

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

April 9, 2012

Mr. Steven Doe, Administrator
Ave Maria Community Care Home
19 School Street
Richford, VT 05476

Provider #: 0005

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 18, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 01/18/2012
NAME OF PROVIDER OR SUPPLIER AVE MARIA COMMUNITY CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 19 SCHOOL STREET RICHFORD, VT 05476		
(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 licensure survey was conducted on 01/17 & 1/18/2012. There were regulatory deficiencies identified during the survey as follows:	R100	<i>PLEASE SEE ATTACHED</i>		
R104 SS=B	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

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

STATE FORM

6899

TITLE
ADMINISTRATOR

JH4P11

(X6) DATE

2/8/12

If continuation sheet 1 of 3

PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2012
NAME OF PROVIDER OR SUPPLIER AVE MARIA COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 19 SCHOOL STREET RICHFORD, VT 05476		
(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
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 the facility failed to assure that the written admission agreement for one resident of three reviewed (Resident #1) contained all required information. Findings include: Per record review the Admission Agreement for Resident #1, it did not contain information regarding facility policy when a resident's financial status changes. There was no information regarding the facility accepting or refusing ACCS and SSI benefits and personal needs allowances. In an interview with the facility co-owner/RN s/he explained that the information was in the Admission Agreements for residents who were SSI or ACCS recipients and acknowledged that Resident #1's agreement, and all private pay agreements, did not contain the information.	R104		
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the	R162	<i>PLEASE SEE ATTACHED</i>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2012
NAME OF PROVIDER OR SUPPLIER AVE MARIA COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 19 SCHOOL STREET RICHFORD, VT 05476		
(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
R162	<p>Continued From page 2</p> <p>facility failed to assure that for one resident (Resident #1) of three reviewed, all medications administered by staff had a written, signed physician's order. Findings include:</p> <p>Per record review Resident #1 received the following medications: Famotidine 20mg (milligrams) PO (by mouth) Q Eve (every evening) Multivitamin 1 tab PO Daily Metoprolol 100mg PO BID (twice a day) Senna/Plus Tab 8.6/50mg PO BID Docusate Sod 100mg PO BID Omeprazole 20mg PO QAM (every morning) Losarten 100/25mg Amlidopine 10mg PO QHS (bedtime) Ciprofloxin 500mg PO Q 3 Weeks after catheter change Hydrocortisone Cream 1% to Hemorrhoids 3-4 times a day as needed Trazadone 25mg PO HS as needed for Insomnia Odansetron 4mg PO Q6H (every 6 hours) as needed for nausea</p> <p>Additionally, according to the MAR (Medication Administration Record) the resident received Tylenol 325mg PO on at least two occasions for a headache. In a review of the record, there was no admitting list of medications and associated diagnosis and no other comprehensive physician's orders or prescriptions for all medications the resident receives and no signed standing orders for PRNs (as needed medications) including Tylenol. In an interview on 01/18/2012 the facility co-owner/RN acknowledged that signed physician's orders were not available for medications administered to Resident #1.</p>	R162		

Ave Maria Home
Plan of Correction
Residential Care Home State Survey
January 18, 2012

R104

5.2a

Action: All admission agreements have been modified to include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. (See Attachment A)

Measures: The Administrator will insure that all admission agreements include all required information as identified under 5.2.a of the Residential Care Home Licensing Regulations (Effective 10/13/2000).

Monitors: The Administrator and Administrative Team will monitor this practice to insure that this deficiency will not reoccur.

POC
ACCEPTED
M. Myerson
3/20/12

R162

5.10.c

Action: A physician's written, signed order and problem statement was obtained for Resident #1 on January 18, 2012. (See Attachment B)

A physician's written, signed standing order was obtained for Resident #1 on January 18, 2012. (See Attachment C)

Measures: The Administrator and Licensed Nursing Staff will insure that staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.

Monitoring: Licensed Nursing Staff will provide overview to insure compliance.

POC
ACCEPTED
M. Myerson
3/20/12

POC ACCEPTED Margaret Myerson RN
3/20/12