

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 9, 2013

Ms. Marie Fortier, Administrator
Fortier's Community Care Home
127 Bailey Street
Barre, VT 05641

Provider #: 0381

Dear Ms. Fortier:

Enclosed is a copy of your acceptable plans of correction for the re-licensing survey and complaint investigation conducted on **May 28, 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: 0381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	JUN 28 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED 05/28/2013
NAME OF PROVIDER OR SUPPLIER FORTIER'S COMMUNITY CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 127 BAILEY STREET BARRE, VT 05641		
(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 re-licensing survey and complaint investigation were conducted by the Division of Licensing and Protection on 5/28/13. The following deficiencies were cited.	R100	In response to (R100): Initial Comments Survey conducted 5-28-13 Received survey letter by fax 6-18-13 (15 Business Days After Survey) Received survey by US Mail 6-20-13 Let it be noted, I have 10 Business Days to respond.		
R145 SS=F	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 staff interview, the home failed to assure that the nurse oversaw the development of the resident care plans for all 6 residents of the home. Findings include: 1. Per record review on 5/28/13, the plans of care for the 3 resident record reviews conducted (Resident #1, #2, #3) did not have the nurse's signature on them. Per interview on 5/28/13 at 2:40 PM, the home manager confirmed that the home manager is the one who develops the resident care plans, and the nurse does not oversee the process or sign off on them as being reviewed by the nurse.	R145	In response to the alleged deficiency (R145) 5.9 (c) We follow the doctors written orders and extend the details to my forms. POC: our nurse has overseen the process and has signed off on them. She will sign all future orders as received. Completed: June 26, 2013. <i>Addendum - per phone call w/ Marie Fortier on 7/11/13 at 2:20 PM:</i> <i>The home's RN will review and sign all care plans. Home owner/manager will be responsible for monitoring corrective action for compliance.</i>		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R171			

Division of Licensing and Protection

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

STATE FORM

Marie Fortier

TITLE

owner

(X6) DATE

6-25-13

Division of Licensing and Protection

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R171	<p>Continued From page 1</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 staff interview, the home failed to assure that the potential side effects of psychoactive medications were monitored for one of three residents sampled (Resident #1).</p> <p>Per record review on 5/28/13, Resident #1 had an order for Haldol (an anti-psychotic medication). by mouth twice daily. Although some of the potential side effects were listed for this medication that staff were to be monitoring, the screening for Abnormal Involuntary Movement/Tardive Dyskinesia side effects were not a part of the monitoring process. Per interview with the home manager, they were not using any screening tool</p>	R171	<p>In response to the alleged deficiency (R171) Medication Management We follow the doctors written orders in dispensing of Resident #1 Haldol medication. We do monitor for side effects. POC: Screening tool: New form put in place for all psychocative medication: Behavior/Intervention Monthly Flow Record will be of record for any side effects Resident #1 may have. Completed June 26, 2013.</p> <p><i>R171 Addendum: The nurse will be responsible for oversight of PRN medications and oversight of documentation of their use and side effects. The home owner/manager will be responsible for monitoring the corrective actions for compliance.</i></p>		

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R171	Continued From page 2 with this resident to detect this potentially serious side effect of the antipsychotic medication being administered daily to Resident #1.	R171			
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> (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; (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. <p>This REQUIREMENT is not met as evidenced by: Based on employee file review and interview, the home failed to assure that all employees of the home had the required education hours documented. Findings include:</p>	R179	<p>In response to the alleged deficiency (R179 SS=F) Staff Services The surveyor informed me of several additional sources of educational avenues. There is clearly not enough local classes offered making it difficult to fulfill this requirement. POC: We have started reading articles and online teaching tools to fulfill the education hours needed and will document such avenues. All employees will be monitored and recorded. Started June 26, 2013.</p> <p><i>R179 Addendum: Home owner/manager will be responsible for monitoring corrective action for compliance.</i></p>		

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R179	Continued From page 3	R179			
R181 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of employee files, the home failed to assure that background checks were</p>	R181	<p>In response to the alleged deficiency (R181 SS=D) Staff Services My records indicated that my one employee was verified for the adult or child abuse check documentation although the report was misfiled. All new employees will be verified upon employment. POC: A second verification was completed and recorded. Completed June 26, 2013.</p>		

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R181	Continued From page 4 completed for one of four people working in the home. Findings include: Per file review of employees of the home, one of the four did not have the adult or child abuse check documentation on record. Per interview on 5/28/13 at 3:15 PM, the home owner confirmed that there was no evidence on file that these abuse checks had been completed for one employee of the home who provides care to the residents.	R181			
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on review of the fire drill records, the home failed to assure that there were drills conducted at night when the residents were in bed. Findings include: Per review on 5/28/13 of the fire drill records, the home conducted fire drills at least quarterly,	R302	In response to the alleged deficiency (R302) SS=F Physical Plant Our records indicated that fire drills were conducted morning, noon, afternoon, and night. The surveyor felt that a 8pm and 8:45pm was not considered a night drill. Article (R302) states, "Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night." No mention about drills during a residents sleep. POC: As 90% of our residents are in bed by 7pm and asleep by 8pm, this would qualify as a night drill, should this be classified as a failed requirement. Complete. <i>R302 Addendum: Night drills will be completed when residents are asleep. Home owner/ manager will monitor corrective action for compliance.</i>		

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R302	Continued From page 5 however they were conducted during the day or evening hours, and there were no drills recorded at night when the residents were in bed to evaluate the response when they were asleep. Per interview on 5/28/13 at 2:25 PM, the home manager confirmed that they had not held any fire drills during the night or early morning hours when the residents were sleeping.	R302		