

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

July 19, 2013

Ms. Carrie Jewell, Administrator
Ascutney House
5157 US Route 5, PO Box 250
Ascutney, VT 05030-0250

Provider #: 0602

Dear Ms. Jewell:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite licensure survey conducted on **May 29, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2013
NAME OF PROVIDER OR SUPPLIER ASCUTNEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5157 US ROUTE 5, PO BOX 250 ASCUTNEY, VT 05030		
(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 on-site Licensure survey was conducted on 05/29/13 by the Division of Licensing and Protection. The following are Residential Care Home regulatory findings.	R100		
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104		

Division of Licensing and Protection

Camirjewell

TITLE

administrator (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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90WE11

If continuation sheet 1 of 12

PMC

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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for 1 of 4 resident records reviewed, the Residential Care Home (RCH) failed to assure that a written admission agreement describing daily, weekly, or monthly rates and/or other required information was provided to residents or their legal representative (Resident #2). Findings include: 1. Per record review on 05/29/13, Resident #2, had been living at the RCH since 07/13/12. The House Manager during interview at 2:57 PM AM stated "[the resident] had lived in another RCH prior to coming". The House Manager confirmed that there was no Admission agreement signed for this resident.	R104	<i>all existing records have been reviewed for complete Admission Agreements. 7/1/13</i> <i>The manager will ensure that required documents are completed upon admission using a checklist, and renewed annually or upon a change.</i>	
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 record review and confirmed through interview with the manager and nurse, the home failed to provide a written plan of care for 3 of 4	R145	<i>POC R-104 accepted</i> <i>Sharon S. Emmons RN 7/18/13</i> <i>all existing records have been reviewed for care plans and updated with pertinent information. 7/1/13</i>	

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R145	Continued From page 2 residents in the targeted sample. (Resident # 1, #3 & #4] Findings include: 1. Resident #1 is prescribed Haldol (an anti-psychotic medication) twice a day and in addition, Haldol PRN (as needed) every 8 hours. In review of the record, there is no PRN Psychotropic Medication Plan in the record, nor the indication for the use of the "as needed" dose. The care plan has no specific desired effects or results expected. In an interview on 5/29/2013 at 3:30 PM, the nurse and Manager confirmed that there was no PRN Psychotropic Medication Plan available for this resident. 2. Resident #3 is prescribed Lorazepam (an anti-anxiety medication) 0.5 mg twice daily and Seroquel (an anti-psychotic medication) 200 mg at bedtime. A general care plan states "help with occasional anxiety". There is no care plan that describes the use of the psychotropic medication. Per interview on 05/29/13 at 3:33 PM the nurse stated "we're working on it". The manager and nurse confirmed that the care plan does not have specific behaviors, non-pharmacological interventions or individualized care and services for this resident around the psychotropic medications or the symptoms they are targeting. 3. Per record review, Resident #4 has a history of UTIs [urinary tract infections] and an order for Ativan (an anti-anxiety medication), as needed. The care plan does not direct staff to monitor for signs and symptoms of UTIs or any interventions for prevention of UTI's. The care plan does not have specific behaviors, non-pharmacological intervention or individualized care and services for this resident for the use of the Ativan. The Manager and nurse at 3:33 PM confirmed the	R145	The nursing staff will renew all care plans monthly or upon significant changes. They will ensure that pertinent information vital to the care of each resident is in the care plan so staff can assist the residents to maintain independence and ensure their best well-being. This facility has developed a new, comprehensive, 8/1/13 care plan form that can be more individualized to each resident. It will replace the current form in existing records and upon all new admissions by 8/1/13. POC R-145 accepted Susan Emmons RN 7/18/13		

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R145	Continued From page 3 care plans are general and not individualized based on abilities and needs as identified in the resident assessment.	R145		
R180 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.	R180		

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R160	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on record review, interview and observation the RCH failed to have policy or procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. Findings Include: Per record review on 05/29/13 at 12:00 PM of the medication administration record (MAR) and narcotic count book for Resident #1, there was a physician order on 12/17/12 for Lorazepam 0.5 mg, which was discontinued per the physician on 04/22/13. Per the Narcotic Count Book on 04/22/13 at 7:00 AM, there were six tablets remaining plus 45 tablets that were delivered on 04/22/13 at 10:00 PM. There are no indications as evident by documentation on whether 51 tablets were returned to the pharmacy, disposed or wasted. Per observation of the locked box there was no Lorazepam for this resident. Per interview with the LPN at 12:44 PM, s/he stated that s/he was not sure who disposed of the medication but 'believed it was [the manager]' and was unable to state the policy or procedure for disposal. Per interview at 1:03 PM the manager confirmed that there is no policy or procedure for disposal of controlled drugs and stated "I don't see it but we need one".	R160	a policy was written with procedures for disposing of outdated or unused medications. The manager an nurse will ensure that all unused medications are disposed of and documented. Poc R-160 accepted Susan L. Emmons RN 7/18/13		
R164 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:	R164			

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STATE FORM

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R164	<p>Continued From page 5</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that unlicensed staff who administer medications to 4 of 4 residents in the sample (Residents #1, #2, #3, #4) had been delegated the medication administration responsibility by a Registered Nurse (RN). Findings include:</p> <p>During record review on 05/29/13, the home's list of staff to whom medication administration is delegated was not found to be signed. During an interview at 10:30 AM on 05/29/13, the LPN (Licensed Practical Nurse) stated that Residents #1, #2, #3, and #4 receive medications daily from unlicensed staff. The LPN stated that the process for med delegation is for unlicensed staff to watch DVDs, take a written test and then do a med pass with the LPN. Per interview, the Registered Nurse [R.N.] stated that the medication delegation is performed by the LPN and the medication list was updated "maybe 3-4 weeks ago". S/he confirmed that the R.N. did not delegate the responsibility for the administration of specific medications to designated staff for designated residents.</p>	R164	<p>The Registered Nurse is renewing medication delegation with all current staff. all new nurses will be educated and delegated directly by the RN.</p> <p>POC R-164 accepted Susan O. Emmons, RN</p>	8/1/13
R167 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication</p>	R167		

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R167	<p>Continued From page 6</p> <p>administration, unlicensed staff may administer medications under the following conditions:</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that unlicensed staff administered a PRN psychotropic medication only with a written plan for use which describes behaviors the medication is intended to address, circumstances indicating the use of the medication, and educates the staff what desired effects and undesired side effects they must monitor and document for 1 of 4 residents in the sample. (Resident #1] Findings include:</p> <p>1. Resident #1 is prescribed Haldol 0.5 ml twice a day and in addition Haldol 0.25 ml PRN (as needed) Q6 (every 6 hours). In review of the record, there is no PRN Psychotropic Medication Plan in the record, nor the indication for the use of as needed. The care plan has no specific desired effects or results. In an interview on 5/29 /2013 at 3:30 PM the R.N. and Manager confirmed that there was no PRN Psychotropic Medication Plan available for this resident.</p>	R167	<p>POC R-167 accepted Susan J. Emmons RN 7/18/13</p> <p>A Behavior Management Plan 7/1/13 has been implemented for all residents prescribed with PRN psychotropic medications. This information has also been added to the care plans. Staff have received education on the use of PRN psychotropic medications</p>	
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R177 R177 SS=E	<p>Continued From page 7</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h</p> <p>(5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview of staff and record review, the home failed to manage narcotics and/or controlled drugs as required. Findings include the following:</p> <p>1. Per review of records, there were discrepancies in the daily narcotic control book of the amount of liquid Haldol used and remaining for Resident #1. Per observation on 05/29/13 at 11:30 AM there was a discrepancy of greater than 5 milliliters of the medication observed in the bottle and between the last [and current] entry which is noted as 05/29/13 at 7:00 AM as 40 cc (cc=milliliters). This was confirmed by the R.N. at this time that the observed bottle amount and noted amount remaining are not accurate..</p> <p>2. Per review of controlled drug records, weekly counts of controlled drugs were not conducted consistently between April and May 2013 for Resident #1. Per the Narcotic count book, on 05/08/13 at 7:00 AM there was noted to be 14.5 cc remaining of liquid Haldol. A new bottle of Haldol was noted as being "carried over" with 60</p>	R177 R177	<p>There was an in-service training for staff on the use of liquid medications, as well as, counting and verifying liquid medications. The Nursing staff will verify the amounts of liquid narcotics on a weekly basis and make notations on any discrepancies as applicable. POC R-177 accepted</p>	7/1/13
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R177	Continued From page 8 cc. However, at 5:00 P.M., 59.5 cc. was noted as remaining after 0.5 cc dose was given. The R.N. confirmed that the total remaining amount was incorrect as the 14.5 cc were never added to the total amount and accounted for. 3. There are numerous cross-outs and write-overs of the amounts making the Narcotic count book illegible and inaccurate. Per interview at 11:30 AM the R.N. stated that by documenting the amount administered and remaining amount was showing a count of the drugs but confirmed the drugs were not accounted for.	R177			
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.	R181			

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R181	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on review of employee files, the home failed to assure that background checks were completed in a timely manner for 5 of 5 employees working in the home. Findings include: Per review on 05/29/13 of personnel files, the RCH failed to have background checks prior to the employees providing care and service to residents, as follows: Staff #1 was hired on 08/14/12, but the VCIC [Vermont criminal information], the APS [adult protective service] and Child abuse checks were not completed until 09/07/12. Staff #2 was hired on 03/07/12, but the background checks (VCIC, APS & Child) were not completed until approximately 2 months later on 05/13/12. Staff #3 was hired on 05/18/12 with the APS & Child being completed on 6/14/12 and the VCIC not completed until 07/05/12. Staff #4 was hired on 08/01/12 and one month later the VCIC was completed. Additionally the Child abuse check was not completed until three months later on 09/22/12 and the APS background check four months after hire on 10/01/12. Staff #5 was hired on 05/27/12 with background checks for APS & Child completed on 08/14/12 while the VCIC was completed on 07/05/12. Per interview at 2:00 PM the manager stated that	R181	The manager will ensure 7/1/13 All new-hires for employment will have the records check process completed prior to completing training, and prior to being unsupervised with residents. POC accepted R-181 Susan J. Emmons RN 7/18/13	

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R181	Continued From page 10 new hires go through an orientation period [about a month] with other staff. However, the manager acknowledged that at times the new hires are working by themselves and will be alone depending on the shift. S/he confirmed that the background checks of prospective employees were not completed timely to assure that they were not on the abuse registries or have a record of convictions.	R181		
R248 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to remove dented cans from the resident use food supply. Findings include: 1. Per observation on 05/29/13 at 9:45 AM during initial tour, there were 2 dented cans of vegetables and 1 dented can of fruit stored in the resident food supply area. In addition, on the window sill above the kitchen sink, 4 plastic medication cups and 2 small plastic syringes were on a brown wrinkled paper towel. During interview at that time, the Director/ licensee had "no idea what the med cups and syringes were for" and confirmed that the cans were dented and	R248		

The manager has renewed 7/1/13 all cans in the kitchen for dents. The manager will monitor the pantry on a weekly basis going forward to ensure disposal of any dented cans

*Doc R-248 accepted
Susan L. Emmons PD 7/18/13*

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R246	Continued From page 11 were among the resident food supply.	R246		
R291 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.6 Plumbing</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that hot water temperatures did not exceed 120 degrees Fahrenheit (F). Findings include:</p> <p>Per observation during the tour on 05/29/13 at 10:20 AM, temperature readings of the hot water in 2 resident bathrooms (the downstairs bathroom near the kitchen and the bathroom upstairs in a 'couples' room) exceeded 120 degrees F. The temperature in the downstairs bathroom at 10:25 AM was recorded as 128 degrees F and the temperature in the couples bathroom was 130 degrees F. at 10:30 AM. The excessively hot water temperatures were confirmed with the owner/licensee during the tour.</p>	R291	<p>The contracted licensed plumber has installed a temperature regulating valve to ensure a safe water temperature. 7/10/13</p> <p>The manager will test the water throughout the house on a monthly basis to ensure a safe water temperature.</p> <p>POC R-291 accepted Sharon L. Emmons Rel. 7/18/13</p>	