

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

January 25, 2012

Ms. Wanda Waugh, Administrator  
Canterbury Inn  
46 Cherry Street  
Saint Johnsbury, VT 05819-2290

Provider #: 0119

Dear Ms. Waugh:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 7, 2011**. 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



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	JAN 17 12 Licensing and Protection	(X3) DATE SURVEY COMPLETED  C <b>12/07/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY INN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 CHERRY STREET SAINT JOHNSBURY, VT 05819</b>		
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R100	Initial Comments:  An unannounced onsite licensing and complaint survey was conducted on 12/6/11 and 12/7/11 to determine compliance with the Vermont Residential Care Homes Regulations. There are no regulatory violations related to the complaint investigation. Survey findings include:	R100	See attached plan of correction (POC)		
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 interview and record review, the home failed to assure that medication and treatment orders were current for 2 applicable residents in the survey sample (Resident #1 and Resident #2). Findings include:  1. Per record review on 12/6/11, Resident #1 had no current signed physician orders at re-admission after an absence from the home for treatment of a significant injury. Discharge paperwork from the hospital did not include signed physician orders nor were signed physician orders obtained by the home immediately following re-admission. During interview on 12/6/11 at 3:50 PM, a staff nurse confirmed that the paperwork received from the hospital did not contain signed physician orders and that the home had not received / obtained signed orders from the physician immediately following re-admission.	R128			

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*Granda Grange*

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

TITLE

*Director / Owner*

(X6) DATE

*01/11/12*

STATE FORM

6899

5AF711

If continuation sheet 1 of 12

*POC*

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R128	Continued From page 1  2. Per record review on 12/7/11, Resident #2's MAR (Medication Administration Record) included Gabapentin 100mg (milligrams) TID (3 times daily), Diovan 120 mg QD (daily), Multivitamin QD, Cardivalol 25 mg BID (2 times daily), and Poly-iron 150 mg daily for which there were no physician signed orders in the record. Additionally, this residents MAR contained medications for which there are no current signed orders (most recent signed orders were greater than 1 year old with no physician order to continue) including: Methadone 5mg QHS (at bedtime), Vitamin D3 2000 iu (international units) QD, Furosemide 20mg QD, Omeprazole 20 mg BID, Allopurinol 100mg QD, and Lovastatin 20mg QD. During interview and medication reconciliation that afternoon, the Nurse confirmed that these medications had no current signed physician orders in the record.  3. Per record review on 12/7/11, Resident #2's MAR indicated a sliding scale for Humulin Insulin in the event that blood glucose readings fell within certain ranges and with instruction to call the physician for any blood sugar results greater than 251. Per review of the MAR, the resident had 5 blood sugar readings from 12/1/11 to 12/6/11 greater than 251 with no indication that the physician had been contacted following each reading. During interview that afternoon, the Nurse confirmed that the physician had not been notified of the December glucose readings that were greater than 251 as indicated on the MAR.	R128		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)	R145		

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R145	Continued From page 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 observation, interview and record review, 3 of 7 care plans reviewed were not reflective of all resident care needs (Residents #1, #2, and #3). Findings include:  1. Per record review on 12/6/11, Resident #1 was assessed on 8/4/11 with specific ADL (Activities of Daily Living) needs and pain issues. The resident was observed to require assist / supervision of staff with ambulation. The plan of care identified no ADL needs or pain interventions to instruct staff in this residents daily care. During interview on 12/7/11, the Nurse confirmed that the plan of care for this resident did not reflect current needs.  2. Per record review on 12/6/11, Resident #2 was assessed on 7/5/11 as requiring wound care and pain management. The plan of care did not address these areas of care required by the resident. During interview on 12/7/11, the Nurse confirmed that the plan of care did not address these care needs.  3. Per record review on 12/7/11, Resident #3 was assessed on admission with pain and anxiety issues for which no plan of care was developed to guide care staff in daily care and interventions. Following admission to the home, the resident experienced the death of a spouse and is now being provided wound care. The plan of care	R145			

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R145	Continued From page 3  does not advise staff regarding these issues. During interview that afternoon, the Nurse confirmed that the plan of care for Resident #3 does not address all identified needs.	R145			
R162 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the home failed to assure that staff do not administer any medication for which there is not a physician's written signed order for 8 applicable residents in the survey sample (Residents #1, #2, #8, #9, #10, #11, #12, and #13). Findings include:</p> <p>1. Per observation of the noon medication administration on 12/6/11, Resident #8 received Klor-Con 20 mEq (milliequivalents) at 12:15 PM, Resident #9 received Citracal / D at 12:21 PM, Resident #10 received 0.25 mg (milligrams) Lorazepam at 12:19 PM, Resident #11 received Calcium Carbonate 500 mg at 12:19 PM, Resident #12 received Carbi-Levodopa 25-250 mg and Lactaid 3000 units at 12:21 PM, and Resident #13 received Calcium plus Vitamin D 1000 mg / 400 mg at 12:37 PM. Per review of each residents physician order sheets, there were no current signed orders for these medications. During interview that afternoon, the Nurse confirmed that the orders for these medications</p>	R162			

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R162	Continued From page 4  were not current.  2. Per record review on 12/6/11, Resident #1 had no current signed physician orders at re-admission after an absence from the home for treatment of a significant injury. Discharge paperwork from the hospital did not include signed physician orders nor were signed physician orders obtained by the home immediately following re-admission. Medications were / are consistently administered on a daily basis from the resident's re-admission to the present date without signed medical orders in the record. During interview on 12/6/11 at 3:50 PM, a staff nurse confirmed that the paperwork received from the hospital did not contain signed physician orders, that the home had not received / obtained signed orders from the physician immediately following re-admission and that the resident is receiving daily medication per the current MAR.  3. Per record review on 12/7/11, Resident #2's MAR (Medication Administration Record) contained 11 medications which were documented as being administered daily per instruction on the MAR. There were no signed physician orders for these medications in the resident record. During interview and medication reconciliation that afternoon, the Nurse confirmed that these medications had no current signed physician orders in the record and that these medications are being administered by staff.	R162			
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for	R171			

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R171	<p>Continued From page 5</p> <p>documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to assure that all PRN (as needed) medications for 2 applicable residents (Resident #2 and Resident #7) included all required order components. Findings include:</p> <p>1. Per record review on 12/7/11, the MAR of Resident #7 indicated that PRN Acetaminophen 650 mg (milligrams) was frequently administered through the current time. The written order on the front of the MAR did not indicate a reason for the administration of this medication. Staff members administering the medication indicated on the reverse of the MAR that this medication was given for 'pain'. A review of the physician order section contained no indication for the</p>	R171		

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R171	Continued From page 6  administration of the Acetaminophen. During interview at 10:30 AM, the Nurse confirmed that this order was incomplete as it did not contain a physician ordered reason for administration.  2. Per record review on 12/7/11, the most recent sliding scale insulin order for Resident #2 stated: "increase lantus by 2 units" for all. There was no indication of the specific readings and corresponding units of insulin required on this telephone order, nor did the order indicate that any reading greater than 251 should be called to the physician as previously ordered and as currently indicated on the MAR. During interview that afternoon, the Nurse confirmed that this order was not clearly written.	R171		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents;	R179		

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R179	Continued From page 7  (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to assure that all required training is received by each employee on an annual basis. Findings include:  1. Per record review on 12/7/11, 5 of 5 employees in the survey sample had an incomplete training record regarding required topics during the prior year and 4 of 5 employees did not meet the annual requirement of 12 hours of annual training. During interview on 12/7/11 at 4:20 PM, the Administrator confirmed that these employees had not completed the annual required topics and / or hourly requirements for annual education.	R179		
R181 SS=D	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	R181		

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R181	Continued From page 8  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.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the licensee failed to assure that 2 of 5 employees had completed employment background checks. Additionally, 1 of 5 employees was retained who had a record of criminal convictions. Findings include:  1. Per record review on 12/7/11, 2 of 5 employees had no record of child or adult abuse registry checks and 1 of 5 employees had no criminal conviction record check. During interview that afternoon, the Administrator confirmed that these record checks were not available.  2. Per record review on 12/7/11, 1 of 5 current employees had a positive criminal conviction record check. During interview that afternoon, the Administrator confirmed that this employee had been convicted of criminal activity and was a current employee.	R181		
R189 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.12.b. (3)  For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment;	R189		

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R189	Continued From page 9  annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the licensee failed to assure that an annual assessment for 1 of 7 residents in the survey sample (Resident #4) was completed. The licensee also failed to maintain a record of current physician orders for 10 applicable residents in the survey sample (Resident #1, #2, #4, #6, #8, #9, #10, #11, #12, and #13). Findings include:  1. Per record review on 12/7/11, Resident #4's most recent assessment was dated 1/4/10. There was no re-assessment completed 1/11 as required. During interview at 11:50 AM, the Nurse confirmed that the reassessment was not completed and that the available assessment did not reflect the resident's current status.  2. Per record review on 12/7/11, there were no current orders on file for Residents #1,#2, #4, #6, #8, #9, #10, #11, #12, and #13. Each resident either had orders greater than 1 year old (in some cases 2 or more years old) or had no signed orders following admission or re-admission to the home. During interview on the afternoon of 12/7/11, the home's Nurse confirmed that these residents' orders were not current.	R189		
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES	R206		

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R206	Continued From page 10  5.18 Reporting of Abuse, Neglect or Exploitation  5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the licensee failed to report suspected staff to resident verbal and / or physical abuse on 3/5/09. Findings include:  1. Per interview on 12/7/11, a staff member reported that he/she had received a written warning for unprofessional conduct with a resident. Per record review, a written notice was in the file of the staff member outlining allegations. During interview, that afternoon, the Administrator confirmed that there had been a report to administrative staff from residents that this staff member had yelled at a resident and had 'pushed' the resident out of the medication room doorway. The Administrator confirmed that an internal investigation had occurred surrounding this incident and that the employee had received a written warning but the incident had not been reported to APS (Adult Protective Services) or the licensing agency as required.	R206			
R266 SS=E	IX. PHYSICAL PLANT	R266			

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R266	Continued From page 11 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 observation and interview, the home failed to assure a safe environment for all residents. Findings include:  1. Per observation during the initial building tour: a) the 2nd floor linen closet contained a gallon of bleach, a quart sized bottle of Lysol liquid cleanser, and a quart sized bottle of liquid deodorizer; b) a second linen closet on the 2nd floor contained a quart sized bottle of liquid cleanser; c) a 1st floor closet contained a quart sized bottle of simple green liquid cleanser; d) and the beauty salon contained nail polish remover and germicidal solution for hair combs. None of these chemical storage areas were locked. During interview with the Administrator at the time of each observation, it was confirmed that these chemicals were presently unsecured and that they should be stored in an area inaccessible to residents.	R266		

Canterbury Inn's Plans of Correction:

R128 SS=D V. Resident Care and Home Services General Care

1. As of 12/07/2011 any resident being re-admitted to this Home will have discharge orders signed and dated by the physician. If the discharge orders contain more than one page, (as in the case of Resident #1) then all of the pages will be signed and dated by the physician. If the orders are not signed to our satisfaction, they will be taken back to the ordering physician to be done correctly before any medications or treatments are done on that resident.

2. As in #1, we will not re-admit without signed and dated orders. I can find nothing in the Regulations that states that we have to have all orders resigned by the physicians at least annually. No one has ever given us the meaning of orders being "current". I was always taught that a physicians order is an order until such time as the physician d/c's it. However, on 01/01/2012 our nursing staff will start going through resident charts (4 per month) to review, organize and send out a new consolidated physician order sheet for the physicians to sign, date and return to us. This way every chart will be reviewed at least annually.

3. As of 12/07/2011, anytime a resident has a blood sugar reading over what the physician has set as the parameter, the physician and the facility nurses are to be notified immediately.

R128 POC accepted 1/20/12 AMcAULIN

R145 SS=E V. Resident Care and Home Services

1. As of 01/10/2012 Resident # 1's care plan has been revised to reflect his current ADL and pain issues. As of 01/01/2012 all care plans will reflect what each resident's needs are based on assessments that are done annually or as resident conditions and needs change.

2. As of 01/10/2012 Resident #2's care plan has been revised to reflect wound care and pain management. POC...see #1 above.

3. As of 01/10/2012 Resident #3's care plan has been revised to reflect anxiety issues and pain issues. POC....see #1 Above.

R145 POC accepted 1/20/12 AMcAULIN

R162 SS=E V. Resident Care and Home Services Medication Management

1. As of 01/01/2012 all resident charts and orders will be reviewed, organized and a new consolidated order sheet will be sent to each resident's physician to be signed and dated. We will start our reviews with the Resident charts mentioned in this survey.

Andrea Staugh

Director

01/11/12

2. This is a duplicate of #1 on the first page.... R128 SS=D.

3. This is a duplicate of #3 on Page 2....R128 SS=D

R162 POC accepted 1/20/12 *AMCota*

R171 SS=D V. Resident Care and Home Services Medication Management

1. As of 01/10/12 the Acetaminophen PRN order for Resident #7 has been corrected to contain all of the required ordering components. As of 01/10/2012 all PRN medication orders shall contain date, time, reason for administration. Effect of PRN medication will be noted on resident chart.

2. On 12/22/2011 we obtained a new clarified order for Resident #2's insulin. As of 01/01/2012 orders for insulin will contain all the ordering components required for insulin.

R171 POC accepted 1/20/12 *AMCotaRN*

R179 SS=E V. Resident Care and Home Services Staff Services

1. As of 01/01/2012 all direct care staff will be accountable for attending at least 12 hours of in-service during the course of the year. Each staff person's hours will be documented by the Director. In-services will include, but will not be limited to the seven mandatory classes required by DLP.

R179 POC accepted 1/20/12 *AMCotaRN*

R181 SS=D Resident Care and Home Services Staff Services

1. On 12/09/2011 the two missing background checks were completed and added to these two employee's files. As of 01/01/2012 all new employees will have background checks completed within one week of their conditional employment.

2. We will complete the waiver process for this employee by 02/01/2012. If the waiver is not granted, this employee will be terminated immediately.

As of 01/01/2012 any employee with a criminal conviction on their record will have to go through the process of obtaining a waiver if they want to be employed here. Their continued employment will be contingent on whether or not a waiver is granted.

R181 POC accepted 1/20/12 *AMCotaRN*

R189 SS=E Resident Care and Home Services

1. As of 01/03/2012 Resident #4 has a completed assessment in her record, reflecting her current condition. As of 01/01/2012 all resident assessments will be completed annually or whenever a change in condition warrants another assessment to be completed. Assessments will be signed, dated and placed on the Resident's chart.

2. As of 01/01/2012 we will go through four (4) resident charts each month to reorganize and thoroughly review each record. Physician orders will be consolidated onto one page and resubmitted to the physicians for new signatures and dates. The MAR will reflect the list of current medications correctly.

R189 POC accepted 1/20/12 P. M. C. T. A. P. N.

R206 SS=D Resident Care and Home Services Reporting Abuse

1. As of 01/01/2012, any report of abuse, neglect or exploitation will be reported to APS. If a complaint warrants an internal investigation and a written warning, then it will be reported to APS.

R206 POC accepted 1/20/12 P. M. C. T. A. P. N.

R266 SS=E IX Physical Plant

1. As of 01/01/2012 ALL chemicals have been removed from areas which residents have access to. Chemical are either locked on the Housekeeping cart or are locked in the Storage room. No Chemicals of any kind will ever be kept in areas that are accessible to residents. As of 12/15/2011 the closet in the Beauty Salon has a new lockable door handle. The hairdresser is now able to keep all of her chemicals, ie: cleaners for combs and brushes, nail polish and nail polish remover, perm solutions, etc. in the closet and lock the closet door. When the hairdresser is not here, the key is kept locked in the nurse's station.

R266 POC accepted 1/20/12 P. M. C. T. A. P. N.