



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

August 21, 2018

Ms. Tonia Trask, Manager
Wintergreen Residential Care - North
540 Town Farm Rd
Brandon, VT 05733

Dear Ms. Trask:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 17, 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

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Waterbury VT 05671-2060

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August 1, 2018

Tonia Trask, Manager
Wintergreen Residential Care - North
540 Town Farm Rd
Brandon, VT 05733

Dear Ms. Trask:

The Division of Licensing and Protection completed a re-licensing survey and investigation of an incident at your facility on **July 17, 2018**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided or attach a separate document. A completion date for each plan of correction must be indicated.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **August 14, 2018**.

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur, and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

Disability and Aging Services
Licensing and Protection

Blind and Visually Impaired
Vocational Rehabilitation

Signature
2567
7/17/18
LL

Tonia Trask manager. 8/8/18

PRINTED: 08/01/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2018
NAME OF PROVIDER OR SUPPLIER WINTERGREEN RESIDENTIAL CARE - NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 540 TOWN FARM RD BRANDON, VT 05733	
(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)
R100	Initial Comments: An unannounced on-site re-licensure survey was completed by the Division of Licensing and Protection on 7/17/18. The survey also included regulatory review of a facility mandatory self-report. There were no violations related to the facility report. The following violations were related to the re-licensure survey.	R100	R145: The action taken to correct the deficiency is to update care plans immediately as the changes occur for each resident. The measures put into place to ensure this doesn't recur will be the manager & RN will work together as changes occur to ensure care plans are always updated. The corrective actions will be monitored monthly by the manager. The corrective actions will be completed by <u>August 13, 2018</u>
R145 SS=D	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 RN (Registered Nurse) failed to assure that the care plan for 1 of 3 residents in the sample was updated to include a change in medical status. (Resident #2). Findings include: Per record review on 7/17/18, Resident #3 was admitted to Hospice Services (5/16/18) and the care plan was not revised at that time to address the changes in physician orders for comfort care and any resident changes in condition. Per interview with the facility's RN and the owner at 5 PM on 7/17/18, the current RN was hired at the end of June, 2018, and the previous RN had not revised the resident's care plan.	R145	

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

Mcnam 8.30.18 MB/SL
TITLE _____ (X5) DATE

PRINTED: 08/01/2018
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R150 V. RESIDENT CARE AND HOME SERVICES SS=D	<p>5.9.c (7)</p> <p>Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility RN failed to assure that symptoms of illness or accident were recorded at the time of occurrence, along with the action(s) taken for 2 of 3 residents in the sample. (Residents #2 and #3) Findings include:</p> <p>1. Per record review on 7/17/18, Resident #2's record had a progress note dated 3/28/18 stating 'Resident Name' given 2 doses of a medication in error. There was no follow up note to say what action was taken, whether the resident was monitored for signs and/or symptoms of an adverse drug reaction, and for how long etc. The most recent note in the record was from 4/8/18, no further notes were written.</p> <p>2. Per record review for Resident #3, a progress note date 4/8/18 stated that the resident had a fall and hit h/her head and was sent to the ED for an evaluation. The resident returned to the facility later the same night. The note said the resident was checked and OK, stable vital signs and is safe. The discharge papers from the ED instructed staff to make an appointment with the primary care provider. There were no other progress notes in the resident's record since that date; there was no evidence of follow up monitoring nor a physician visit since the return</p>	R150	<p>R150: The action to correct the deficiency is the R.N. is to record resident charts any symptoms of illness, or accidents, at the time of occurrence, along with actions taken, follow up appts & progress notes.</p> <p>measures put into place to make sure this doesn't recur are; the RN will check chart weekly for updated informat. to document with falls, or appt meds, ect.</p> <p>Corrective actions will be monitored monthly by the manager.</p> <p>The date corrective actions will be completed by is</p>

Division of Licensing and Protection
STATE FORM

8022

92RI11

August 13, 2018
Poc amt 8.20.18 MB/SJ

Continuation sheet 2 of 8

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R150	Continued From page 2 from the ED on 4/8/18. The lack of documentation of follow up actions regarding accidents and/or changes in condition was confirmed and reviewed during interview with the owner on 7/17/18 at 5 PM. Refer also to R 189	R150	R164 The action taken to correct the deficiency is; the RN will assure sufficient documentation of training for all new medication technicians as well as re-certifying all current staff.
R164 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: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility RN failed to assure sufficient documentation of training for a new Medication Technician (MT) who was administering medications to residents of the facility during the survey. Findings include: Per interview with the MT who was administering medications on the afternoon of 7/17/18, s/he described the process for training to be a MT at the facility as follows: the MT stated that she started training by observing another MT at the facility for 1 - 2 weeks. (Note: s/he had not met nor spoken with the RN until after this observation period). The staff member stated that they then	R164	The RN will keep a folder with all trainings, names dates, tests for new + current medication technicians to ensure this doesn't recur. Corrective actions will be monitored by the RN so this doesn't recur. Corrective actions will be completed by August 13, 2018

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R164	Continued From page 3 did a medication pass with the RN observing, then s/he took a written medication test. Per review of the personnel file for the staff member the medication test had not been graded nor signed by the RN on the date taken. There was no evidence in the file that the RN had deemed the staff member competent to administer resident medications. When the list of medication delegated staff was requested from the owner, the list provided included a signed dated signature of the previous RN; there was no documented evidence of the list of staff med-delegated by the new RN as of the date of survey. During interview with the RN and the owner at 4:PM on 7/17/18, it was confirmed there was no RN signature nor date the test was completed and no written information available on the medication delegation training provided to this staff member. The new RN had not provided a list of the staff she had trained for medication administration since beginning work at the facility in June.	R164			
R189 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation;	R189	R189 The action taken to correct the deficiency is the staff, RN, and manager are to record any changes in a resident's condition, such as, but not limited to; falls, medications, hospital visits etc in the progress notes, measures put into place so this doesn't recur are the manager will check chart notes weekly for updated documentation in progress notes. pe aupt 8.20.18 MB/SL		

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R189	<p>Continued From page 4</p> <p>and resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that the records for each resident included staff progress notes, including changes in condition for 2 of 3 residents in the sample. Findings include:</p> <ol style="list-style-type: none"> 1. Per record review on 7/17/18, Resident #2's record had a progress note dated 3/26/18 stating "Resident (name) was given 2 doses of a medication in error"; there was no follow up note to state what action was taken, whether the resident was monitored for signs and/or symptoms of an adverse drug reaction, and for how long etc. The next progress note in the record was from 4/8/18, and documented a fall with a potential head injury. There was no follow up note for this accident in the record. There have been no further progress notes written for this resident since 4/8/18. 2. Per record review for Resident #3, a progress note dated 4/8/18 was a follow up to a fall the resident sustained on 4/7/18. The resident was found on the floor in their room and sent to the ED for an evaluation. The follow up note written 4/8/18 was the last one written as of the date of survey 7/17/18. There were no progress notes since that time to document the resident's current status and whether any changes had occurred. There was no evidence of a new fall assessment with the most recent dated 2/1/18. <p>The lack of documented follow up of accidents and/or changes in condition and lack of any recent progress notes from the previous 3 months was confirmed and reviewed during interview with the owner on 7/17/18 at 5 PM.</p>	R189	<p>R189</p> <p>Corrective actions will be monitored by the RN monthly to ensure this practice doesn't recur.</p> <p>The date corrective action will be completed is August 13, 2018.</p> <p><i>pac aupt 8.20.18 MB/ev</i></p>

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R189	Continued From page 5 Refer also to R 150.	R189	
R259	<p>VII. NUTRITION AND FOOD SERVICES SS=F</p> <p>7.3 Food Storage and Equipment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility manager failed to assure that poisonous compounds/chemicals were stored in a separate locked compartment in the food storage area. This finding had the potential to affect residents of the facility. Findings include:</p> <p>Per observations of the kitchen and food storage areas adjacent to the kitchen on the morning 7/17/18, poisonous compounds including bleach and clothes detergent were stored unlocked, in the same area with canned and dried foods. Regulations require that poisonous compounds may only be stored in a food storage area in a separate locked compartment. The manager acknowledged the error in storage during the observations.</p>	R259	<p>R 259:</p> <p>The action taken to correct the deficiency is the facility will leave poisonous compounds locked in the closet and not near any food storage.</p> <p>Measures put into place are The manager will post a reminder for staff to lock up all poisonous compounds immediately after use, along with more training on safety precaution in a residential care home.</p>
R302	<p>IX. PHYSICAL PLANT SS=D</p> <p>9.11 Disaster and Emergency Preparedness</p>	R302	<p>corrective measures will be monitored daily. pc ant 8/20/18. MB/SL →</p>

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<p>R302 Continued From page 6</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to assure that fire drills were conducted at least quarterly and were rotated to include the required times of the day, including morning, afternoon, evening and night times. Findings include:</p> <p>Per review of the fire drills conducted in the previous 12 month period, there had been no fire drill conducted during the night time hours. The omission was confirmed during interview with the owner on 7/17/18 at 4:30 PM.</p> <p>R999 MISCELLANEOUS SS=C</p> <p>4.14.f The home shall make available written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such reports. If a copy is requested</p>	<p>R302</p> <p>Cont R 259</p> <p>The date corrective actions will be completed by is August 13, 2018.</p> <p>R 302</p> <p>The action taken to correct the deficiency is to assure Fire drills are conducted at least quarterly & rotated to morning, afternoon, evening and night times.</p> <p>measures put into place is to post dates + times for quarterly fire drills where all staff + residents can read it clearly.</p> <p>pc aupt 8.20.18 MB/ep</p>	<p>(X5) COMPLETE DATE</p>	

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R999	<p>Continued From page 7</p> <p>and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.</p> <p>Based on observation and staff interview, the home failed to post and provide a readily available copy of the most recent survey report for residents and the public to read. Findings include:</p> <p>Per observations on the morning of 7/17/28 during the re-licensure survey, the home had not posted a copy, nor a notice of the availability of the most recent survey report for interested residents and the public to read. During interview at the time of the observation, the owner confirmed that s/he had not been aware of the requirement to post, or have readily available a notice of the survey results for review by interested residents and the public.</p>	R999	<p>Cent' R302</p> <p>Corrective measures will be monitored monthly by the manager.</p> <p>The date corrective action will be completed is August 13, 2018</p> <p>R999: The corrective actions measures put into place so this doesn't recur are Post all written reports from inspections readily available to residents and to the public wishing to examine the results.</p> <p>AC unit 8.20.18 MB/R</p>

Wintergreen Residential Care - North
Resident Identifier
Health Survey July 17, 2018

Cont R999:

measures put into place
so this deficiency doesn't
recur is the manager
will post all written reports
from a inspection and leave
it up for review until
the next inspection.

The corrective actions will
be monitored by the owner
so this does not recur.

~~The corrective action will~~
~~be monitored~~

the corrective date action
will be completed is
August 13, 2018,

Account 8.20.18 m.B.S.