



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

February 7, 2011

Ms. Leslie Slingerland, Administrator
Copley House Community Care Home
379 Washington Highway
Morrisville, VT 05661

Dear Ms. Slingerland:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite licensing survey to determine compliance with Vermont Residential Care Home Licensing Regulations conducted on **August 31, 2010**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	NOV 05 10 Licensing and Protection	(X3) DATE SURVEY COMPLETED 08/31/2010
NAME OF PROVIDER OR SUPPLIER COPLEY HOUSE COMMUNITY CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 379 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(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 licensing survey was conducted by the Division of Licensing and Protection on 8/31/2010.	R100	Please see preceding page for plan of correction and following pages for attached supporting documents.		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not assure that nursing care coordination was provided for 1 of 3 residents reviewed (Resident #2). Findings include: 1. Per record review on 8/31/2010, Resident #2 had been hospitalized twice during the month of August 2010 following exacerbation of a chronic, potentially life threatening condition. The record contained no documentation that a Home Health Referral, dated 8/25/10, had been coordinated by facility staff, nor was there written evidence available in the record to indicate that Home Health had assessed or begun a treatment plan with this resident. During interview that afternoon, the RN (Registered Nurse) confirmed that there was no written indication of coordination of care for this resident following either hospitalization.	R126			

Division of Licensing and Protection

TITLE

(X6) DATE

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

STATE FORM

6899

CTW911

If continuation sheet 1 of 10

Astley Berglund

Manager

9/23/10

Division of Licensing and Protection

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R136	Continued From page 1	R136		
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN failed to assess 2 applicable residents (Resident #2 and Resident #3) following hospitalizations. Findings include:</p> <p>1. Per record review on 8/31/2010, Resident #2 had been hospitalized twice during the month of August 2010 following exacerbation of a chronic, life threatening condition. The record contained no documentation of an RN assessment of this resident following either incidence of re-admission to the home. During interview that afternoon, the RN confirmed that there was no evidence that an assessment had been completed following hospitalization.</p> <p>2. Per record review on 8/31/2010, Resident #3 had been hospitalized due to a fracture which limited mobility. There was no indication in the record following re-admission to the home, that the RN had assessed this resident's needs for continuing care and rehabilitation. During interview that afternoon, the RN confirmed that an assessment was not completed on re-admission.</p>	R136		

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R145	Continued From page 2	R145		
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 interview, the Registered Nurse (RN) failed to develop care plans for 3 of 3 residents reviewed (Resident #1, Resident #2 and Resident #3). Findings include: 1. Per record review on 8/31/2010, there were no nursing care plans developed for Residents #1, #2, or #3. Each residents annual assessment indicated that medication management, individualized personal care assistance / supervision and behavioral supervision by facility staff is required. Additionally, Residents #1 and #2 had recently experienced hospitalizations for significant health issues requiring monitoring and / or rehabilitation. During interview that afternoon, the RN confirmed that s/he had not developed individualized care plans for these 3 residents.	R145		
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date	R147		

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R147	Continued From page 3 medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Registered Nurse did not assure that the Medication Administration Record (MAR) for 1 of 3 residents (Resident #2) contained all necessary information for all medications to be appropriately administered. Findings include: 1. Per record review on 8/31/2010, the July 2010 MAR for Resident #2, contained a medication order written as "APAP 325 mg (milligram)". There was no specific dose, route or frequency indicated to advise staff in administration. Per MAR, this medication was administered 21 times from July 2 - 16, 2010 and with each administration it was documented that the administered dose was 650 mg, The August 2010 MAR for Resident #2 stated "(2) APAPS 325 mg each Every 6 hours". There was no physician order indicating that this medication was to be administered on a routine or as needed (PRN) basis. Per review of actual administration indicated on the MAR, this medication was administered a total of 10 times during this month as a PRN medication. During interview that afternoon, the RN and the Medication Technician on duty confirmed that the APAP order was incorrectly written and was administered as stated above.	R147		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES	R171		

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R171	<p>Continued From page 4</p> <p>5.10 Medication Management</p> <p>5.10.g Homes must establish procedures for 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 record review and interview, the home failed to assure that all PRN (as needed) medications indicated an effect of the medication following administration for 2 residents (Resident #2 and #3). Findings include:</p> <p>1. Per record review on 8/31/2010, Resident #2 was given Mylanta 30 cc (cubic centimeters) for upset stomach as a PRN medication a total of 10 times from 8/1/2010 to 8/12/2010. There were no documented results / response to the medication. From 8/16/2010 to 8/21/2010, Resident #2 was given APAP 650 mg (milligrams) as a PRN</p>	R171		

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R171	Continued From page 5 medication a total of 10 times for pain and / or discomfort. There was no documented response to the medication in the MAR (Medication Administration Record). During interview that afternoon, the RN confirmed that no PRN documentation of effect for these medications is available. 2. Per record review on 8/31/2010, Resident #3 was given Propoxyphene / APAP (100/650 mg) tablets for pain 52 times from 8/1/2010 to 8/30/2010 for pain. There were no documented results / response to the medication. During interview that afternoon, the RN confirmed that no PRN documentation of effect for these medications is available.	R171		
R189 SS=D	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; 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 record review and interview, the licensee failed to assure that each resident requiring nursing care, including nursing overview or medication management, had documentation of plan of care and staff progress notes to include	R189		

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R189	Continued From page 6 changes in the resident's condition and actions taken for 2 of 3 applicable residents (Resident #2 and Resident #3). Findings include: 1. Per record reviews on 8/31/2010, Residents #2 and #3 had each experienced physical decline (June and August 2010 respectively). There was no plan of care in the record of either of these residents advising staff regarding specific care and monitoring of these residents during post-hospitalization recovery. Per discussion with direct care staff and the RN, Resident #2 is experiencing a decline such that loss of appetite and increased weakness should be anticipated as a result of illness. Both confirmed that Resident #2 is currently manifesting these symptoms. The RN confirmed that no written care plan or system of monitoring this fragile resident is occurring nor are staff progress notes available to indicate decreasing appetite and increasing weakness of Resident #2 Per interview with the RN, Resident #3 had undergone physical therapy for strengthening following a surgical intervention for an injury. There are no progress notes available to indicate the resident's recovery period or current status nor is there a plan of care indicating daily staff intervention / support during the recovery period.	R189		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced	R190		

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R190	Continued From page 7 by: Based on record review and interview, the licensee failed to assure that 5 of 5 reviewed employee criminal and abuse registry screening results were available for review. Findings include: Per record review on 8/31/10, there were no Vermont Criminal nor Adult Abuse records results available to indicate that screening of 5 of 5 staff had been completed as required. During interview at 3:25 PM, this was confirmed by the Management Team member monitoring these records.	R190		
R246 SS=D	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 did not assure that cans with dents were kept separate from resident food sources until return to the supplier could be accomplished. Findings include: 1. Per observation during environmental tour with the Clinical Coordinator (CC), there was a dented gallon can of fruit and a dented 1/2 gallon can of	R246		

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R246	Continued From page 8 tomato juice stored with useable food supplies in the basement storage area. Per interview at the time of discovery, the CC confirmed that the cans were dented and stated that s/he was unaware of the requirement to remove dented cans. During initial tour of the kitchen, earlier that morning, the Cook stated that s/he was unaware of any dented can policy and that dented canned foods had been used in the past.	R246		
R253 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that a freezer used for resident food storage was maintained to hold food at the proper temperatures for nutrient value and palatability. Findings include: 1. Per observation during the environmental tour, a large upright freezer in the basement food storage area was ice encrusted to the point that items to be removed from the top shelf were not retrievable. The remainder of the freezer was heavily coated with ice crystals and several packages of meat products visible in the front portion of the freezer and on the door were ice encrusted beneath the cellophane wrapping. The Clinical Director (CD) confirmed this observation and notified staff to immediately remove this food from resident stock and to defrost the freezer. Per the CD, there is no documented temperature	R253		

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R253	Continued From page 9 / condition checklist for facility refrigeration / freezer units but did state that the Manager regularly checks these for proper temperature.	R253		

Copley House Plan of Correction

R126 Resident #2 discharge orders state that he was to resume all previous activities including no medication changes. The Home Health referral was made by the discharging Doctor. Copley House has since requested and received all intake and visit notes from Home health and have requested all future notes to be forwarded to the home.

R126 11-16-10 POC accepted — C. Laraway, RN

R136 The RN has completed reassessments on both residents and updated care plans. The RN will take the lead role in any future re admissions from medical facilities including reassessment and coordination of care plans. See attached Revised RN oversight job duties and attached Resident Care Plan document.

R136 11-16-10 POC accepted — C. Laraway, RN

R145 A care plan document has been created and completed for all residents. The RN will update plans annually and if care needs change. See attached Revised RN oversight job duties.

R145 11-16-10 POC accepted — C. Laraway, RN

R147 1. the incorrect order has been corrected. RN oversight has completed a training with staff around transcribing orders to the MAR completely. 2. Doctors order for this PRN was indicated on the standing orders for this resident. RN will inspect MAR weekly to ensure accuracy. See attached RN oversight job duties

R147 11-16-10 POC accepted — C. Laraway, RN

R171 Staff have been re trained on properly filling out the MAR including PRN effectiveness. RN will inspect MAR weekly for accuracy. See attached RN job duties.

R171 11-16-10 POC accepted — C. Laraway, RN

R189 Plans of care will be updated in cases of significant change. Staff currently track status, intervention and support of residents in daily log notes. These notes will now be copied to charts during times of increased nursing care. Progress notes from Home Health have been obtained and are in the residents charts.

R189 11-16-10 POC accepted — C. Laraway, RN

R190 As of 9/22 all Copley House staff have completed background check record on file at the facility. See attached agency policy for future completion of checks.

R190 11-16-10 POC accepted — C. Laraway, RN

R246 Staff have been retrained on the proper procedure around dented cans. All inventory has been inspected and any dented cans removed and disposed of.

R246 11-16-10 POC accepted — C. Laraway, RN

R253 See attached Refrigerator/Freezer monitoring policy. Staff is now required to monitor and record temperatures weekly and defrost freezers regularly.

R253 11-16-10 POC accepted — C. Laraway, RN

Leslie Singsland, Manager 9/23/10

Copley House