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 30, 2021

Ms. Lise Duncan, Manager
Woodstock Terrace
456 Woodstock Road
Woodstock, VT 05091-9759

Dear Ms. Duncan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 29, 2021.** 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
	1005	A. BUILDING: _____ B. WING _____	C 10/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK TERRACE	456 WOODSTOCK ROAD WOODSTOCK, VT 05091

(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
R100	Initial Comments: An unannounced on-site investigation of 3 complaints was conducted on 10/27/2021 by the Division of Licensing and Protection, and completed on 10/29/21. As a result of the investigation the following regulatory violations were identified associated with 1 of the 3 complaints.	R100	Preparation and or execution of this plan of correction does not constitute admission or agreement on the part of the provider to the truth of the facts allegded or conclusions set forth in the statment of deficiencies. This plan of correction is prepared and or executed soley as required.	
R207 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, there was a failure of the ALR staff to report an allegation of alleged abuse for 1 applicable resident. (Resident #1) Findings include: Per record review of a Assisted Living Facility Note dated 9/21/202, states Resident #1 reported s/he had a small bruise on his/her left forearm that was from a RA (Resident Assistant) who had grabbed his/her arm hard. Previous to this note, staff had reported on 9/19/2021 Resident #1 had experienced an incident involving an RA whom was accused by the resident to have hurt	R207		

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

Rise-Anne Duncan 11.22.2021 Executive Director

R207 - R266 POC's accepted 11/29/21 Fmcintosh RN/PM

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R207	Continued From page 1 Resident #1's arm. A small red area on the resident's left forearm was noted and documented by nursing staff on 9/21/2021. Further interview with Resident #1 on 10/27/2021 at 12:45 PM reconfirmed an incident had occurred which resulted in her/him sustaining a bruised left forearm. Resident #1 also stated the RA told him/her "..to keep quiet...." when Resident #1 informed the RA that s/he had hurt her/his arm. Per review of facility policy Abuse, Neglect, Misappropriation of Property (effective 7/21/2017) states "Training: 2. Each new employee will be informed of his/her responsibility to immediately report any violations or alleged violations....Training will include, but is not limited to: Laws and regulations and the agencies that enforce them....." However, although the Regional Nursing Director conducted an internal investigation of the alleged incident of abuse, s/he failed to submit a report to Adult Protective Services (APS) as required under Title 33: Human Services, Chapter 69: Reports of Abuse, Neglect, And Exploitation Of Vulnerable Adults. On 10/27/2021 at 2:30 PM the Regional Nursing Director confirmed s/he failed to report an alleged or suspected incident of possible abuse associated with Resident #1.	R207	Staff will be trained on resident abuse, neglect and misappropration of property investigation and reporting. The training will begin on the hire and staff will be will be re-educated annually and reviewed as needed. The training included, but is not limited to the laws and regulations and the agencies that enforce the laws. The Regional Nursing Services Director has reviewed the reporting requirements as required under Title 33: Human Services Chapter 69. Staff have been notified that they must complete the abuse and neglect training entered into Relias. The ED or disignee will audit and monitor relias training monthly and reporting to QA. The COO will review the reporting requirements with the Regional Director annually.	12/31/21 11/10/21 12/21/21 11/30/21 11/10/21
R249 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.	R249		

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R249	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to ensure a formalized training program was provided to staff who are hired to handle and serve food. Findings include: As a result of a complaint investigation, it was confirmed the ALR failed to develop a formalized training program for those individuals hired to handle food and serve the residents of the ALR to ensure safe food handling practices were being maintained. Per interview on 10/27/2021 at 1:40 PM, the Dietary Manager confirmed the ALR had not developed any formalized training for individuals who have been hired to work in the kitchen, handle and serve food to the residents of the facility.	R249	Instituted formalized relias training for all individuals hired to work in the kitchen, handle and serve food to the residents of the facility will be reported.	11/1/21
R257 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.g Doors, windows and other openings to the outdoors shall be screened against insects, as required by seasonal conditions This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by the Dietary Manager the ALR (Assisted Living Residence) failed to ensure the door in the kitchen was screened properly. Findings include: Per observation on 10/27/2021 at 11:45 AM the kitchen door which exits to the outside of the facility was noted to be opened. A magnetic screen door was observed hanging in the kitchen	R257	The training will be completed by all staff that are hired to work in the kitchen, handle and serve food to the residents of the facility. New hires will complete this training within their first week hire. The Dietary Manager or designee will audit relias training monthly and provide ongoing training training as needed and report to QA.	12/31/21 11/30/21

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R257	Continued From page 3 doorway. The magnetic door screen had 3 holes in the mesh material and the bottom was unsecured with a 2-3 inch gap between the magnetic door screen and the threshold of the kitchen door. Per interview on 10/27/2021 at 1:45 PM the Dietary Manager confirmed the use of the magnetic door screen. S/he stated an employee had installed the hanging screen in an effort to lower environmental temperatures of the kitchen when the stove and ovens were in use. The Dietary Manager also confirmed the use and the integrity of the magnetic screen door was insufficient against the possibility of insects and rodents.	R257	The magnetic screen door has been removed. A new screen door has been purchased and will be installed by the Maintance Director. The Maintance Director will inspect the screen door during weekly equipment inspections and report to QA.	11/29/21 11/22/21 11/22/21
R266 SS=C	IX. PHYSICAL PLANT 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 the Dietary Manager, there was a failure to ensure fans utilized in the kitchen remained free of dust. Findings include: During a tour of the kitchen with the facility director on 10/27/2021 at 10:15 AM a fan located near the serving table/counter was observed to be heavily covered in dust. The Dietary Manager at 1:40 PM on 10/27/2021 confirmed the use of the fan and noted it was not listed as an item to be cleaned on the kitchen cleaning schedule,	R266	The cleaning schedule in the kitchen has been reviewed and updated. The fan was removed from the kitchen. Cleaning of the fans has been added to the daily cleaning schedule. The DM will monitor the cleaning schedules for daily, weekly, monthly cleaning tasks and report to QA.	11/1/21 10/29/21 11/17/21 11/1/21

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R266	Continued From page 4 acknowledging the cleaning schedule is outdated and requires a review and updating.	R266		