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

May 20, 2024

Lisa Charbonneau, Manager
Lenny Burke's Farm, Inc.
Po Box 75
Wallingford, VT 05773

Dear Ms. Charbonneau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 1, 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

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
	0061	A. BUILDING: _____ B. WING _____	C 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENNY BURKE'S FARM, INC.	PO BOX 75 WALLINGFORD, VT 05773

(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 onsite complaint investigation was conducted by the Division of Licensing and Protections on 4/1/24. Regulatory deficiencies were identified through the investigation. Findings include:	R100		
R178 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure that a sufficient number of qualified staff were available in the residential environment, to provide person-centered care, provide a safe and supervised environment, and/or to assure prompt, appropriate action to address resident safety. Per a facility incident report, on 3/16/24 a resident to resident incident occurred involving Resident #1, being pushed approximately 15 feet by Resident #2, resulting in a fall. Through the investigation, facility staffing records were reviewed. Per review of the facility staffing records, one staff member was scheduled on the following dates: 3/16/23, 3/26/24, 3/10/24, 3/3/24, 3/9/24, 2/25/24. Per record review, the RN developed a behavioral plan on 2/27/24 to aide in management of	R178	R178- Accepted -Carol Scott LTCM 5-20-24	

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R178	Continued From page 1 Resident #2's behaviors identified by all staff. Per the facility daily shift notes, Resident #2 had volatile behaviors, to include yelling, threatening statements, and enticing physical fights with other residents. The behavioral plan directed staff to intervene with behaviors by "..providing redirection of [Resident #2] to go to his/her room for some quiet time (or the porch, if s/he prefers). If [s/he] does not respond to redirection or the quiet time, immediately have any and all residents go to their rooms, or closest room that has a door." The Registered nurse confirmed on 2/27/24 the behavioral plan was developed, and a staff meeting was held to review the behavioral plan and documentation of behaviors for Resident #2. Per interview on 4/1/24 at 12:00 PM the Manager confirmed the staffing records from 2/27/24 up until 3/16/24. The manager stated, "3 staff are typically scheduled on Monday through Friday and the weekend days [Saturday and Sunday] are when we have one staff." When asked how staffing is determined, the manager stated, "It's always been done like this." The manager confirmed that 1 staff was scheduled during daytime hours on the identified dates. Per interview on 4/1/24 at 1:30 PM the Registered Nurse indicated staffing adjustments are made when residents present with increase oversight or require more care. However Resident #2 was displaying volatile behaviors and staffing adjustments were not made. The RN confirmed a policy is not established to identify staffing ratios based on necessary care and services for all facility residents. The deficient practice is a risk for harm to all	R178		

N. Burke Director 5/13/24

Marcilee Kennedy RN Director of Nursing 5/13/24

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R178	Continued From page 2 facility residents, as staffing standards should be established to meet the care needs of facility residents on a continuing basis to maintain a safe and healthy environment.	R178		
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. This REQUIREMENT is not met as evidenced by: Based on staff interview the facility failed to have policy and procedures established to account for staffing standards to meet the care needs of facility residents. Findings include: Per interview on 4/1/24 at 1:40 PM the Registered Nurse confirmed the facility does not have a policy established to identify staffing procedure to meet the care needs of residents or increased staffing requirements when residents require additional care needs for activities of daily living, behaviors and/or staffing requirements to provide a safe environment within the home. The deficient practice is a risk for more than minimal harm as policy and procedures are to establish expectations within the home for staff to reference for resident care needs and provide a safe environment.	R200	R200- Accepted -Carol Scott LTCM 5-20-24	
R224 SS=G	VI. RESIDENTS' RIGHTS	R224		

N. Burke LICENSEE 5/13/24

Mancilee Kennedy RN eror DT Director of Nursing 5/13/24

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R224	Continued From page 3 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to ensure Resident #1 was free from abuse, when the home had identified an increase in threatening verbal behaviors demonstrated by Resident #2. Per record review residents were exposed to labile behaviors of Resident #2, from January 2024 until March 16, 2024. Resident #2's health record included daily shift notes documented by staff that account for the behaviors and interactions with other residents of the home. The following shift notes documented interactions between Resident #2 and with Resident #1 a.) The daily shift note dated 2/9/24 noted Resident #2 yelling at another resident (Resident #1) and threatened them, Resident #2 opened door and tried to get other resident outside to fight. b.) The daily shift note dated 2/20/24 noted Resident #2 yelled at a client resident who sat at the table. Resident #2 told the client other resident to stop staring at him/her or they could take it outside. c.) The daily shift note dated 2/26/24 noted Resident #2 threatened Resident #1 to "take him/her outside" (3 staff on); all staff intervened,	R224	R224- Accepted -Carol Scott LTCM 5-20-24	

M. Burke LICENSEE 5/13/24

Marcilee Kennedy Director of Nursing 5-13-24

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R224	Continued From page 4 to separate Resident #2 from Resident #1. Per interview on 4/1/24 at 11:35 AM Staff stated Resident #1 would remain in his/her room most days and meals were eaten separately. Staff indicated Resident #1 enjoyed, playing cards, socializing in the home, and he/she was fearful to be within common areas, due to Resident #2 escalating behaviors. Per a facility incident on 3/16/24 Resident #1 was physically harmed, by being shoved approximately 15 ft by resident #2. An interview on 4/1/24 at 12:40 PM the Manager explained the altercation between Resident #1 and #2. The manager confirmed Resident #1 was pushed by Resident #2 approximately 15 ft. S/he stated, at first the s/he placed themselves between the residents, however Resident #2 kicked the Manager on the shin, and was able to then push Resident #1. The manager explained s/he was able to redirect Resident #2 outside allowing him/her to ensure residents could get to a safe location within the home. S/he was then able to provide aid to Resident #1. The manager confirmed Resident #1 was evaluated at the emergency department out of caution of potential injury. Upon return Resident #1, was nervous to re-enter the home; staff reassured him/her Resident #2 was not in the home. Per interview on 4/1/24 at 12:30 PM Resident #1 stated Resident #2 "scared me, I stayed in my room often, I couldn't play cards." Resident #1 confirmed Resident #2's behaviors and explained "[s/he] would become upset, one time I walked into the room and [s/he] got mad and staff told me to go my room" [this occurrence is documented on 2/26/24]. S/he further stated	R224		

M. Burke Licensee 5/13/24

Magdalene Kennedy RN Director of Nursing 5-13-24

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R224	Continued From page 5 "Another time [Resident #2] became upset, I was told to go to the room [pointed to the medication room] the staff tried to help but [s/he] pushed me across the room into the kitchen." Resident #1 further confirmed upon return from emergency department on 3/16/24, they were nervous entering home not knowing if Resident #2 was present. Per interview on 4/1/24 at 1:35 PM the Registered Nurse confirmed staff made efforts of separating Resident #1 and #2, limiting time in common areas, and eating separately. This deficient practice resulted in harm to at least 1 resident as evidenced by resident #1 being physically attacked as well as the mental and emotional fear resulting from feeling unsafe in the home.	R224		
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 staff interview and record review the RCH failed to provide a safe homelike environment for residents exposed to behavioral expressions demonstrated by a facility resident. Per record review Resident #2 was admitted to the facility in November 2023 with a primary	R266	R266- Accepted -Carol Scott LTCM 5-20-24	

M. Burke Director 5/13/24

Marilee Kennedyson Director of Nursing 5/13/24

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R266	Continued From page 6 diagnosis of Anoxic Brain Damage. Resident #2 was previously admitted to a skilled nursing facility for neurobehavioral rehabilitation. Staff observed behavioral expressions increasing in January 2024, Resident #2 began to demonstrate verbal expressions, that increased to threatening behaviors. The care plan developed by the RN on 10/31/23 identified the resident to have mild to moderate memory problems, with behaviors of anxiety and depression. The RN updated the care plan on 2/9/24, approximately one month after behavioral expressions increased. These interventions include staff will redirect resident as needed, staff will encourage activities and social interactions. Notification was made via fax to the primary care provider on 2/26/24 and 3/5/24 after the resident displayed increased behavior expressions. However, as of 3/16/24, when Resident #2 was transferred to the hospital, there had been no follow up with or response from the provider. In review of the facility's daily shifts notes, verbal behavioral expressions were documented for Resident #2 on 1/2/24,1/3/24, 2/7/24, 2/9/24,2/24/24, 2/26/24 and 3/5/24. The Registered Nurse did not develop a behavioral plan until 2/27/24 to address behaviors of anxiety and/or agitation. The ongoing behavioral plan states that if Resident #2 presents with reddening of face, posturing, standing suddenly, clenching of fists, waving of arms, staring or bouncing of leg/foot, staff were to remove the resident and redirect to their room, or outside area. If Resident #2 does not respond to redirection, it directs staff to immediately have all other residents go to their rooms or the closest room that has a door. Per interview on 4/1/24 at 10:45 AM the Manager	R266		

M. Burke Lukasik 5/13/24

Marcilee Kennedy RN Director of Nursing 5/13/24

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R266	Continued From page 7 confirmed Resident #2's behaviors were escalating and presenting as threatening toward other residents prior to the 3/16/24 incident. The manager stated Resident #2 would make statements saying "Let's take this outside" indicating to harm other residents physically. The daily shift notes accounted for behaviors targeting other residents on 1/3/24, 2/9/24, 2/20/24, 2/26/24, and threatening behavior toward staff on 3/5/24. Per daily shift note on 3/16/24 Resident #2 began showing signs of aggression toward Resident #1, staff intervened; however, Resident #2 shoved Resident #1 approximately 15 ft resulting in a fall. The Manager confirmed the shift notes upon review. See R224. An interview on 4/1/24 at 1:30 with the RN revealed the RCH had not received a reply from the primary care provider for any further interventions, as the provider required further review of the medical record prior to any mediation changes. Through the interview, it was identified the plan of care was not updated to include additional interventions with documented occurrences to ensure the safety of other residents from the threatening behaviors of Resident #2. The ongoing care plan developed for resident #2's behavior that indicates all residents must go to their room or to relocate to another room with a door presents a risk for more than minimal harm for all residents, as well as being exposed to threatening behavior, as all residents are entitled to a safe, comfortable, and homelike environment.	R266		

M. Dale Director 5/13/24

Jacilee Kennedy-an Director of Nursing 5-13-24

Deficiency Statement Plan of Correction (POC)

Survey Date: April 1, 2024

Facility Name: Lenny Burke's Farm Inc

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R178 R178- Accepted Carol Scott LTCM 5-20-24	Staffing will be based on resident acuity and stability and will be adjusted as needs change. Staffing currently averages 2.1 staff per shift and will be adjusted per changing needs.	5/10/24	RN and Manager will continue to review clients needs and staff accordingly. This practice has been ongoing and will continue as of 5/10/24	Manager and RN will monitor
R200 R200- Accepted Carol Scott LTCM 5-20-24	We will have written policy to address staffing needs based on specific needs of our population, specific resident needs and staffing qualifications	Written policy developed/completed by 5/20/24	RN will write policy for how we determine staffing needs based on DLP regulations	RN and Manager will monitor
R224 R224- Accepted Carol Scott LTCM 5-20-24	Each resident will be free from physical and verbal abuse. RN and Manager will monitor all clients weekly and as needed.	This will continue as of 5/10/24	Will consult with medical and mental health providers as well as emergency services as needed, adjust staffing patterns when indicated and initiate emergency discharge per reg# 5.3aiii	RN and Manager will monitor
R266 R266- Accepted Carol Scott LTCM 5-20-24	We will continue to ensure a homelike and comfortable environment when there is a resident with behaviors that affect other residents' environment – We will offer both communal and private space for all residents to ensure a sense of home and security.	5/10/24	Manager and staff will report any changes in Resident's behaviors to RN if expected to occur and RN and Manager will adjust behavioral plans as indicated. This practice is in place at this time.	RN and Manager will manage POC and monitor