

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

August 8, 2012

Ms. Morgan Ouellette, Administrator  
Brownway Residence  
328 School Street  
Enosburg Falls, VT 05450

Provider #: 0118

Dear Ms. Ouellette:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **July 9, 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



JUL 27 2012

PRINTED: 07/17/2012  
FORM APPROVED

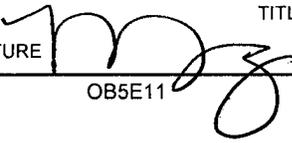
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/09/2012</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BROWNWAY RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>328 SCHOOL STREET ENOSBURG FALLS, VT 05450</b>
---	--

(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:  The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 7/9/12. A regulatory violation was cited as a result.	R100		
R128 SS=D	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 staff interview and record review, the home failed to assure that medications and treatments were administered in accordance with physician orders for 1 of 5 sampled residents. Findings include:  Per record review on 7/9/12 at 1:00 PM, Resident # 1 had a physicians order for Norco (a narcotic analgesic) 5/325 milligrams 1 tablet every 4 hours PRN (as needed ) for pain. Review of the Medication Administration Records (MARS) for February, March and April 2012 showed that staff had crossed out the "PRN" and written in the medication administration times as 4:30 AM, 9:30 AM, Noon, 4:30 PM, 8:30 PM and Midnight. A facility Medication Technician confirmed during interview on 7/9/12 at 1:35 PM that the medication had been administered on a scheduled basis rather than PRN as ordered. The facility Executive Director also confirmed that the PRN had been crossed out by "a former nurse" and had been administered on a scheduled basis	R128		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Executive Director** (X6) DATE **7/26/12**

STATE FORM

6899

OB5E11

If continuation sheet 1 of 2

*AWC*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/09/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROWNWAY RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>328 SCHOOL STREET ENOSBURG FALLS, VT 05450</b>		
(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
R128	Continued From page 1 rather than PRN as ordered by the physician.	R128		

**Deficiency #1**

**5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physicians orders.**

**1. Action to correct the deficiency**

May 2012 MAR was edited, by Morgan Ouellette, to reflect the MD order of "PRN" during monthly MAR change over on 4/30/12. MD was notified and resident stopped receiving the medication on a scheduled basis on 4/30/12.

**Expected completion date: Completed (4/30/12)**

**2. Measures to assure that it does not recur**

Current nursing staff verbalize an understanding that times cannot be added to a PRN order and if nursing desires that the medication be scheduled, they must request a MD order.

**3. How corrective actions will be monitored**

Monthly MAR change over, until all administration records go electronic, will be double checked by another nurse to ensure that no errors have been made and no orders have been edited during the change over process.



R128 POC  
accepted  
8/6/12  
R B