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

January 15, 2025

Christina Taft, Manager
Brookwood
2 School Street
North Springfield, VT 05150

Dear Ms. Taft:

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

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0115	A. BUILDING: _____ B. WING _____	C 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD	2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150

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R100	Initial Comments: On 12/9/24 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and investigation of one complaint. There were no deficiencies identified related to the complaint investigation. The following deficiencies were identified during the annual relicensure survey:	R100		
R140 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure telephone orders received by the home were signed by the prescribing physician or licensed provider within 15 days of receipt for 2 applicable residents (Residents #1 and #2). Findings include: On the afternoon of 12/9/24 the Owner /Registered Nurse confirmed policies and procedures governing telephone orders had not been developed by the home. During a review of signed medication orders on file for a sample of 3 residents on the afternoon of 12/9/24, the following medication orders documented as telephone orders remained unsigned 15 days after receipt: Per record review the following medication orders were entered into Resident #1's record as	R140	1/2/25 Telephone orders are difficult to obtain signatures after discharge from hospitals + Rehabs. A written policy created - Resident will not return to home from hospital or Rehab facility until all Medication + treatment orders are signed + At the facility. Will add this to checklist used for resident once admitted to hosp or Rehab + one returning to facility. This will be monitored by RN+LPN. Residents do not return to facility until we confirm date + time.	1/6/25

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jennifer Silva BN — OWNER — 1/13/25

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R140	Continued From page 1 telephone orders dated 11/21/24 following his/her discharge from the hospital without receipt of signed orders for medication changes and returned via fax to the licensed practitioner to be signed: * "Resume all previous meds with the following changes [sic]" * "D/C ASA (discontinue Aspirin) [sic]" * "Decrease Eliquis 2.5mg po Bid [sic]" * "Change Hydroxyurea to 500mg alternating with 1000mg QOD [sic]" * "Start Levetiracetam 500mg po Bid [sic]" 2. Per record review the following medication orders were entered into Resident #2's record as telephone orders and faxed to the licensed practitioner for signature when signed orders were not received from the discharging facilities: a. Telephone order dated 10/15/24 for medication change on return from a rehab facility: * "APAP 500 mg 2 tabs by mouth 3 times daily as needed for pain (needs to be 6 hours apart" b. Telephone orders dated 11/8/24 for medication changes on return from the hospital: * "cefpodoxime proxentil 200mg Take one by mouth once daily with food until 11/14/24 [sic" * "albuterol 100/ipr 20mcg inhale 1 puff by mouth every 6 hours as needed for bronchospasm [sic]" * "bupropion hcl 150mg 24 hour SA TAB Take 1 tab once daily for depression [sic]" * "DISCONTINUE: bupropion 300mg tab 1 tab by mouth once daily [sic]" * "guaifenesin 600mg SA tab Take 1 tab by mouth twice daily as needed for clear mucus/follow dose with full glass water [sic]" * "furosemide 40mg tab 1 tab by mouth once DAILY [sic]"	R140		

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R140	Continued From page 2 * "Resume all other medications prior to admission. [sic]" At 5:45 PM at 12/9/24 the Manager confirmed the medication orders listed above entered in Resident #1 and Resident #2's records as telephone orders were not signed by the provider within 15 days of receipt.	R140	R140 Plan of Correction accepted by Jo A Evans RN on 1/15/2025	
R145 SS=E	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 there was a failure to develop plans of care which address care and services required to maintain the resident's well-being and independence for 2 out of 3 sampled residents (Residents #1 and #2). Findings include: The home's policy governing resident plans of care is consistent with this regulation. 1. Resident #1 was recently diagnosed with a rare genetic condition that is a significant risk for clotting and bleeding disorders. On 11/12/24 and 11/13/24 Resident #1 sustained falls followed by	R145 1/2/25 1/2/25	Behavioral Care plan Template has been updated with prompt for medication Side effects. QN post hospital + Rehab check list in prompt to document New diagnosis- New meds.- med side effect.- There Also is A prompt to update careplan + a box to check once Updated. This checklist is Active in office until all prompts addressed RN then files once complete.	1/2/25 1/2/25

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R145	Continued From page 3	R145		

hospitalization from 11/14/24 - 11/21/24 for a subdural hematoma (brain bleed) requiring surgical intervention. Per interview with the Owner/Registered Nurse on the afternoon of 12/9/24 it is unclear if the subdural hematoma was caused by or resulted from the falls. Following the recent changes in Resident #1's condition s/he requires weekly blood work and is at risk for seizures for which s/he is prescribed an anti-seizure medication. S/he continues to take an anti-coagulant medication which was prescribed prior to the recent changes.

Per record review, Resident #1's plan of care does not include care and services related to risks for blood clots and risk for uncontrolled bleeding associated with Essential Thrombocytosis and use of an anticoagulant medication including preventive measures and when to seek medical help; risk for seizures including actions to take if a seizure occurs and when to seek medical help; risk for falls; and risk for pain.

2. Resident #2 has multiple cardiac conditions including a recent diagnosis of Congestive Heart Failure, a diagnosis of Dysphagia (difficulty swallowing), and chronic low back pain. S/he is at risk for falls and has a history of syncopal episode (fainting due to sudden changes in heart rate or blood pressure) and falls with injury. A bed rail was recently installed on his/her bed to assist with the resident with standing.

Per record review Resident #2's plan of care does not include care and services related to his/her risks for a cardiac event and choking including preventative measures and when to seek medical help. Care and services related to pain management, fall prevention, and monitoring

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R145	Continued From page 4 his/her bed rail for secure installation and safety to mitigate risk for injuries associated with use of this device area not include in Resident #2's plan of care. On the afternoon of 12/9/24 the Manger acknowledged the plans of care on file for Resident #1 and #2 do not include required care and services.	R145	Careplan Template has added prompt for Bed Rail. Will have written instructions in MAR with care plan how to be installed correct installation - Assistant managers will check each cart weekly + Add to submitted weekly report that is sent to RN + LPN End of Week - If they can not fix or get railing to function they will Remove + Notify Nursing to Evaluate. - Assistant managers will also check not just installation but safety of it's functioning. R145 Plan of Correction accepted by Jo A Evans RN on 1/15/2025 - Behavioral Careplan Template 1/31/25 Added Section for Psychoactive meds Sideeffects. The Template will prompt RN to put Side effects When Completing behavioralcarepa	
R167 SS=F	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: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure the written plans for the administration of PRN (as needed) psychoactive medications by staff other than a nurse for all applicable residents of the home include required	R167		

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R167	Continued From page 5 information. Findings include: Per record review the home's Medication Policy states "Any resident having orders for PRN psychoactive medications will have a behavioral plan in MAR (Medication Administration Record) to track behaviors and actions taken. ". This policy does not include procedures to ensure the written plans for administration of PRN psychoactive medications educate staff regarding the medication's desired effects and undesired side effects. Per record review the written plans for administration of PRN psychoactive medications by staff other than a nurse on file and available for review for 3 out of 3 sampled residents did not include the medication's desired effects and undesired side effects. At 5:24 PM on 12/9/24 the Owner/Registered Nurse confirmed all required information is not included in the written plans for administration of PRN psychoactive medications by staff other than a nurse for all applicable residents of the home.	R167	Policy has changed to ensure side effects are Added to behavioral care plan R167 Plan of Correction accepted by Jo A Evans RN on 1/15/25	
R179 SS=F	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:	R179	Y2/25 For 2025 All inservices will be done online 1 per Month. Staff will Not be added to Next month Schedule until inservices complete. mandatory 7 inservices will be done on Paper during New Staff orientation. Then will do the monthly on Line Office manage will keep track of inservice completion + Report to administrator Employees that have Not completed. - This is added to office manager duties.	2/1/25

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R179	Continued From page 6 (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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review 2 out of 5 sampled staff did not complete all required yearly trainings. Findings include: The home's policy and procedure governing staff training provided for review on 12/9/24 is consistent with this regulatory requirement. On the afternoon of 12/9/24 the Manager was requested to provide documentation of required yearly trainings completed by a sample of 5 staff. Per review of the documentation provided for review, all required yearly trainings were not completed by 2 out of 5 sampled staff. This finding was confirmed by the Manager at 3:19 PM on 12/9/24.	R179	R179 Plan of Correction accepted by Jo A Evans RN 1/15/2025	

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R190	Continued From page 7	R190		
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 staff interview and record review there was a failure to ensure completion of all required criminal record checks for 5 out of 5 sampled staff. Findings include: The home's policies and procedures have not been updated to include the current regulatory requirements. On the afternoon of 12/9/24 the Manger was requested to provide documentation of criminal record and abuse registry checks conducted for a sample of 5 staff. Per review of the background checks provided for review, National Criminal background checks were not completed as required for 5 out of 5 sampled staff. This finding was confirmed by the Manager of the home at 3:08 PM on 12/9/24.	R190	1/4/25 updated Hiring policy to include National Criminal background check. Added National background Check to orientation checklist For completion prior to Start date. Office manager incharge of this. Already handled VT + Abuse ✓. R190 Plan of Correction accepted by Jo A Evans RN on 1/15/2025	1/15/25
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 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.	R200		

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R200	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop policies and procedures governing all services provided by the home. Findings include: During the course of the annual relicesnure survey on 12/9/24 the Manager and Owner/Registered Nurse were requested to provide policies and procedures governing telephone orders; use of bed rails including obtaining signed orders, secure installation, and monitoring for safety; maintaining fire extinguishers in visible and easily accessible areas, and maintaining unimpeded entrances/exits. On the afternoon of 12/9/24 the Owner/Registered Nurse confirmed policies and procedures governing these areas of service had not been developed by the home.	R200	1/5/25 All policies have been made + will be Available to All staff + Residents + Visitors. in Binder with All other resource binders 2/1/24 R200 Plan of Correction accepted by Jo A Evans RN 1/15/2025	
R266 SS=F	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 staff interview there was a failure to ensure care in a safe environment related to a bed rail for one applicable resident (Resident #2) which was not	R266		

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R266	Continued From page 9 securely installed, impeded access to a first floor exit, unsecured cleaning chemicals, impeded access to a first floor exit, and placement of fire extinguishers on the first floor of the home . Findings include: The following environmental safety issues were observed in the home on 12/9/24: 1. At 11:47 AM on 12/9/24 the Manager and Registered Nurse/Owner of the home confirmed interventions to ensure proper installation of bed rails and ongoing monitoring to ensure safe use of bed rails were not in effect at the home. At 11:49 AM on 12/9/24 the Manager and Registered Nurse/Owner confirmed policies and procedures governing use of bed rails had not been developed by the home. At approximately 12:35 PM on 12/9/24 the Owner/Registered Nurse confirmed the observation of a U-shaped bed side rail placed in Resident #2's bed which was not securely installed to prevent movement of the assistive device when used and potential shifting into positions which pose a risk for falls and injury. 2. Policies and Procedures governing maintenance of entrances/exits had not been developed by the home. An exit on the first floor of the home was observed to be blocked by a walker stored directly against the door. The hallway in front of the exit was used for storage of a folding bed and large boxes which also impeded access to the exit. This finding was confirmed by the Owner at approximately 12:40 PM on 12/9/24.	R266	1/4/25- Policy made on All bedrails Need to be approved by RN before using - have Weekly evaluation of installation + safety. by Assistant manager with written inst with care plan	2/1/25

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R266	Continued From page 10 3. The home's Cleaning Supplies and Chemicals policy and procedure states "All cleaning supplies and chemicals will be kept out of reach of residents and locked if needed." Unsecured cleaning products and other hazardous chemicals were stored in the open unlocked laundry room on the first floor of the home including bleach, detergents, multipurpose cleaner, Comet, window cleaner, stain remover, degreasers, boxes of dishwasher pods, and oven cleaner. This finding was confirmed by the Owner at 12:46 PM on 12/9/24. 4. On the afternoon of 12/9/24 the Owner /Registered Nurse confirmed policies and procedures governing fire extinguishers were limited to procedures for checks, and did not include installation of the extinguishers in visible and accessible areas of the home. Fire extinguishers on the first floor of the home were stored in areas which were not easily seen or accessed. One extinguisher was stored on the floor in a closed closet in the dining room without signage indicating the extinguisher was located within the closet. A second extinguisher was stored behind a wheelchair and a box of Christmas decorations on the foyer floor in front of the stairway to the second floor of the home. The metal wall mount for this extinguisher jutting several inches outward from the wall was left uncovered by the extinguisher, leaving the edges exposed. This is a risk for injury. This finding was confirmed by the Manager at 1:15 PM on 12/9/24.	R266	1/3/25 Combination Lock on door where Cleaning Supplies Stored. - Also Weekly Assistant Manager ✓ list has Prompt to check All Chemicals are Stored in Locked Cabeniet 1/4/25 1/4/25 Added to monthly check For Room maintenance to visualize all fire extinguisher + That they are appropriately displayed For easy View + are Secure, If Not it is Added to Check list Sent to administrator They contact maintinence to fix 1/4/25 R266 Plan of Correction accepted by Jo A Evans RN on 1/15/2025	