

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

July 29, 2014

Ms. Roxanne Ladabouche, Administrator
Giordano Manor
34 Canada Street
Swanton, VT 05488

Dear Ms. Ladabouche:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 23, 2014**. 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

Division of Licensing and Protection

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2014
--	---	---	---

Division of
JUL 28 14
Licensing and
Protection

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
---	--

(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 re-licensing survey, as well as investigation of a complaint and an entity report were completed from 6/23-24/14 by the Division of Licensing and Protection. There were no findings related to either the complaint or the entity report; the following regulatory deficiencies were found related to the re-licensing survey.	R100		
R164 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the registered nurse (RN) failed to demonstrate delegation and training for one unlicensed staff person who fills the residents' medication cassettes with oral medications on a weekly basis (medications observed and reviewed for 8 of 20 residents). Findings include: During observation of medication administration on 6/23/14 at 10:00 AM, the unlicensed staff person distributed oral medications from pre-filled pill cassettes. The unlicensed staff person confirmed at that time that s/he is the person who fills those cassettes weekly. During record review on 6/23-24/14, there was no evidence that the RN</p>	R164	<p>The RN will be responsible for specific training of the designated unlicensed staff person preparing meds into weekly med containers. Specific training to include proper hand washing techniques. That medications are poured in accordance to the MAR and Dr Orders. That the medications are checked 3x in containers and against the MAR. Staff person will know all the medications. The reasons for the medication to be given, condition, Therapeutic effect side effects + Proper administration of Med. Any new med taken by the nurse will be noted on the MAR by that nurse. If not by RN - RN will be made aware of new medication as well</p>	

Division of Licensing and Protection	TITLE	(X6) DATE
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Royanne Ladas</i> Manager	7-23-14
STATE FORM	6899 2NC611	If continuation sheet 1 of 4

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
---	--

(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
R164	Continued From page 1 had provided specific training and delegation to the unlicensed staff for the function of filling the pill cassettes. During a telephone interview on 6/24/14 at 8:30 AM, the RN confirmed that there was no documentation of training and delegation specific to the unlicensed staff person and the function of filling the pill cassettes weekly.	R164	<i>As the designated staff person pre pouring medications. The same education on the new medication will be done. RN will do monthly yearly & PRN Review medications to the specific staff person. RN will sign medication guide on training when new medications are ordered by MD's. Task will be completed by July 18-14.</i>	
R165 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <ul style="list-style-type: none"> i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the registered nurse (RN) failed to establish a process for teaching and routine communication</p>	R165	<p><i>RN will sign medication guide on training when new medications are ordered by MD's. Task will be completed by July 18-14.</i></p> <p><i>R164 POL accepted 7/20/14 JHsmer RN/PMC</i></p>	7-18-14

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
---	--

(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
--------------------	--	---------------	---	--------------------

R165	Continued From page 2 with designated staff about the effects of medications, as well as changes in medications. Findings include: During record review from 6/23-24/14, there was no evidence provided by the home to indicate that the RN had done specific teaching and routine communication with delegated unlicensed staff who distribute medications to residents for the purpose of informing staff regarding potential medication effects and ongoing medication changes. Both the Administrator and the RN indicated during interviews that the home had previously had specific information on file regarding each medication and resident, kept in the Medication Administration Record (MAR) for reference by delegated, unlicensed staff. During an interview with the RN on 6/24/14 at 8:30 AM, s/he confirmed that the system of providing medication information sheets had been removed from the MAR.	R165		
R174 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2) Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the home failed to assure that medications requiring refrigeration were stored in	R174	Staff has had & will cont to have staff education & training on med. Staff has at their disposal to reference Medications (Nursing Drug Guide (2) medication information sheets from pharmacy and (3) a complete Guide on all medication information on all clients at Giordano Manor. All staff had in their files at the time of survey medication resources on clients. We have completed the Guide which was misplaced during transition of our new Guide will be updated as new orders are given by mds. RN will review monthly yearly + pr for any staff training that needed to be done is done. Task will be completed by July 18-2014 RN will do an inservice to educate staff on proper storage of insulin. Also proper technique to give insulin. Monitoring B's Signs & Symptoms of hyper & Hypo glycemia, pt ed Diet Activity, Infection & UTI	7-18-14

R165 POC accepted 7/28/14
JHsmern/muc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRDVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R174	<p>Continued From page 3</p> <p>a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. Findings include:</p> <p>During the initial tour of the home at 10:00 AM on 6/23/14, multiple insulin pens and a vial of insulin were found on a shelf of the kitchen refrigerator which holds resident foods. Despite there being a locking, impervious box available in the refrigerator, the insulin was stored outside the box on the shelf of the refrigerator. On 6/23/14 at approximately 2:00 PM, the Administrator confirmed that the staff had been expected and instructed to store refrigerated medications in the impervious box, and that the insulin had been placed outside the impervious box in the refrigerator.</p>	R174	<p><i>Staff will be monitored by signing a Tx sheet q shift stating insulin is in storage box away from food. Task will be completed by July 18-2014.</i></p> <p><i>7-18-14</i></p> <p><i>R174 POC accepted 7/20/14 JH-smc/RL/PMC</i></p>	

Medication Administration by unlicensed staff

RECEIVED
Division of

JUL 29 14

Licensing and
Protection

If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

1. The Director of Nursing, a RN, conducts an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c.
2. The Director of Nursing, a RN, delegates the responsibility for the administration of specific medications to designated staff for designated residents.
3. The Director of Nursing, a RN, accepts full responsibility for the proper administration of medications, and is responsible for overseeing the medication program as carried out by a designated licensed nurse and includes the following:
 - Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; using medication materials training from NCAL, one on one with licensed staff and administers tests until completed.
 - Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; will meet quarterly with designated RN and have an ongoing report from licensed nurses that they are working with.
 - Assessing the resident's condition and the need for any changes in medications; and
 - Monitoring and evaluating of the designated staff performance in carrying out the nurse's instructions.

Our Policy for Pre - pouring Meds

The resident's medications are pre - poured into seven – day med. containers every week by a staff member who has been obviously med. tested by our staff R.N. The staff R.N. must approve the person pouring the medications.

The medication containers have the resident's name and photo as well as the time that the med. is to be administered. Containers are placed in the locked med. cabinet, inside the medication room whose door is also locked.

Eye drops, topical medications, ear drops, PRN medications, and laxatives such as Metamucil, Lactulose, Citrucel, etc. are all kept separate in the resident's individual med. cubby. They are not pre-poured.

Each resident's medications are set up for the week by bringing out that resident's medication bottles and such medication containers used in a 24 hour period. Hands are washed; medications are not touched by employees' hands. The med. is poured into the daily containers. Medications are poured in accordance with what each resident's medication administration sheet reads.

Medication preparation is not complete until the meds poured have been checked three times by the staff member pouring the medications. The staff member administering the medication is also responsible for comparing medications being given to what the M.A.R. reads (x3) (in accordance with the 5 R's – see med. test).

If there is a change ordered in the resident's medication, then the med. change is made accordingly in the med. containers by the licensed nurse who is on duty at the time of the med. change. The R.N., as well as the manager, is notified of the changes in the medications, and the nurse notates the changes on the M.A.R.. The Registered Nurse also ensures that the staff is informed of therapeutic effects, side effects, and proper administration of the new medication.

All of the staff giving medications are tested by our R.N.. They do not give out medications until they have passed this test. Each staff member is responsible for knowing exactly what the med. is that they are giving; and, in knowing this, they are capable of making changes if needed in accordance with what they read on the M.A.R. (M.A.R. is written up in accordance with medication changes and signed orders in each resident's chart. Medications are reviewed monthly, yearly, and PRN – this includes PRN medications). (A narcotic count is done between each shift, going off and coming on, daily. Records of this are kept.)