at 3:00 PM the Registered Nurse (RN) Manager confirmed notification of the providers via phone call, staff monitoring of symptoms, and follow care occurred, however was not documented in Resident #1 and Resident #2's records. 2. Per record review Resident #4 on 2/14/2023 sustained a fall while out of the facility, the resident received emergency department care, s/he was diagnosed with a right ankle sprain requiring the use of device. A nurse's note was written on the day the injury was sustained; however, further documentation including care related to use of a device to promote healing and prevent further injury, and follow up orthopedic care were not documented in Resident #4's record. On 3/1/23 at 12:00 PM the RN Nurse Manager confirmed the resident continues to wear a device and follow-up care from orthopedics to monitor healing. The RN acknowledge the record does not demonstrate follow up progress notes	R150		

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R150	Continued From page 3 recorded in the record.	R150		
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview there was a failure to administer medication for two applicable residents as ordered. Findings include: 1. Per record review Resident #6 is prescribed	R171		

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R171	Continued From page 4 Omeprazole 20 mg to be given once daily 30 minutes before breakfast. Per observation of a med pass for Resident #6 commencing at 8:05 AM on 3/1/23 the Manger administered Omeprazole 20 mg to Resident #6 after s/he ate breakfast. The Manager confirmed Resident #6's Omeprazole was not administered as ordered during the med pass commencing at 8:05 AM on 3/1/23. 2. Per record review Resident # 4, has an order for Victoza 18 mg/3 ml Inject 1.8 mg subcutaneously daily; and an order for Trulicity 1.5 mg/0.5 ml Inject 1.5 mg subcutaneously, Give 3 injections for total dose of 4.5 mg once a week on Saturdays. In review of the resident record on 2/18/23 a progress note was written stating "...Resident has not had Victoza since 2/12/23. Resident has also been without Trulicity since 2/14/23." Despite documentation of the medications being out of stock, Victoza was documented as given for the indicated dates of 2/14/23 , 2/15/223, 2/16/23, 2/17/23, and 2/18/23 and Trulicity as given on 2/18/23 in the Medication Administration Record (MAR). On 3/1/23 At 2:40 PM on 3/1/23 the Manager confirmed Resident # 4 was not given the prescribed doses of Victoza on 2/14/23 through 2/18/23 and Trulicity on 2/18/23. S/he stated "I made several attempts to order the medication, the pharmacy stated they did not have the medication in stock, a call to the provider was made on 2/18/23 and the medication(s) were delivered by the pharmacy later that day." The Manager also confirmed Resident #4's provider was not notified of missed doses of Victoza and Trulicity until 2/18/23, and the documentation of administration of these medications in the MAR was inaccurate.	R171		

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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 observation and staff interview, the home failed to ensure that all medicines used in the home were labeled in accordance with currently accepted professional standards of practice. Findings include: Per observation of the medication storage cart on 3/1/23 at 9:00 AM, four rectangular pencil boxes were observed in the top drawer, each box was individually labeled by name of Residents #4, #8, #9, #10 . The boxes contained insulin pens prescribed for the indicated resident on pencil box. The insulin pens were found unlabeled with the resident's name and/or the date of initial use. Individual insulin pens are labeled with the date they are first "opened" to ensure they are discarded within a set period of time after they are removed from the refrigerator for use. According to the American Diabetes Association website disposable insulin pens are discarded after the cartridge is empty or the pen has been in use for 28-32 days depending on the type of insulin. A total of 9 unlabeled pens were observed in the boxes belonging to Residents #4, #8, #9, and #10.	R172		

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R172	Continued From page 6 On 3/1/23 at 9:10 AM the Program Manager confirmed the insulin pens were not tabled and were not dated with initial use.	R172		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all medications managed by the home are stored in locked compartments. Findings include: During the course of the relicensure survey the following medications were observed to be unsecured and not stored in locked compartments: 1. At 8:50 AM on 3/1/23 the Manager confirmed injectable diabetes medications for Residents #4, #7, #8, #9, and #10 were stored in the unlocked refrigerator in the laundry room adjacent to the kitchen. The laundry room does not have a door, and kitchen doorways remain open to allow resident's access to the kitchen and laundry room. Residents were observed entering the	R173		

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R173	Continued From page 7 kitchen and laundry room throughout the course of the facility tour commencing at 8:05 AM on 3/1/23. 2. During a tour of the resident rooms on the second and third floor of the home commencing at 11:15 AM the following medications were observed and confirmed by the facility Owner to be stored, unsecured, and accessible in resident rooms: * In Room #1 shared by four residents: Chlorhexadine Skin Cleaner Solution in a section of a shared living space inhabited by Resident #2; and in the bathroom in this shared living space Betasept 4% Surgical Scrub belonging to Resident #2. In a section of the room inhabited by Resident #4 an open square plastic container contained Nystop 100,000 unit/gram powder, 2 bottles of Saline Nasal Spray, 2 bottles of Miconazole Nitrate 2% Antifungal Spray; Mupirocin Ointment; 2 boxes of Glucose Monitoring Sensors; and a box of Unifine Safe Control Pen Needles for diabetic pen injections belonging to Resident #4. * In Resident #12's single occupancy room: Alka Seltzer Chews, Saline Nasal Spray, a generic Oral Pain Relief Gel and Oragel, a bottle of Simethicone 125 mg gas relief tablets, Relieva Refresh Eye Drops, and Saline Eye Drops. * In room #9 inhabited by two residents Hydrogen Peroxide Oral Rinse was observed.	R173		

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R174	Continued From page 8	R174		
R174 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2) Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure refrigerated medications belonging to 5 applicable residents (Residents #4, #7, #8, #9, and #10) kept in the same refrigerator as food are stored in a separate, locked container impervious to water and air. Findings include: During the tour of the facility laundry room commencing at 8:32 AM on 3/1/23 injectable diabetes medications belonging to Resident's #4, #7, #8, #9, and #10 were observed to be stored in the door of the unlocked refrigerator in the laundry room to include: 1. Medications belonging to Resident #4: * On the top shelf of the refrigerator door 3 boxes each containing 4 single dose Trulicity pens, and a box containing a single use Emgality pen stored directly against an opened expired jar of chopped garlic were stored without a locked container and without protection from air and water. * A box containing a Victoza multi-dose pen was stored under a box of single serving yogurt	R174		

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R174	Continued From page 9 containers on the middle shelf of the fridge door . * A box containing 1 Humalog multi-dose pen and a box containing 3 Basaglar multi-dose Kwik Pens were stored in an unlocked metal box on the bottom shelf of the fridge door. 2. A box containing Trulicity single dose pens belonging to Resident #7 was stored on the middle shelf of the fridge door 3. Opened boxes containing 2 Novolog Flex Pens and 1 Basaglar Kwik Pen belonging to Resident #8 were stored in an unlocked metal box on the bottom shelf of the fridge door. 4. Opened boxes containing 3 Basaglar Kwik Pens and 1 Novolog Flex Pen Resident #9 were stored in an unlocked metal box on the bottom shelf of the fridge door. 5. Medications belonging to Resident #10: * On the top shelf of the refrigerator door a box containing 4 single dose Trulicity pens was stored directly against a container of sour cream. * An unopened box containing 5 Basaglar Kwik Pens; an opened box containing 1 Basaglar Kwik Pen, and an opened box containing 3 Novolog Flex Pens were stored in an unlocked metal box on the bottom shelf of the fridge door. At 8:50 AM on 3/1/23 the Manager confirmed refrigerated injectable diabetes medications belonging to Residents #4, #7, #8, #9, and #10 were improperly stored in the door of the unlocked refrigerator in the laundry room.	R174		

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R176	Continued From page 10	R176		
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 there was a failure to ensure the prompt disposal of outdated medications belonging to all facility residents. Findings include: During the course of the facility tour commencing at 8:05 AM approximately 200 medication cards were observed through the locked glass doors of a cabinet in the nursing office/medication room of the home. The medications spanned across two shelves located in the cabinet. A sample of 81 cards stored in two bins were retrieved from the more accessible lower shelf of the cabinet and reviewed. Of the cards reviewed 20 out of 81 cards contained a full unopened 28 day cycle of medications and many of the remaining 61 cards were mostly full, raising concerns regarding planned timing of the changeover from one pharmacy to another, and potential for duplicate billing for medications. At 9:45 AM on 3/1/23 the Manager confirmed approximately 200 medications cards belonging to all facility residents were no longer in use and had been stored for approximately 2 months	R176		

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R176	Continued From page 11 since the facility switched from one pharmacy to another in the beginning of January 2023. The Manger stated stated a call was placed to the previous pharmacy to request pick up of the medications when their contract ended, follow up calls were not made to the pharmacy when the medications were not picked up, and further attempts to remove or waste the medications had not been made by facility staff.	R176		
R183 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There shall be a record of the staff on duty, including names, titles, dates and hours on duty. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to maintain a record of the staff on duty including the names, titles, dates and hours on duty. At 10:08 AM on 3/1/23 the Manager stated a record of the staff schedule for December of 2021 was not available for review; and confirmed "we have never kept schedules, I didn't know we had to, the schedules are discarded after each month."	R183		

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R190	Continued From page 12	R190		
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide the results of criminal record and adult abuse registry checks for 2 applicable staff. Findings include: Based on record review and confirmed by the Manager, the results of criminal record and adult abuse background checks were not available for review for Staff #1's date of hire in September of 2001; and criminal record and adult abuse background checks were not conducted when Staff #2 was rehired in April of 2022.	R190		
R246 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier. This REQUIREMENT is not met as evidenced by:	R246		

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R246	Continued From page 13 Based on observation and staff interview there was a failure to ensure food free of spoilage. Findings include: During the facility tour commencing at 8:05 AM on 3/1/23 expired food items including a container of chopped garlic with an expiration date of 4/21/21 labeled as opened on 5/7/19; a bottle of vegetable juice labeled as opened on 1/13/23; and an opened jar of apple jelly dated 9/5/22 were observed in the refrigerators and confirmed by the Manager.	R246		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 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 record review there was a failure to ensure all perishable food items are labeled and dated. Findings include: During the facility tour commencing at 8:05 AM on 3/1/23 the following perishable food items were observed: 1. In the laundry room refrigerator: * Undated opened containers of milk, grape juice, cranberry lemonade, relish and pickles. * Undated items without the identifying labels and dates including a crock pot of pulled pork; and	R247		

May 5-11-23

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 03/10/2023

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
R247	Continued From page 14 pitchers of tea, water, and orange juice without identifying labels and dates. 2. In the kitchen fridge: * Undated opened cream cheese; lemon juice ketchup; 4 salad dressings; whipped cream; dipping chocolate; a take out box with a half eaten sandwich; moldy pie crusts; shredded cheese; and condiments including Worcestershire sauce, soy sauce, mango sauce, and BBQ sauce. * Undated items without identifying labels and dates including a tray of single servings of gelatin; a bowl of oatmeal; a tub of cooked pasta; a block of cheese in plastic wrap; a Ziploc bag of spaghetti; glass containers of tuna, dip, and baked beans; 7 single serving cups of milk and 1 cup of coffee covered with plastic wrap. 3. In the kitchen freezer: * Undated opened hot pockets in an unsealed box; 2 bags of pancakes with ice crystals forming inside the bags; an unsealed bag of pizza rolls; a bag of chicken patties; a bucket of vanilla ice cream; and a bag of hamburger patties. At 9:33 AM on 3/1/23 the Manager confirmed the failure to ensure all perishable items are labeled and dated.	R247		
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.	R266		

5-17-23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R266	Continued From page 15 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide care in a safe, functional, sanitary, homelike and comfortable environment. Findings include: The following environmental issues were observed during tours conducted by the Manager and Owner of the facility: 1. The facility elevator was observed to be locked and only accessible to residents upon request. During the tour of the resident rooms commencing at 11:15 AM the Owner confirmed facility staff lock the elevator and residents are not permitted to use the elevator at will. The facility is home to several residents who are unable to use the stairs due to use of a walker or wheelchair. Residents are required to ring a bell to request use of the elevator to travel between their rooms located on the second and third floors and the first floor of the home. 2. At 8:05 AM on 3/1/23 the Manager confirmed oxygen tanks were stored in the kitchen in close proximity to the gas stove and oven. Oxygen tanks were also stored in resident rooms without appropriate cautionary signs in Resident #8's room, and in the room shared by Residents #6 and #11 during the tour of resident rooms commencing at 11:15 AM on 3/1/23. 3. The door to the bathroom beside the front entrance of the home had a hole in it and was splintering. The sink in the bathroom was not firmly attached to the wall, the bathroom was in need of cleaning, and the floor was in need of repair.	R266		

May 5-17-23

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R266	Continued From page 16 4. Hazardous cleaning products were observed stored in unlocked cabinets including Windex spray, dish soaps, dishwasher gel stored under the kitchen sink in an unlocked cabinet; and bleach, disinfectant sprays, Fantastic cleaning spray, and Febreeze odor removing spray stored in an unlocked cabinet in the faundry room. Spray bottles with rubbing alcohol, which the Owner stated were sprayed around the resident's beds to control a recent bed bug infestation, were observed in Room #1 shared by 4 residents and Room #6 shared by 3 residents. Comet disinfecting powder and a spray bottle containing bleach were observed in Resident #8's private bathroom; and WD40 lubricating spray, caulking, and lighter fluid were observed in his/her room. Lysol Spray in Room #9 shared by 2 residents; and disinfecting wipes were in Resident #12's room were also observed. The home cares for residents with debilitating medical and psychological conditions with varying ability to safely manage access to cleaning supplies. The Owner confirmed hazardous chemicals and cleaning products were accessible to residents during the tour of the residence on 3/1/23. 5. Mold and mildew were observed in the shower and a window in room #6 shared by three residents which was confirmed by the Owner during the tour of resident's rooms commencing at 11:15 AM on 3/1/23.	R266		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness	R302		

May 5-17-23

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R302	Continued From page 17 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 record review and staff interview there was a failure to ensure rotation of fire drills to include drills during the evening and night; and to ensure the names of all staff were listed on all fire drill records. Findings include: At 1:38 PM on 3/1/23 the Manager confirmed there were no fire drills conducted during the evening and night during the previous year; and the names of staff participating in the fire drill conducted during the third quarter of the previous year were not documented.	R302		

5-17-23

Plan of correction

Washington Elms

05/10/2023

R145

In regards of finding #1, #2, #3, #4; individual care plans have been updated as of 03/26/2023 to meet each resident based on primary diagnosis to include nursing diagnosis, assessment, rational intervention, and evaluation based on specific needs with ongoing monitoring and goals. Care plans will be reviewed by RN on the 1st of every month and upon any changes or any condition changes or hospitalization.

R150

In Regards with #1, #2, #3; On 03/08/2023 had Inservice with staff on reporting and documentation in resident's charts on observations, changes, medication, doctor orders, visits along with progress notes and any follow ups that relate to that resident. RN will review each resident chart weekly. If there is any change in a resident's condition, a fall or injury Rn will be notified immediately. Residents chart will be flagged for RN to do assessment, provider notification, monitoring of symptoms and RN will follow up on documentation.

R171

Regarding #1, #2, #3, #4, #5, #6 medication policy was updated on 03/05/23. As of 03/05/23 there will be 3 checks done on Medication administration records: 1st check is done by the manager, 2nd check is done by med tech, and final check is done by the R.N. Any new orders that come in will be checked twice by the manager and the RN, then initialed and dated. Policy on medication that cannot be filled by pharmacy due to shortage doctor will be notified immediately to see what they would like to do, and documentation will be noted in resident's chart. For emergency situations call RN will be notified immediately.

R172

Med techs were counseled on 3/03/2023 that all resident's insulin pens need to be labeled with their name and date when opened. To prevent this from happing again the house manager and RN will be monitoring the med cart and will continue to educated when needed.

R173

As of 03/03/23 policy was put in place and staff was educated on that all skin cleansers creams, ointments or powders will be put in house locked med cart or a locked box in residents room labeled with name and date. The key to the locked box will be stored in locked med cart.

Any residents that are allowed to self-administer or monitor their own blood sugars and recordings must have a signed order from physician saying they are allowed to and are able to keep at bedside. All medications must be properly stored in a lock box in the residents' room with name and date. They will have a key and med tech will also have a key locked up in med cart. To prevent this happening in the future, staff members are reminded daily to make sure they report any findings of any medications they see in any resident's room that is not secured in a lock box and to report to RN.

R174

Regarding medications management, all medications that are required to be refrigerated and separated from food. Plan was corrected on 03/02/2023 when a mini fridge with a lock was installed just for medication and med techs were counseled. RN, med techs, and house manager will only have access to it. To prevent this from happening in the future all new med techs will be educated when hired and it will be monitored by the house manager and RN.

R176

Plan of correction was completed the day of survey. To prevent this from happening in the future any medication that is no longer in use will be disposed of correctly by returning to our pharmacy within a week by the house manager or RN. The House manager as of 03/02/23 does weekly checks of med carts for expired medication or medication that is no longer in use.

R183

As of 03/01/23 and forward weekly time sheets and monthly schedules are kept in a binder labeled schedules and will be kept for 2 years before disposing of. The house manager and owner will be responsible for maintaining this.

R190

As of 03/05/23 In regards of criminal background checks and abuse registry, a plan of correction has been updated in our policy and procedures so that prior to being hired a background check will be done and updated checks will be done accordingly to regulatory standards. House manager and owner will be responsible for monitoring.

R246

On 03/08/23 Staff meeting was conducted, and staff were educated on checking food for expiration dates and discard when needed. House manager will be monitoring along with 3rd shift. Will continued to educate staff when needed.

R247

On 03/08/23 a staff meeting was conducted, and staff were educated on that all food must be marked with contents and dated. Plan of action was put in place that refrigerators are being cleaned weekly by 3rd shift. All food will be checked by dates and discarded. That all food must be labeled and dated when opened in refrigerators and cupboards. A new policy was put in place in our policy and procedure book on 03/08/23. Will continue to educate staff and new hires. Also, a check list has been made and must be initialed by staff members when refrigerators are cleaned. This will be monitored by the house manager.

R266

#1 As of 03/02/2023 in regards with elevator signs have been removed and elevator has not been locked. Updated policy was put in place on 03/02/23. All staff and residents were educated on 03/02/23 that elevator is not to be locked. That residents are allowed to operated elevator when they need to. We have educated residents on 03/02/23 the proper way to use the elevator. Such as buttons to push and how to make sure they are fully on elevator, so elevator door can close.

#2 As of 03/01/23 all oxygen tanks have been removed from kitchen. On 03/05/23 oxygen tanks were removed and picked up by Keene Medical. All staff members were educated on 03/08/23 on proper storage and use of oxygen. Signs have been hung on the doors where oxygen is in use. RN and house manager will continue to monitor and educate staff when needed.

#3 Downstairs bathroom sink, door was replaced and fixed on 03/06/23. Both showers' upstairs were replaced on 03/30/23. The owner and house manager will continue to monitor and fix anything in the house that we see needs replacement.

#4 On 03/08/23 held a staff Inservice educating staff on proper storage of cleaning supplies and any chemicals are not allowed to be left out. When they are finished with them, they need to be locked in cleaning closet located off from kitchen. Will continue to educate staff and the house manager will continue to monitor environment along with owner.

#5 Replaced both showers on 03/30/23. The owner and house manager will continue to monitor and fix anything in the house that we see needs replacement.

R302

On 03/06/23 emergency numbers were placed on all floors with evacuation route in case of a fire. On 03/08/23 a staff meeting was held educating staff on fire drills. To prevent this from happening in future the house manager is responsible for running fire drills and to make sure all paperwork is completed as it should be with staff names, date, and times. A new policy and procedure was updated on 03/10/23 with the correct times when fire drills need to be done.

FIRE DRILLS

It is the policy of Washington Elms that every resident, visitor, workman, and staff person evacuate the building in the case of fire or fire drill.

Fire drills will be run four times per year or as need to ensure our residents have a firm grasp of what needs to be done along with staff members. They will early morning, afternoon, evening and during the night.

Prior to conducting a drill, we will contact Countryside LOCK and Alarm at (800) 639-2521 to let them know that we would like to run a fire drill. Staff member that oversees running fire drill will make sure they have clip board with resident update sheet dated time started, time finished and has staff members names listed that are involved with running fire drill.

Staff will follow Emergency procedures policy for Fire.

During this drill it is important to discuss with residents they are not supposed to find shoes and put them on or decide what coat to they want to wear. They should have their bath robes and easily accessible to put on in case fire alarm sounds at any time. Slippers should always be kept at bedside for easy access. It is important that you stress they must vacate the house as quick and safe as possible.

When evacuating and discussing fire evacuation with residents be sure they understand that the garage is the meeting place so all can be accounted for.

Staff shall close doors and turn off lights in rooms once they have been evacuated.

Staff shall familiarize themselves with where residents' rooms are located by looking house from outside so during an actual fire staff will be able to direct fire department to any resident that may still be in their room.

This time should also be used to educate staff on fire evacuation procedure the terms RACE and PASS as well as what they mean and how to apply them in case of actual fire.

Staff person in charge shall perform head count. When fire drill has ended make sure to call and Countryside lock and Alarm to let them know that you have finished fire drill. Fire drill resident up date sheet should be filed away in the binder located in office labeled fire drill logs.

Washington Elms

Policies and Procedures

Medication Administration

The Registered Nurse or designated staff (designee) will administer ordered medications to residents as follows:

Clean work surface. Wash hands.

Give meds to only one resident at a time

Review MAR for resident

Check medication for expiration date.

Use the 6 rights of med administration (right resident, right medication, right dose, right route, right time, right documentation.)

Wash hands between residents

Documents medications given on MAR.

Documents refusals on MAR and in resident's clinical record.

Notifies Registered Nurse of refusals.

Staff will not administer a medication unless there is a doctor's order for it.

Diabetic Medications and insulin

PRN Medications

When a resident asks for a PRN medication, ask what problem or symptom he or she is having that requires the PRN med. Medications given must be for a specific problem—for example, Tylenol is given for pain.

Check the MAR for the time the med was given last. Check the doctor's order to check how frequently the med may be given.

After administering the med, initial the MAR, and on reverse side, document the name of medication, dose, route, time, and reason for administration.

One hour later, ask resident if medication was effective, or observe for effectiveness.

All PRN medications given and their effect on the resident must be recorded in the Mar and in resident's clinical record. This note must include the medication given, reason for giving, time given, dose given, and effect on resident.

Leave note in daybook for Registered Nurse.

Non-prescription (over the counter) medications will be secured in the medication cart. They will be administered to residents only if the resident has a doctor's order for the med. They will be labeled with the resident's name and the expiration date.

Psychoactive Medications

Residents who have a doctor's order for a psychoactive medication will have a written care plan completed by the Registered Nurse.

The Registered Nurse or the designee will administer ordered psychoactive medications according to the doctor's order. Scheduled psychoactive medications will be given as ordered.

PRN psychoactive medications will be given only for the symptom or problem the medication is ordered for.

The medication will be recorded as a PRN on the Mar and monitor the resident for effectiveness, and document in the resident's clinical record.

When a resident refuses a medication:

In the MAR, circle your initials and on back of MAR Document reason and also write a note in the resident's clinical record. Send a text message to the Registered Nurse and/or leave a note in the daybook.