



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

March 26, 2024

Brittany Cavacas, Manager
Woodstock Terrace
456 Woodstock Road
Woodstock, VT 05091-9759

Dear Ms. Cavacas:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 9, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/09/2024
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NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091
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R100	Initial Comments: On 1/29/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint. Additional information was provided by the facility on 1/30/24 and 2/9/24. The following deficiencies were identified during the investigation:	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a significant change assessment for one applicable resident (Resident #1) when a Foley catheter was initiated and on admission to hospice. Findings include: Facility policies and procedures related to resident assessments were not provided by the facility on request. Per record review Resident #1 was admitted to the home on 10/2/23 following a hospitalization for a fall with injuries sustained including rib fractures and a pneumothorax (collapsed lung) requiring a chest tube. On 12/11/23 and 12/12/23 Resident #1 was seen in the emergency	R136	R136 In response to 5.7.c Assessment: There was not a Significant Change completed after the foley catheter was inserted on 12/13/23, it was felt that this was not going to be a long-term placement. As per the State of Vermont's Electronic Resident Assessment Instructional Guide's definition of a significant Change, "A significant change may be a decline or an improvement in the resident's health status that is believed to be ongoing". It also states that if a condition is going to a continual concern that Significant Change should be done within 14 days. This resident was in the hospital from 12/20/23 to 12/29/23. During that hospital stay [redacted] was diagnosed with CHF and A-Fib and upon return started on hospice. On 01/02/24 a Significant Change Assessment was completed, and care plans updated. On this assessment foley catheter, hospice services and diagnoses were addressed. The facility does feel that it was in compliance.	

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

*Brittany Clavess 3/21/24
Executive director*

Division of Licensing and Protection

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R136	<p>Continued From page 1</p> <p>department (ED) for urinary retention. S/he saw a nephrologist on 12/13/23, and returned to the ED that same evening. Resident #1 returned home from the ED on 12/13/23 with a Foley catheter.</p> <p>Resident #1 continued to decline and was admitted to the hospital on 12/20/23. S/he was diagnosed with Congestive Heart Failure and A Fib. S/he was admitted into hospice care and returned home to the facility on 12/29/23.</p> <p>Per record review significant change assessments were not completed for Resident #1 when the Foley Catheter was initiated, and when s/he was admitted to hospice following hospitalization new diagnoses of Congestive Heart Failure and A Fib. These findings were confirmed by the Director of Health Services on the afternoon of 1/29/24.</p> <p>In conclusion this deficient practice is a risk for more than minimal harm due to the failure to ensure provision of care that meets a resident's changing needs.</p>	R136	<p>Continued From page 1</p> <p>To prevent the risk of possible non-compliance in the future, on 02/29/24 the Health Services Director did have an in-person review with use of the State of Vermont's Electronic Resident Assessment Instructional Guide's definition of a significant Change and the Terrace Communities' Policy and Procedure for Assessments and Reassessments, with the facility's supervising Registered Nurse. A copy of the State of Vermont's Electronic Resident Assessment Instructional Guide was placed in the facility's Terrace Communities Clinical Resources Manual on 02/29/24.</p> <p>The Assessment and Reassessment policy, with effective date of 09/30/23, is available upon request.</p>	02/29/24
R146 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (3)</p> <p>Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;</p> <p>This REQUIREMENT Is not met as evidenced by: Based on staff interview and record review the Registered Nurse failed to provide instruction and</p>	R146	<p>R136 Plan of Correction accepted by Jo A Evans on 3/25/24.</p>	

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R146	<p>Continued From page 2</p> <p>delegate the nursing tasks related to Foley catheter care to direct care staff for one applicable resident (Resident #1). Findings include:</p> <p>Facility policies and procedures related to delegallon of nursing tasks were not provided by the facility on request.</p> <p>Resident #1 has diagnoses including Cognitive Impalrment, Diabetes Mellitus, Heart Failure, and Arthritis. S/he has a history of falls with Injuries and urinary tract infections. Per record review Resident # 1 was admitted to the home on 10/2/23 following hospitalizallon for Injuries including rib fractures and a pneumothorax (collapsed lung) requiring a chest tube resulting from a fall. On 12/11/23 and 12/12/23 Resident #1 was treated in the Emergency Department (ED) for pain, pressure, and inability to void due to urinary retention. After a nephrology appointment on the day of 12/13/23 symptoms of urinary continued, s/he was transported to the ED, and returned home with a Foley catheter.</p> <p>During an interview commencing at 2:12 PM on 1/29/24 Staff reported the delegation of nursing tasks related to providing Foley catheter care for Resident #1 including instructions and education related to draining the leg bag and reporting any changes in urine was provided by the Director of Health Services (DHS), who is a Licensed Practical Nurse. Staff confirmed the Reglstered Nurse was not Involved In the process of training and delegallon of Resident #1's care.</p> <p>During an interview on the afternoon of 1/29/24 the Director of Health Services stated nursing tasks related to Foley catheter care were not new to the facility, and a "refresher" training was</p>	R146	<p>Continued from 2</p> <p>R146</p> <p>In response to 5.9.c. (3):</p> <p>This citation states that a "Registered Nurse" failed to provide instruction related to foley catheter care. This was a citation relates to regulations that have not been granted an effective date. The facility was in compliance with a "nurse" providing instruction, as per the current regulations. A Licensed Practical Nurse is a nurse.</p> <p>To prevent the risk of possible non-compliance once the new regulations do take effect, on 02/29/24 the Health Services Director did have an in-person review the supervising Registered Nurse. During this review, the Terrace Communities' Policy and Procedure for Aspects of Resident Care was reviewed. In this policy, effective 09/30/23, it addresses Chain of Command and Delegation of nursing tasks, care tasks and clinical education.</p>	02/29/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/09/2024
NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 466 WOODSTOCK ROAD WOODSTOCK, VT 05091		
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R146	Continued From page 3 provided to staff when Resident #1 returned to the facility with a Foley catheter. On the afternoon of 1/29/24 the DHS stated s/he printed out information related to Foley care and discussed this information with all staff on shift change. The DHS confirmed the facility's Registered Nurse was not involved in educating staff related to providing Foley care for Resident #1. In conclusion this deficient practice is a potential risk for more than minimal harm to all facility residents due to the failure to ensure delegation of nursing tasks including staff education and instructions for resident care is provided by a Registered Nurse.	R146	Continued From page 3 Clinical and care education after RN review will be placed in the facility's Terrace Communities Clinical Resources Manual on 02/29/24. The Aspects of Resident Care Policy is available upon request. R146: ADDENDUM. To meet the requirement that a Registered Nurse provide proper training, supervision, and monitoring for delegation of nursing task. Woodstock Terrace's supervising Registered Nurse will document any delegated nursing task, that is not within the scope of practice for that individual. Any task that is not within the scope of practice for the individual, will be placed in that specific employee's file or if it is a resident specific task i.e., medication assistance, it will be documented in that resident's file. The Registered Nurse will provide supervision and monitoring during facility visit of the delegated task. If the individual is not adhering to the task delegated to them, corrective action will be taken.	03/18/24
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 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: (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	R179	R146 Plan of Correction accepted by Jo A Evans RN on 3/25/24.	

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R179	<p>Continued From page 4</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure completion of all required trainings for one applicable staff. Findings include:</p> <p>Facility policies and procedures related to staff trainings were not provided by the facility on request.</p> <p>Per record review completion of required staff trainings including Resident rights; Fire safety and emergency evacuation; Resident emergency response procedures and First Aid; Mandatory reporting of abuse, neglect and exploitation; Respectful and effective interaction with residents; and Infection control measures was not documented and provided for review for one applicable staff. This finding was confirmed via email by the Director of Health Services on 1/30/24.</p> <p>This deficient practice is a risk for more than minimal harm for all facility residents due to inadequate staff education and training to safely and effectively provide resident care.</p>	R179	<p><i>Continued From page 4</i></p> <p><u>In response to 5.11 Staff Services:</u></p> <p>Immediate response: The Employee in question will complete the rest of their required trainings by March 30th, 2024.</p> <p>To outline risk of additional non-complaint Employees with their mandated trainings, a report was run on 02/29/24. This compliance report was made available to the Administrator and Health Services Director.</p>	03/30/24
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES	R200		

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R200	Continued From page 5 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to provide policies and procedures for services provided by the home on request. Findings Include: During the course of the survey on 1/29/24 the facility Manager and Director of Health Services were requested to provide policies and procedures related to Resident Assessments, Delegation of Nursing Tasks, Staff Training, Staff Criminal Record and Abuse Registry Checks, and Resident Rights. On the afternoon of 1/29/24 the Manager and Director of Health Services confirmed the requested policies and procedures were not on file and available for review. The requested policy related to Resident Rights was received by the facility on 1/30/24. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to maintain accessible information and provide clear instructions related to services provided by the home.	R200	R179 <u>In response to 5.11 Staff Services:</u> Employees that has not completed their annually mandated trainings, will do within with 30 days of this plan of correction. To ensure compliance, at each Quality Assurance Meeting, a report will be provided with the current level of compliance, until substantial compliance is achieved. All the required trainings are addressed in the appropriate policy i.e., required residents' rights training is outlined in the Residents' Rights and Abuse Management policy. To ensure that all mandated trainings are provided to employees, a specific policy, titled Employee Educational Program is in development with an effective date of 03/31/24.	Addendum: 04/18/24

<p>R200</p>	<p>Continued From page 5</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to provide policies and procedures for services provided by the home on request. Findings Include:</p> <p>During the course of the survey on 1/29/24 the facility Manager and Director of Health Services were requested to provide policies and procedures related to Resident Assessments, Delegation of Nursing Tasks, Staff Training, Staff Criminal Record and Abuse Registry Checks, and Resident Rights.</p> <p>On the afternoon of 1/29/24 the Manager and Director of Health Services confirmed the requested policies and procedures were not on file and available for review. The requested policy related to Resident Rights was received by the facility on 1/30/24.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to maintain accessible information and provide clear instructions related to services provided by the home.</p>	<p>R200</p>	<p>Continued from page 6</p> <p>R200</p> <p><u>In response to 5.15 Policies and Procedures:</u></p> <p>The Terrace Communities' Regional Health Services Director, who is a Registered Nurse with a Bachelor of Science in Nursing (RN, BSN), provided Woodstock Terrace with updated Clinical Policies and Procedures with an effective date of September 30, 2023. These policies and procedures are printed and in the generalized Policy and Procedure Manual under the Clinical Policies and Procedures tab.</p> <p>The 2024 Clinical Policy and Procedures are in active development to reflect changes in Vermont regulations. This revision has an expected effective date of 09/30/24.</p> <p>Policy and Procedures are available upon request.</p>	<p>Addendum 04/18/24</p>
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