



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 5, 2019

Ms. Patti Hutchins, Manager
Willows Of Windsor
121 State Street
Windsor, VT 05089-1213

Dear Ms. Hutchins:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 9, 2019**. 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: 0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/09/2019
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NAME OF PROVIDER OR SUPPLIER: **WILLOWS OF WINDSOR**
STREET ADDRESS, CITY, STATE, ZIP CODE: **121 STATE STREET WINDSOR, VT 05089**

(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
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R100 Initial Comments:

R100

An unannounced on-site relicensing survey was conducted on 10/08 through 10/09/19 by the Division of Licensing and Protection. The following deficient practices were identified:

SEE Attached POCs

R145 V. RESIDENT CARE AND HOME SERVICES SS=E:

R145

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 record review and confirmed by staff interview the facility nurse failed to ensure that a written plan of care was developed for 2 of 3 residents with known allergies (Resident #2 and #3), and 1 of 3 residents with inconsistent documentation related to dietary needs, (Resident #3). The findings include the following:

1. Per record review for Resident #2, who has physician orders dated 05/02/19, identifies an allergy to bees. Resident assessment signed by the Registered Nurse (RN) on 09/17/19 identifies allergies to bees. A service plan dated 12/2018 through 12/2019 does not identify any allergies. The facility manager confirms on 10/09/19 at 8:20 AM, the allergy has not been addressed on the resident's service care plan.

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Patti Hutchins

TITLE

Manager

(X8) DATE

10/28/2019

STATE FORM

6899

10H711

If continuation sheet 1 of 7

R145 - R266 POCs accepted 11/5/19 M. Bertrani RN/PM

Division of Licensing and Protection

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R145	Continued From page 1 2. Per record review for Resident #3, who has physician orders dated 01/31/19, identifies an allergy to Trees and Sulfonamides. Resident assessment signed by the Registered Nurse (RN) on 06/15/19 identifies allergies to trees and Sulfa. A service plan dated 12/2018 through 12/2019 does not identify any allergies and the Medication Administration Record identifies No known Drug Allergies (NKDA). The facility manager confirms on 10/09/19 at 8:20 AM that the information is not documented accurately and is inconsistent. 3. Per review of physician orders dated 01/31/19 for Resident #3, does not identify a diet order. Resident assessment signed by the Registered Nurse on 06/15/19, identifies that the resident is on a therapeutic diet of low sodium and potassium with restrictions to salt and foods high in potassium. The resident's care plan dated October 2018 through October 2019 identifies the resident is on a regular diet. Confirmation is made by the manager on 10/09/19 at 8:20 AM that the information needs clarification.	R145		
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	R165		

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R165. Continued From page 2	<p>condition, relevant medications, and potential side effects;</p> <p>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;</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility nurse failed to teach delegated medication technicians (Med. Tech.), the proper techniques for medication administration for 1 of 4 residents, (Resident #4). The findings include the following:</p> <p>Per observation during a medication audit, on 10/08/19 at approximately 9 AM, the Med. Tech. was preparing medications for Resident #4. S/He removed the bubble pack for Resident #4 from the medication cart, opened the bubble pack and placed the pills in his/her gloved hand. S/he reconciled each pill with the Medication Administration Record and placed each pill (one by one) back into the bubble pack using his/her ungloved hand. During the reconciliation, the Med. Tech. dropped one tablet onto the medication cart (which was not observed to be cleaned prior to the medication audit), s/he picked up the tablet, placed it back into the bubble pack and proceeded to administer the now potentially contaminated medications to Resident #4.</p> <p>The Med Tech did confirm after the audit that s/he should not have administered the contaminated</p>	R165		
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R165	Continued From page 3 medications to Resident #4.	R165		
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> <ol style="list-style-type: none"> (1) Resident rights; (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>This REQUIREMENT is not met as evidenced by: Based on employee file review and confirmed by staff interview the facility failed to ensure that 2 of 5 employees sampled received in-service education related to mandatory reports of abuse.</p>	R179		

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R179	Continued From page 4 neglect and exploitation, (Employee #1 and #2). The findings include the following: Per review of Employee #1 who was hired in April 2014 and Employee #2 who was hired in February 2015, they have not had in-service education in the past 12 months related to mandatory reports of abuse, neglect and exploitation. The manager confirms on 10/08/19 at 10:30 AM that the education has not been conducted.	R179		
R251 SS=C	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 confirmed by staff interview the facility failed to ensure that all food and drink are stored to protect from dust, insects, rodents and all other sources of contamination. The findings include the following: (Repeat Deficiency from relicensing survey of 11/01/17.) Per kitchen tour in the presence of a care attendant, 3 plastic storage containers were labeled with dry Oatmeal, Mayo and Cream of Rice cereal. All 3 containers have a stored contaminated scoop resting on the product. The Care Attendant confirmed on 10/08/19 at 9:11 AM that the scoops should not be stored in the	R251		

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WILLOWS OF WINDSOR 121 STATE STREET
WINDSOR, VT 05089

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R251 Continued From page 5
container on the product. R251

R266 IX. PHYSICAL PLANT R266
SS=C

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 and confirmed by staff interview, the facility failed to maintain a safe, sanitary, homelike and comfortable environment. The findings include the following:
(Repeat Deficiency from relicensing survey of 11/01/17.)

Per facility tour in the presence of the manager on 10/08/19 at approximately 10 AM the following were identified:

-One of two emergency lights on the left hall/upper level was found to be not functioning. Confirmation was made by the facility manager on 10/08/19 at 10 AM;

-Kitchen/Dining room was found with cracked and missing pieces of the flooring, as well as shoes sticking to the floor while walking. This was confirmed by the incoming manager on 10/08/19 at approximately 9:15 AM;

-Cabinet surfaces in the main kitchen and dining area evidence visible dried spills and in need of cleaning. Walls in the dining room have visible

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R266	<p>Continued From page 6</p> <p>dried coffee spills and are in need of cleaning. Confirmed by facility staff during the tour at 10 AM and the incoming manager on 10/09/19 at 8:35 AM;</p> <p>-Wallpaper in the right hall is found to be torn and in need of repair. Confirmed by the incoming manager on 10/09/19 at 8:35 AM.</p>	R266		
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Plan of Correction Due October 29, 2019	Willows of Windsor	121 State Street	Windsor, Vermont	05089
Deficiency	Our Action to correct	Measure or change made to prevent reoccurrence	How the corrective ACTION will be monitored	Dates Corrective action will be completed
R266 Physical Plant 9.1 Facility failed to maintain a safe, sanitary, homelike and comfortable environment: 1. Emergency light not functioning 2. Cracked kitchen/dining area flooring. Floor was sticky 3. Kitchen/dining surfaces and walls were not clean 4. Wallpaper torn	Facility will maintain a safe, sanitary, homelike and comfortable environment by repairing all the items below: 1. Emergency light repair 2. Cracked kitchen/dining area flooring repair 3. Flooring mopped 4. Kitchen/dining surfaces and walls cleaned 5. Wallpaper repaired	Emergency light will be repair Flooring will be repaired or replaced Floors has been cleaned Kitchen/dining surfaces and walls have been cleaned Wallpaper will be repaired or replaced	Manager will Audit the cleaning, repair and/or replacement of items listed	#1.11/1/19 #2.1/20 #3. 10/10/19 #4.10/10/19 #5.11/30/19

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Deficiency	Our Action to correct	Measure or change made to prevent reoccurrence	How the corrective ACTION will be monitored	Dates Corrective action will be completed
R179 Resident Care and Home Services 5.11 Facility failed to ensure that all staff received in-service training on mandatory report of abuse, neglect and exploitation.	Facility will ensure that all staff received in-service training on mandatory report of abuse, neglect and exploitation.	Educate all staff on mandatory reporting of abuse, neglect and exploitation.	Signatures acquired by manager from all staff member.	11/17/2019
R251 Nutrition and Food Services 7.3 Facility failed to ensure that all food and drink was stored to protect from dust, insects, rodents and all other sources of contamination.	Facility will ensure that all food and drink is stored to protect from dust, insects, rodents and all other sources of contamination.	Hired extra staff for thorough cleaning of reported areas. Re-educate staff of cleaning procedure.	Manager will Audit the cleaning checklist provided to staff.	11/8/19

Plan of Correction Due October 29,2019	Willows of Windsor	121 State Street	Windsor, Vermont	05089
Deficiency	Our Action to correct	Measure or change made to prevent reoccurrence	How the corrective ACTION will be monitored	Dates Corrective action will be completed
R145 Resident Care and Home Services 5.9.c 1 and 2: Facility nurse failed to ensure service plan included known allergies 3. Facility nurse failed to ensure service plan included dietary order	Facility nurse will ensure service plan includes known allergies and current dietary orders	Service plans update with current allergies and current dietary orders	Monthly audit of MARS and Service Plans for allergies and dietary orders	10/23/19
R165 Resident Care and Home Services 5.10 Facility nurse failed to teach delegated staff proper technique for medication administration	Facility nurse will teach delegated staff proper technique for medication administration	All delegated staff reeducated on the proper techniques as sited	Staff education provided and signatures obtained indicating understanding	10/25/19