VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

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

June 18, 2025

Dawn Palowski, Manager
Westview Meadows At Montpelier
171 Westview Meadows Road
Montpelier, VT 05602-3385

Dear Ms. Palowski:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 13, 2025.** 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

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
	0536	A. BUILDING: _____ B. WING _____	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW MEADOWS AT MONTPELIER	171 WESTVIEW MEADOWS ROAD MONTPELIER, VT 05602

(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 On 5/13/25 the Division of Licensing and Protection conducted an unannounced on-site annual re-licensure survey. The following deficiencies were identified: R193 SS=F 5.10.d (2) Medication Management A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. Delegation must be resident (1) specific for each medication. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure the Registered Nurse delegates responsibility for medication administration prior to permitting designated staff to administer specific medications to specific residents of the home. Findings include: The home's Policy/Protocol for Dispensing Medication by Non-Medical Staff states, "the requirement for dispensing medications has two parts". Per this policy the first part includes "shadowing a med pass, discussion, participate in a med pass while closely monitored, and a written test." The second part is "the actual delegation and requires that the Registered Nurse (RN) witness the employee administering medication to the client ...". This policy further states, "Only upon successful completion of these 2 components is the employee deemed competent to assist/administer medication, and may then do so independently." The home's Delegation policy states "The nurse retains accountability for the delegation."	R100 R193	The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our Residents lives. R193 RN will be the only individual to train and supervise newly hired Med Techs that go through the OM Fisher Home, Inc. Medication Training. This has been the standard practice of OM Fisher Home for over 80 plus years. The RN questioned during this survey joined the Westview Meadows team in November 2024 and up to the date of the survey all Medication Techs were trained by the previous RN who was employed with OM Fisher Home, Inc. for 16 years. Policy and Procedures and Medication Training manual updated to be very clear on the RN's role and Executive Director reviewed with RN. Completed 5/15/2025	5-15-25 DP

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dan M Palmer | TITLE: Executive Director | (X6) DATE: 6/5/2025

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R193	Continued From page 1 The home's policies and procedures for the delegation of medication administration to unlicensed staff do not specify staff in training may not administer medications under the supervision of staff other than a Registered Nurse prior to the Registered Nurse conducting an observed med pass to verify competency and safe medication administration practices. During an interview commencing at 11:34 AM on 5/13/25 the Residential Care Director (RCD), who is the sole Registered Nurse (RN) employed at the home, stated the home's medication administration training process routinely includes the staff in training administering medications under the supervision of a Med Tech who has been delegated by the RCD to administer medications. The RCD further explained this method of training is routinely utilized on Day 3 of the home's medication delegation training process, and on any additional days needed. The RCD confirmed this method of training is utilized prior to an RN completing an observed med pass with the staff in training to verify competency and safe medication administration practices. At 12:15 PM on 5/13/25, the Residential Care Director confirmed staff are permitted to administer medications to residents of the home under the supervision of another Med Tech during the medication administration training process.	R193	R193 Plan of Correction accepted by Jo A Evans RN on 6/18/25	
R205 SS=F	5.10.h (3) Medication Management Residents who are capable of self-administration may choose to store their own medications provided that either they or the home is able to provide the resident with a secure storage space	R205		

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R205	Continued From page 2 to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be included in the uniform consumer disclosure and in the admission agreement and must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure medications observed in one applicable resident's apartment (Resident #1) were securely stored to prevent unauthorized access. Findings include: During a tour of the home commencing at 10:40 AM on 5/13/25, medications were observed to be unsecured and accessible to unauthorized individuals on shelves in the bedroom and bathroom in Resident #1's apartment. Unsecured medications observed in Resident #1's apartment included: Triamcinolone Cream, Oasis Nasal Spray, Neosporin Topical Antibiotic Ointment, Vicks VapoRub Theraworx Relief (topical Magnesium Sulfate for muscle cramps and spasms), Cortaid (Hydrocortisone Cream), and a topical preparation of Arnica (herbal medication). The Residential Care Director confirmed unsecured medications were stored in Resident #1's apartment during the tour of the home on the morning of 5/13/25.	R205	R205 With the residents apartment door being locked, and creating a home like environment these items were in the residents apartment. As of 5/13/2025 these items have been removed from residents apartment and now in the locked medication storage cart. All residents rooms have been inspected for any medications unlocked. Apartments will be checked monthly for medications. All medications will be locked in a residents apartment or in our medication storage cart. R 205 Plan of Correction accepted by Jo A Evans RN on 6/18/25.	5-13-25 DP
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person	R210		

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R210	Continued From page 3 providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. 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 residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure 2 out of 5 sampled staff completed yearly trainings as required. Findings include:	R210	R210 Lots of confusion surrounding this regulation. Business Manager and RN will monitor monthly the staff needing to complete their 12 hours of yearly training and that they are completed. The 2 staff that had unfinished trainings now have them completed. 6/4/2025 R 210 Plan of Correction accepted by Jo A Evans RN on 6/18/25	6/4/25 DP

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R210	Continued From page 4 The home's policies and procedures governing staff training are consistent with the licensing rules. At 1:15 PM on 5/13 25 the Executive Director was requested to provide documentation of completed trainings for a sample of 5 staff. Per review of the documentation provided by the Executive Director on request, 2 out of 5 sampled staff did not complete the required trainings. This finding was confirmed by the Executive Director at 4:53 PM on 5/13/25.	R210		
R394 SS=F	7.3.i Food Storage and Equipment Poisonous compounds (such as cleaning products and insecticides) must be labeled for easy identification and must not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure the cleaning chemicals stored in a utility room with foods and beverages are stored in a separate locked compartment within the food storage area. Findings include: The home's Non-Food Storage Procedures states, "Chemicals and toxic products must be stored in a separate closet, closed cabinet or outside of the kitchen area." During a tour of the home commencing at 10:40 AM on 5/13/25, cleaning chemicals in cardboard boxes, bottles, and a 5 gallon tub were observed	R394	R394 The Executive Chef or designee will ensure at each delivery that all poisonous compounds are not placed in the food storage area and are locked up. Manager or designee will inspect the storage areas on a monthly basis. Please note: a delivery had just been completed and the boxes of dishwashing chemicals was placed on the floor in this room. R 394 Plan of Correction accepted by Jo A Evans RN on 6/18/25.	5/13/25 DP

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R394	Continued From page 5 to be stored in the same utility room adjacent to the home's main kitchen as foods and beverages including fruit and vegetable juices; canned goods; and flour stored in bins and a brown bag. The cleaning chemicals were placed directly on the floor in close proximity to the food items stored in this room and were not in a separate locked compartment as required. This finding was confirmed by the Chef on duty and the Executive Director of the home at approximately 11:15 AM on 5/13/25.	R394		