

May 25, 2011

Ms. Catherine Rooney, Administrator
Harvey House Ltd
1997 Main Street
Castleton, VT 05735

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **April 11, 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
Licensing Chief



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PRINTED: 04/27/2011
FORM APPROVED

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Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 0380 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/11/2011 |
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| NAME OF PROVIDER OR SUPPLIER HARVEY HOUSE LTD | STREET ADDRESS, CITY, STATE, ZIP CODE 1997 MAIN STREET CASTLETON, VT 05735 |
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| R100 | Initial Comments: An unannounced onsite re-licensure survey was conducted on 3/30/11 and concluded on 4/11/11 following offsite interviews to determine compliance with Vermont Residential Care Home Licensing Regulations. Findings include: | R100 | | |
| R104 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the | R104 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robert P. ...* TITLE *Pres/Operator* (X6) DATE *5/5/11*

STATE FORM 6899 IODB11 If continuation sheet 1 of 9

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| R104 | Continued From page 1 ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that 1 of 3 applicable residents in the survey sample (Resident #1) was provided with an admission agreement / contract prior to or upon admission. Findings include: 1. Per record review on 3/30/11, there was no admission contract available for Resident #1 (admission date 12/19/10). During interview at 1:30 PM, the Manager confirmed that there was no contract for this resident stating that paperwork was pending from another agency. | R104 | <i>R104 I will have resident sign agreement for admission contract upon arrival even if it needs to change while waiting for all paperwork 5/15/11</i> | |
| R145 SS=D | 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 RN (Registered Nurse) failed to develop resident specific plan of care for 2 of 3 residents in the survey sample (Resident #1 and Resident #2). Findings include: | R145 | <i>R104 5-24-11 POC accepted. C. Conway, RN</i> | |

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| R145 | Continued From page 2 1. Per record review on 3/30/11, there was no written plan of care for Resident #1 who was assessed on 12/21/10 to require assistance with transfer, as having memory and mood issues, with an unsteady gait requiring a walking aid, with daily pain, and with a surgical wound. 2. Per record review on 3/30/11, the written plan of care for Resident #2 did not address the resident's mental health interventions. During interview that afternoon, the Manager stated that the resident record does not contain behavioral interventions / goals developed by the resident's case manager and that the home is unaware of the specific interventions and goals of the mental health team. S/he confirmed that the home's plan of care is not resident specific in this area of care. *Please note: this is a repeat violation. | R145 | <i>R145 I will have mental health agency provide intervention plans upon admission for mental health issues 6/1/11 VNA will provide all case notes for individuals having service in the home for our records. 5/15/11</i> | |
| R150 SS=E | V. RESIDENT CARE AND HOME SERVICES 5.9.c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) failed to ensure documentation regarding wound care for 1 of 3 residents in the survey sample (Resident #1). Findings include: 1. Per interview on the afternoon of 3/30/11, Resident #1 required wound treatment following a | R150 | <i>R145 5-24-11 POC accepted, C. Laraway, RN R150 VNA will provide case notes for our records 5/15/11</i> | |

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| R150 | Continued From page 3 surgical procedure. Per record review, there were no staff notes describing this resident's wound care and treatment. There were no wound assessments documented in the record by either the VNA (Visiting Nurses' Association) nurse(s) originally caring for the wound nor by staff currently providing wound care. During interview, the Manager stated that the VNA nurses do not leave any agency paperwork in the home and that they do not routinely document in the home's record. S/he also confirmed that staff documentation around the provision of this residents specific care needs was not present in the record. Refer to 5.9.c(8) R151 | R150 | Any time VNA comes to the home to provide service to any resident we will receive by mail copies of all nurse notes/etc for that resident for our records. 5/15/11 R150 5-24-11 POC accepted C. Laraway, RN | |
| R151 SS=E | V. RESIDENT CARE AND HOME SERVICES 5.9.c (8) Ensure that the resident's record documents any changes in a resident's condition; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) failed to ensure documentation regarding change of status for 1 of 3 residents in the survey sample (Resident #1). Findings include: 1. Per interview on the afternoon of 3/30/11, the home's manager stated that Resident #1 was originally at the facility from 9/27/10 to 10/11/10. On 10/11/10, the resident was admitted to the hospital for treatment of an infection. The resident was re-admitted to the home on | R151 | | |

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| R151 | Continued From page 4 12/19/10 following this treatment with a surgical wound requiring ongoing nursing treatments multiple times daily. Per record review, there were no staff notes describing this resident's wound care and treatment either prior to or following the hospitalization. There were no wound assessments documented in the record by either the VNA (Visiting Nurses' Association) nurse(s) originally caring for the wound nor by staff currently providing wound care. During interview, the Manager stated that the VNA nurses do not leave any agency paperwork in the home and that they do not routinely document in the home's record. S/he also confirmed that staff documentation around this residents specific care needs was not present in the record. | R151 | <i>R151</i> VNA will leave case notes regarding any treatments done by them - Our nurse will then drain if any treatments need to be done after VNA discharges client's notes in log will be done by home staff 5/15/11 | |
| R164 SS=E | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) failed to delegate medication administration to 4 staff members. Findings include: 1. Per record review on 3/30/11, 4 staff members had no evidence of medication delegation by the | R164 | <i>R164</i> R151 5-24-11 POC accepted. C. Laraway, RN Medication Administration tests will be done yearly or when a new RN is sent thru VNA for the home services 6/1/11 R164 5-24-11 POC accepted. C. Laraway, RN | |

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| R165 | Continued From page 6 record indicating that the current RN had conducted training and evaluation for 4 staff members currently administering medication to residents to assure staff awareness of each resident's condition, each resident's medication and the potential side effects of those medications. During interview that afternoon, the Manager confirmed that the current RN has not provided training or evaluation regarding medication administration to these 4 staff members. | R165 | <i>R165</i> The nurse will test yearly for each staff for medication administration 6/1/11 R165 5-24-11 POE accepted C. Haraway, RN | |
| R171 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 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: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. | R171 | | |

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| R171 | <p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) failed to assure that 1 of 3 residents (Resident #1) is routinely assessed for potential adverse effects of psychoactive medications. Findings include:</p> <p>1. Per record review on 3/30/11, Resident #1 receives routine psychoactive medications, including Abilify 10mg (milligrams) at HS (bedtime) daily and Haldol 2.5mg TID (three times daily). Per interview that afternoon, the Manager confirmed that there was no evidence of RN or physician screening for the potentially adverse effects of these medications in the record.</p> <p>*Please note: this is a repeat violation.</p> | R171 | <p><i>R171</i></p> <p>The Mental Health dr. screens for adverse effects of psychoactive medications during residents appt. I have asked that the visit notes be sent so they can be placed in the record. 5/15/11</p> <p>R171 5-24-11 p/c accepted. C. Lavery, RN</p> | |
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| 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> <p>(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</p> | R179 | <p><i>R179</i></p> <p>During the yearly retest or initial testing each staff will train on the 7 trainings, required by licensing the training book is in place at the home 6/1/11</p> <p>R179 5-24-11 p/c accepted. C. Lavery, RN</p> | |
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| R179 | <p>Continued From page 8</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, 3 of 3 staff members did not complete required annual education requirements. Findings include:</p> <p>1. Per record review on 3/30/11, 3 of 3 staff members had no annual training in Fire Safety / Emergency Management and no training regarding Abuse / Neglect / Exploitation. Additionally, none of the 3 staff had completed the required 12 hours of annual training. During interview that afternoon, the Manager confirmed these findings.</p> <p>*Please note: this is a repeat violation.</p> | R179 | | |