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

November 8, 2024

Joanne Blanchard, Manager
West River Valley Assisted Living Residence
461 Grafton Road
Townshend, VT 05353-0341

Dear Ms. Blanchard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 30, 2024.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

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

Sincerely,

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1007	A. BUILDING: _____ B. WING _____	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST RIVER VALLEY ASSISTED LIVING RESIDENCE	461 GRAFTON ROAD TOWNSHEND, VT 05353

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R100	Initial Comments: An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 9/30/24. Regulatory deficiencies were identified as result of the relicensure survey. Findings include:	R100	**R128** – The facility failed to provide the physician with timely blood pressure monitoring information as required. **Action to Correct Deficiency:** - The blood pressure monitoring log was faxed to the physician on 10/1/2024, and the physician's office confirmed receipt with the facility the following day. - Nursing staff will conduct weekly meetings to review all physician orders. - Staff education was reinforced with nursing personnel on the importance of documenting and following up on physician orders in a timely manner. **Measures/Systemic Changes to Prevent Recurrence:** - **Weekly Review Meetings:** Weekly meetings will be held to review and ensure completion of all physician orders. - **Tracking System:** A written tracking system will be implemented to monitor compliance with physician orders. Each order will be documented on a form and assigned to a specific nurse for completion. - The **Director of Nursing** will conduct weekly follow-ups to confirm that all physician orders are completed. **Monitoring:** - The written tracking system will be updated daily with new physician orders. - Weekly review meetings to assess physician order compliance will be scheduled using the Outlook calendar. R128 Accepeted Jenielle Shea, RN 11/6/24 **Completion Timeline:** - **Blood pressure log faxed:** 10/1/2024 - **Staff education reinforced:** 10/1/2024 - **Written tracking system implemented**: 10/21/2024 - **Weekly review meetings implemented and scheduled:** 10/21/2024	
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 ALR failed to ensure 1 out of 5 residents physician order's were followed as prescribed. Per record review, Resident #1 was seen by his/her physician on 8/12/24, the provider orders teh ALR to obtain blood pressures and forward the readings on a weekly basis to the provider for review.until 9/15/24. The record did not indicate to have communicated with the provider of the residents blood pressures results obtained from 8/12/24 through 9/15/24. Per interview on 9/30/24 at 3:40 PM the Licensed Practical Nurse (LPN), confirmed the record does not indicate, through fascmile record or progress note the physician was provided the record of blood pressure monitoring for review as ordered on 8/12/24.	R128		

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

Jillane C. Blanchard — Executive Director — 10/24/24

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R145 SS=F	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, observation and record review, the ALR failed to ensure a plan of care was developed for 1 out 5 residents (Resident #1) of the applicable sample based on abilities and a plan of care developed to describe the care and services necessary to assist the resident to maintain independence and well-being; Per interview on 9/30/24 at 2:50 PM the LPN reviewed the current care needs for Resident #1, s/he indicated Resident #1 demonstrates noncompliance with dietary restrictions requiring staff prompt and cue to aide in proper dietary choices. Also, Resident #1 experiences episodes of bowel incontinence to which s/he has been educated to utilize bathroom within apartment due to incontinence, in which staff staff provide prompt cue to aide in prevention of incontinence occurrences. Additionally, Resident #1 requires staff assistance with prompt and cues to utilize mobility devices for locomotion within the facility, along with reminders for safety awareness with proper footwear and ensuring Resident #1 utilizes locomotion devices.	R145	**R145** – The resident's care plan did not include necessary details regarding transfer assistance or supportive interventions for transfers during outings or within the facility. Additionally, the care plan did not address interventions for incontinence or include a toileting schedule. **Action to Correct Deficiency:** - A care plan meeting was held with the resident and family members to address recent changes in the resident's condition. - The care plan was reviewed and updated to reflect these changes, including adding appropriate transfer assistance and incontinence management interventions. **Measures/Systemic Changes to Prevent Recurrence:** - A monthly review schedule will be implemented to reassess and adjust care plans as needed for each resident. - Monthly care plan review times will be scheduled in the Outlook calendar to ensure there are no scheduling conflicts and to promote consistent care plan updates. **Completion Timeline:** - **Care plan meeting held:** 10/7/2024 - **Care plan review and updates completed:** 10/7/2024 and 10/21/2024 R145 Accepted 11/1/24 Jenielle Shea, RN	

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R145	Continued From page 2 1. The Vermont Resident Assessment completed on 9/28/2024 indicates Resident #1 activities of daily living functioning with supportive needs. In section G, Physical functions, Resident #1, as Transfer: independently, with not set up or help from staff, Locomotion in Residents: independent, no set up or physical help from staff, Transportation: Done by others, full physical assistance. The plan of care developed for Resident #1 does not indicate a requirement transfer assistance and/or identify supportive interventions to aide in transfers on outings or within the facility as needed. However, per record review on 9/25/24 Resident #1 attended a outing for shopping and was unable to self transfer from wheelchair to the shopping scooter, a progress note written on 9/25/24 stated "..we will have to limit these trips for [pronoun] in the future" Per interview on 9/30/24 at 12:45 PM, the Manager confirmed the Resident attended an outing and was unable to self transfer, staff provided physical assistance to push the resident via wheelchair to perform shopping. The Manager confirmed due to the inability to transfer, the resident has been prevented from attending outings due to the concern of self transfer. The Manager confirmed the Resident was told s/he would be unable to attend the outing planned on 9/30/24 (date of survey) due to staffing to provide assistance with transfers in and out of the staff vehicles providing the transportation. 2. In additional review of the Vermont Resident Assessment completed on 9/28/2024 , in Section	R145		

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R145	Continued From page 3 J. Nutrition, indicates Resident #1 gained weight, with "None of the Above" identified in assessment of nutritional approaches. Per review of Resident #1 on 11/17/23 a progress note was written indicating how eating dairy has been affecting Resident #1 stomach and dairy would be limited in his/her diet to include no cottage cheese yogurt and cheese, the POA was alerted of the changes. On 2/23/24 a progress note was written noting Resident #1 was experience feelings of frustration due to not being allowed pizza for supper when s/he requested; staff explained to Resident #1 that his/her care plan states s/he shouldn't have dairy. The plan of care developed for Resident #1 does not indicate a dietary measures to limit lactos or interventions to aide Resident #1 in dietary compliance. Per interview on 9/30/24 at 3:30 PM a Dietary staff member, indicated Resident #1 to require support from dining staff with meal options to aide in dietary compliance. The dietary indicated Resident #1 is to avoid lactose foods, such as cheese. Per interview on 9/30/24 at 12:45 PM the Manager confirmed Resident #1 to experience bowel incontinence after consuming dairy products and staff are to encourage meal options that do not include dairy/lactose foods. 3. The Vermont Resident Assessment completed on 9/28/2024 indicated in Section H. Incontinence, frequently incontinent (bowel), incontinent daily some control present, Any scheduled toileting plan, incontinence identified as deteriorated. In section G, Physical functions,	R145		

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R145	Continued From page 4 Toilet Use: Supervision, set-up only. The plan of care developed for Resident #1 does not identify interventions to support incontinence, nor does the plan indicate a toileting plan for staff to reference to facilitate the necessary care Resident #1 requires. Per interview on 9/30/24 at 3:00 PM, the Manager confirmed the completed plan of care and Vermont Resident assessment are not congruent to properly assess the necessary care services to support the independence and well being of Resident #1. The Manager acknowledged the plan of care does not identify interventions for care areas of transfers (as needed), bowel incontinence and dietary needs that have been revealed through the conducted interviews throughout the course of the onsite survey.	R145	**R190** – National Background Checks were not completed for all newly hired facility staff, and it had been more than a year since annual rechecks of required background and abuse registries were conducted. **Action to Correct Deficiency:** - National Background Checks are being completed for all new staff. The Facility Account through the CJIS online portal was activated, and Policies and Procedures for National Background Checks were updated. All newly hired employees must complete a release form for the National Child Protection Act (NCPA) criminal record check as well as a VCIC Fingerprint Authorization Certificate and then undergo fingerprinting for their National Background Checks. - Although the last annual background checks for current employees were completed in June/July 2023, the facility's Policies and Procedures have been updated to state: "For current employees, background checks with the Vermont Adult Abuse Registry, the Vermont Child Protection Registry, the Vermont Criminal Information Center and the OIG's List of Excluded Individuals/Entities will be performed annually during the fourth quarter of each year." Release/consent forms for these background checks have been provided to all existing staff so that these checks will be performed in October/November 2024. **Measures/Systemic Changes to Prevent Recurrence:** - National Background Check forms have been added to the background check section of the hiring packet. - A reminder to complete annual background checks has been added to the facility Outlook calendar on October 1st of each year.	
R190 SS=F	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, the ALR failed to complete National Background Checks and annual rechecks of required background and abuse registry checks as required by the licensing agency for all newly hired staff. Per record review of staffing records, national criminal background checks were not completed	R190		

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R190	Continued From page 5 for 1 out 5 staff by the facility upon hire as of January 1, 2024. Per interview on 9/30/24, at 3:20 PM the Human Resources Director, confirmed the records do not include national criminal background checks or annual checks of abuse registry and VCIC criminal background checks for applicable staff. The Human Resource Director confirmed the policy had not been updated to include the requirement set forth by the licensing agency memorandum dated 10/24/22 and 5/1/23.	R190	**R190 (cont) -** **Completion Timeline:** **- CJIS online portal activated:** 10/4/2024 **- Policies and Procedures for National Background Checks Updated:** 10/7/2024 **- New employees sent for fingerprinting and national background checks:** 10/8/2024 **- Release forms provided to all staff for annual background checks:** 10/16/2024 **- Annual background checks of existing staff will be completed by:** 11/7/2024 R 190 Accepted Jenielle Shea, RN 11/1/24	