

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 29, 2013

Ms. Tasha Thomas, Administrator
Lodge At Otter Creek
350 Lodge Road
Middlebury, VT 05753-4498

Provider #: 1008

Dear Ms. Thomas:

Enclosed is a copy of your acceptable plans of correction for the unannounced off-hours, on-site investigation of an anonymous complaint and an entity self-report conducted on **August 28, 2013**. 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
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1008 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ Licensing and Protection | (X3) DATE SURVEY COMPLETED C 08/28/2013 |
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| NAME OF PROVIDER OR SUPPLIER LODGE AT OTTER CREEK | STREET ADDRESS, CITY, STATE, ZIP CODE 350 LODGE ROAD MIDDLEBURY, VT 05753 |
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| (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 |
|--------------------|--|---------------|---|--------------------|
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| R100 | Initial Comments: An unannounced off-hours, on-site investigation of an anonymous complaint and an entity self-report was conducted on 8/28/2013 by the Division of Licensing and Protection to determine compliance with the Vermont Assisted Living Residence licensing regulations. There were no regulatory deficiencies as a result of the self-report however there were deficiencies related to the complaint investigation. Findings include: | R100 | See attached Plans of Correction. | |
| R128 SS=E | V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that resident medications were consistent with physician's orders for 1 of 4 residents (Resident #4) with Diabetes reviewed. Findings include: Per record review Resident #4 had a physician's order for sliding scale Novolog insulin coverage based on his blood sugar fingerstick results. The order read (in part) Administer 10 units subcutaneously for blood glucose between 351-400. Notify MD if 10 units is needed. In a review of fingerstick results there were 10 times, from Aug. 1st through Aug. 27th, when the resident's blood sugar was 351 or above. On five of those occasions the blood sugar was over 400. | R128 | | |

Division of Licensing and Protection
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Timothy Ryan* TITLE *Health Services Director* (X6) DATE *10/18/13*

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Division of Licensing and Protection

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| R128 | Continued From page 1 Insulin 10 Units was administered to the resident according to the August Medication Administration Record (MAR). In interview at 1:15 PM the Health Services Director (HSD) stated that s/he was unaware that the resident had blood glucose levels elevated to this level and that the resident had received 10 units of insulin 10 times in August. S/he confirmed that according to MD orders the staff should have notified the physician of these facts and that there was no evidence in the record that the notification had taken place. The HSD did immediately notify the physician of the August results when s/he was made aware of the issue on 8/28 by the surveyor. | R128 | | |
| R168 SS=E | 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: (6) Insulin. Staff other than a nurse may administer insulin injections only when: i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that | R168 | | |

Division of Licensing and Protection

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| R168 | <p>Continued From page 2</p> <p>assessment; and</p> <p>iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that a resident receiving medication administration by unlicensed staff (Resident #4) was regularly monitored by a registered nurse. Findings include:</p> <p>Per record review Resident #4 had blood sugar levels requiring sliding scale insulin 35 times on 24 of 27 days in August. On 10 of those occasions, the resident had blood sugars at or above the highest parameters of the sliding scale and received 10 units of insulin. According to physician's orders the MD is to be notified if 10 units are needed. There is no evidence in the record of any physician notification. When brought to the attention of the RN Health Services Director s/he stated that s/he was not aware of these results. In interview s/he stated that there is no system in place for an RN to monitor the sliding scale insulin administration by delegated staff with any set schedule or routine.</p> | R168 | | |

TLOC plan of correction

R 128

Deficiency #1

5.5 General Care: 5.5C Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.

Deficiency: " Based on record review and staff interview the facility failed to assure that residents medications were consistent with physician's orders for 1 of 4 residents (resident # 4) with Diabetes reviewed."

#1 Action to correct deficiency:

On 8/28/13, the orders and blood sugar results for "resident #4" were sent to resident's primary physician for review and notification.

On 8/29/13 all Lodge at Otter Creek residents, with the diagnosis of Diabetes, had physicians orders reviewed by nursing to ensure these orders were carried out as ordered, and that discrepancies did not exist. Physicians were asked to further define orders and to provide specific direction as to when to "notify physician". For Lodge at Otter Creek residents, receiving Medication Technician (MT) support with Blood Sugar (BS) readings; an additional note was also added to the Electronic Medication Administration Record (EMAR), providing guidance to the MT as to when notification to the nurse is required.

This information was reviewed with each MT on 8/29/13 and 10/14/13.

POC
ACCEPTED
m [signature]
10/28

#2 Measures to assure this does not recur:

With Lodge at Otter Creek's Electronic Medical Administration Record , Point Click Care, the MT will enter an "alert" when insulin is given on a sliding scale. This "alert" will then show when the nurses sign into the EMAR. It is now a daily responsibility of nursing, to view the alerts with regard to PRN and sliding scale insulin administration and to take any required action. In addition to this and as noted above, an additional note was added to the E MAR, providing guidance to the MT as to when notification to the nurse is required.

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10/28
m [signature]

#3 How corrective action will be monitored:

The Health Services Director (HSD), and nurses, are now required to monitor the MAR's 24 hour summary in point click care to view PRN insulin usage of medications. If BS being recorded are outside the range of prescribed insulin coverage by the residents physician, the physician, or on call physician will be notified.

*POC
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10/28 m
JGMD*

R 168

Deficiency # 2

5.10 Medication management 5.10d. If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(6) Insulin. Staff other than a nurse may administer insulin injections only when:

- i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and
- ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration and the registered nurse has deemed them competent and documented that assessment; and
- iii. The registered nurse monitors the residents condition regularly and is available when changes in condition or medication might occur

#1 Action to correct deficiency

Full report of blood sugars and current orders for resident #4 was sent to PCP for review notification. A narrative note was added to this resident's chart on 8/28/13 reviewing these findings. New orders obtained for blood sugars parameters and sliding scale insulin coverage, these were also added to the residents MAR. The Health Services Director individually spoke to all MT with regard to proper sliding scale PRN insulin administration, during an in-service given to all med techs on 8/29/13. At this same in-service the expectation of nurse notification of abnormal BS and when this was to occur was also reviewed.

*POC
ACCEPTED
10/28 m
JGMD*

#2 Measures to assure that this does not recur

On 8/28/13 all nurses were instructed on the MT expectation of nursing notification of abnormal BS readings. Additionally, it was reviewed with nursing that the MT would be issuing "alerts" when abnormal BS were obtained. The expectation of daily alert reviews was discussed with the nurses.

These measures lead to daily monitoring of PRN insulin usage as well as sliding scale insulin usage and ensure insulin administration that within parameters and BS reporting and notification that follows the physician's orders.

#3 How corrective action will be monitored:

The Director of Health Services will look at the alerts daily Mon- Fri, and follow up with the primary nurse for the assigned resident to be sure nurse and physician notification has occurred.

The Director of Nursing will conduct random audits of residents charts with Diabetes to ensure correct use of PRN insulin and notification procedure.

POC
ACCEPTED
10/28
M. J. JENSEN

The Lodge at Otter Creek

DEPARTMENT: Health Services
LICENSING CATEEGORY: Resident Care and Home Services
SUBJECT: Administration of Insulin

Policy:

It is the policy of the Lodge at Otter Creek to allow facility staff other than a nurse to administer insulin injections under the following conditions only:

1. The registered nurse responsible for delegating the administration of medications determines that the applicable resident's condition and medication regimen are stable, and.
2. Staff, designated by the registered nurse responsible for delegating the administration of medications, have received additional training regarding the administration of insulin which includes a return demonstration and have been deemed competent by the same registered nurse.
3. The registered nurse monitors the residents' condition on a regular basis and is available when changes in condition or medication might occur.
4. The registered nurse is responsible for maintaining documentation of staff persons deemed competent to administer insulin and the content of the training of insulin administration and related issues, including but not limited to the following:
 - a. Injection technique, including infection control measures, e.g. hand washing, wearing of gloves.
 - b. effect/ side effect of insulin.
 - c. Testing of urine/ Blood as required/ physician ordered.
 - d. Site rotation
 - e. Reporting of changes in the resident's status.
 - f. Safe handling, storage and disposal of needles and syringes (bio-hazard or puncture resident containers, e.g., covered coffee cans; refer to Universal Precautions).
 - g. Appropriate handling and storage of insulin.
5. The Primary nurse will review daily P.R.N. insulin usage as well as sliding scale insulin usage. This will ensure insulin administration is within parameters of primary care physician.

- a. When a sliding scale blood sugar is given the med tech will put an alert into electronic medical record.
- b. The primary nurse will log into electronic medical record daily and review any PRN insulin dosage given to assure was completed as physician ordered.
- c. Any blood sugars being recorded outside the range of prescribed sliding scale insulin by the residents physician, the physician, or on call physician will be notified.
- d. If a resident is a diabetic who receives blood sugar monitoring, without a sliding scale insulin, orders will be obtained to alert physician, or on call physician, if resident has a blood sugar outside prescribers range.