VERMONT

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

September 27, 2011

Frances Van Da Griff, Administrator
Homestead
73 River Street
Woodstock VT 05091

Dear Ms. Van Da Griff:

Enclosed is a copy of your acceptable plans of correction for the unannounced re-licensing survey conducted on **August 24, 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, BS
Licensing Chief

Enclosure: As noted above.

Homestead RCH See attached Plan of Correction

Initial Comments:
An unannounced onsite re-licensing survey was completed on 8/24/11 by the Division of Licensing and Protection. The following are regulatory violations:

R147 S/S=D
5.9.c For each resident requiring nursing overview, administration of medication, or nursing care, the nurse shall:

(4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;

Based on staff interview and record review, the nurse failed to assure that there were no discrepancies between the physician orders and the MAR (Medication Administration Record) for 2 of 4 residents in the survey sample (Resident #1 and Resident #5). Findings include:

1. Per record review on 8/24/11, Resident #5's MAR indicated an order for 'Atrovent inhaler 1-2 puffs BID (twice daily)'. The MAR also indicated that this medication was scheduled and administered TID (three times daily). The physician order for this medication, dated 6/14/11, stated 'Atrovent inhaler 1-2 puffs TID'. There was no clear instruction to guide staff under what conditions the resident would receive either 1 or 2 inhalations of the medication and there was conflicting information between the MAR and the physician order. During interview that afternoon, the RN (Registered Nurse) confirmed that there was a discrepancy between the written physician order and the MAR and that there were no clearly defined circumstances under which staff would administer either 1 or 2 inhalations of this medication.

2. Per record review on 8/24/11, the MAR of Resident #1 indicated an order for 'Sinemet TID (three times daily) orally'. This order contained no dose strength to guide staff in safe and accurate administration of the medication. The physician order (dated 7/29/11) stated 'Sinemet 25/100 mg (milligrams) TID orally'. During interview that afternoon, the RN confirmed that the information on the MAR was incorrectly transcribed and should have contained the dose strength of the medication.

R175 S/S=D
5.10.h

(3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission.

Based on interview, observation, and record review, the home failed to assure that 1 applicable resident in the survey sample (Resident #3) was provided with a secure storage area for self-managed medications. Findings include:

1. Per record review on 8/24/11, Resident #3 self medicates multiple medications. Per observation during interview with Resident #3 at 4:00 PM, 3 bottles of medication were on top of a stand beside the resident's chair and the resident revealed several additional bottles of medications stored in the top drawer of the stand. Resident #3 confirmed, at the time of observation, that these medications are routinely stored within this stand and that the door to the room is not locked when the resident is absent from the room. During interview with the RN following the resident interview, it was confirmed that a locked storage for medications was not provided by the home.

R179 S/S=D
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;

(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and

(7) General supervision and care of residents.

Based on staff interview and record review, the home failed to assure that 3 of 5 staff had completed annual required educational requirements within the prior year. Findings include:

1. Per record review on 8/24/11, 3 of 5 staff had no record of training in the required areas of Resident Rights, Abuse/Neglect/Exploitation, and Respectful Effective Communication for the 2010 training year. During interview, the RN confirmed that these staff had no record of completion of these training requirements.

R181 S/S=D

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.

Based on staff interview and record review, the home failed to assure the completion of all required background checks for 3 of 4 staff. Findings include:

1. Per record review on 8/24/11, 3 of 4 staff members had no child abuse registry checks completed. During interview that morning, the administrator confirmed that there were no child abuse registry checks for these 3 staff.

R189 S/S=D

5.12.b The following records shall be maintained and kept on file:

(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.

Based on staff interview and record review, the home failed to assure that progress notes concerning changing conditions in the health status of 1 applicable resident in the survey sample (Resident #4) were completed. Findings include:

1. Per record review on 8/24/11, Resident #4 experienced an increase in aggressive behaviors and a decline in mental status during late spring 2011. There were no staff progress notes indicating ongoing monitoring of these conditions or of interventions implemented to assist the resident in coping with or reversing these changes. During interview at 3:37 PM, the RN (Registered Nurse) confirmed that the resident had experienced a decline in mental status, that increased aggression was exhibited and that the progress notes did not detail the home's interventions to assist the resident.

R266 S/S=D
9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.

Based on observation and interview, the home failed to assure a safe environment. Findings include:

1. Per observation during initial tour, liquid comet was stored in open cabinets in the wet closet and in 1 of 2 second floor bathrooms. A gallon of bleach was stored in the resident accessible laundry room on the ground floor. These observations were confirmed at the time of the tour by the Administrator.

R291 S/S=E
9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit (DF) in resident areas.

Based on observation, testing, and staff interview, the home failed to assure that safe water temperatures were maintained throughout all resident accessible areas of the building and that a system of water temperature testing was being routinely completed within the resident use areas.

1. Per observation and testing on 8/24/11, the hot water temperature in the 1st floor public bathroom was 131.1 DF, in room #17 on the 2nd floor was 130.5 DF, and in the 2nd floor bath / shower room nearest the main stairway was 130 DF. Temperatures taken in room #5, room #11, and the 2nd floor shower/bath area farthest from the main stairway were less than 120 DF. An immediate safety plan was initiated by the home to correct this problem and to alert residents regarding the safety hazards of the dangerously high water temperatures. During interview with the Administrator at 10:45 AM, it was confirmed that water temperatures exceeded 120 DF in the areas identified. It was also confirmed that water temperatures are routinely checked at the gauge above the water tank in the basement area rather than in resident use areas by the maintenance department. The temperature gauge reading on this date during initial tour was 120 DF.

THE HOMESTEAD, INC.
73 River Street
Woodstock, Vermont 05091
Tel. (802) 457-1310

SEP 21 2011

September 19, 2011

Pamela Cota RN, BS
Licensing Chief
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Dear Ms. Cota,

I am submitting this plan of action, pursuant to the survey of the Homestead, Inc. in Woodstock, VT on August 24, 2011. Please refer to the enclosed copy of your letter for the surveyor's descriptions of deficits.

R147 S/S=D (5.9.c)

1. We faxed the doctor for the resident that had been regularly choosing the higher dose and received a telephone order removing the choice of "one or two puffs" and going with the resident choice of two puffs. Photocopy of T.O. is attached. Marked "A"

2. The "Sinemet" dose was corrected immediately with the addition of the "25/100 milligrams" on the MAR.

Plan to prevent recurrence: RN and director met and reviewed policy and procedure for transcribing accurate and complete prescription dosage on the MAR. The RN and the Director are the only two people allowed to take telephone orders and add new orders to the MAR. The Director made this error.

R147 POC Accepted 9/26/11 Claraway RN/PMota RN

R175 S/S=D (5.10.h)

3. A policy and procedure was created and notice was sent to all residents that self-medicate that they must keep their medications in a locked drawer or box and at the very least, lock their doors when away from their room.

Plan to prevent recurrence: This policy will become part of our admissions packet. Notice is attached. See "B"

R175 POC Accepted 9/26/11 Claraway RN/PMota RN

4R179 S/S=D (5.11.b)

1. Though "Respectful and Effective Interaction with Residents" has been covered during inservice on **Resident Rights**, plus the **Abuse and Neglect** inservices routinely, we have added the wording to the Inservice Titles and the chart of Inservice attendance for each staff member. See attached documents "C" and "D".

Plan to prevent recurrence: "Respectful and Effective Interaction with Residents" has been added to our list of inservices and the chart for staff attendence.

R179 POC Accepted 9/26/11 Claraway RN/PMcota RN

R181 S/S=D (5.11.d)

1. The administrator (myself) immediately went on line and obtained the missing background checks. I realized I had thought the responses were redundant when receiving duplicate e-mails and opened only one. I created an instruction sheet for future reference on "how to" obtain background checks.

Plan to prevent recurrence: Review of procedure and creation of instruction sheet for the process.

R181 POC Accepted 9/26/11 Claraway RN/PMcota RN

R189 S/S =D (5.12.b)

1. The progress notes on Resident #4 were reviewed and update has been added. There has been a meeting with the family and that has been documented.

Plan to prevent recurrence: The resident had been moved to a quieter dining table assignment and has shown remarkable improvement. This has been documented in her chart.

The RN and Director met and reviewed this situation and have set up a policy and procedure to follow-up on their informal weekly and/or PRN review of residents with special needs to include documentation of that review and care planning. It will be the Director's responsibility to make sure the documentation is done.

R189 POC Accepted 9/26/11 Claraway RN/PMcota RN

Pg #3 – The Homestead, Inc., Woodstock, VT
Survey Response

R266 S/S=D (9.1.a)

1. Potentially harmful cleaning supplies (i.e. liquid comet) are now stored on the cleaning cart or in the housekeeping supply closet when not in use.

Plan to prevent recurrence: A notice has been placed on the desk for the Resident Assistants (who clean showers and tubs after use, when housekeeping is off-duty) as to where they can locate the supplies and that they must be returned to the safe location. See attachment "E".

R266 POC Accepted 9/26/11 Claraway RN/PMcotaRN

R291 S/S=E (9.6.d)

1. Hot Water temperatures were checked by a plumber the same day , August 24, 2011. Warning notices were posted in the affected bathrooms. A plumber came in the afternoon and found the problem, a faulty mixing valve. The water temperature has been reduced until the valve can be replaced. The maintenance man was advised of the problem on his return from vacation.

Plan to prevent recurrence: The maintenance man and the administrator reviewed the situation. Maintenance has placed the instant read thermometer, he uses to test the water temperatures, in a place easily available to the administrator. The director/administrator or assistant director will be responsible for water temperature checks when the maintenance man is on vacation or unavailable to do the checks.

R291 POC Accepted 9/26/11 Claraway RN/PMcotaRN

Please let me know if you need further documentation of our resolution of problems noted in the survey. I did not include charting that would infringe on a residents' right to privacy. However, I will find a way to make those docs available if you need to see them.

Submitted by:
Frances M Van Da Griff
Frances M. Van Da Griff
Director
The Homestead, Inc.
Encls.

"A"

The Homestead, Inc.
73 River Street
Woodstock, Vermont 05091
Tel: (802) 457-1310 Fax: (802) 457-4267
e-mail: homestd@adelphia.net

Frances M. Van Da Griff
Director

Sarah Hunt, RN
Director of Nursing

TO: [redacted] r Sheet

Fax No:

From: Sarah Hunt, RN

Date: 8/24/11 Time: 1445 Number of Pages to Follow 8

Confidentiality Notice - IMPORTANT: This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified, or the employees or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately.

MESSAGE: [redacted] was ordered for atrovent inhl 1-2 puffs TID and may use q 4-6 hours as needed. Per State suggestion specify 1-or-2 puffs span has been taking two. Ty Sarah

PHYSICIAN'S TELEPHONE ORDERS

[redacted]	Attending Physician: Dr. [illegible]	Room No.	Admission No.

Date Ordered	Date Discontinued	ORDERS
8/24/11		Atrovent 2 puffs tid

Signature of Nurse Receiving Order: Sarah Hunt RN Time: 1445 Signature of Physician: [signature] Date: 8/24/11

ORIGINAL COPY — Physician Please Sign and Return Within 48 Hrs.

FORM 1880 BRIGGS, Des Moines, Iowa 50306 Printed in U.S.A.

"B"

Medication Storage by Self-Medicating Residents

Policy and Procedure

Residents who self-medicate must keep their medications in a locked drawer or box.

An extra key to that drawer or box must be given to the Homestead administration to be kept on file for emergencies.

At the very least, the resident must make sure they lock the door to their room upon leaving for meals or *anytime* they are out of the room.

8/25/2011

Frances M Van Da Griff

Frances M. Van Da Griff

Director

There will be a Mandatory in-service on

Wednesday 9/21/11 @ 1:30

at the Mertens House Conference room

Abuse & Neglect / Residents Rights

And

Respectful Effective Communication

"D"

The Homestead
Employee Inservice Record

Employee Name:_____

Name of Inservice	Date	Hours	Presenter
Infection Control & Blood Borne Pathogens			
General Care & Supervision			
Abuse/ Neglect Residents Rights			
Respectful Effective Communication			
Emergency Response 1st Aid			
Fire Safety & Hazardous Materials			
CPR Recertification			
Harassment & Sexual Harassment			
Alzhemiers/Dementia			

THE HOMESTEAD, INC.
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"E"

To Care Staff and Housekeepers re: cleaning supplies

First and **foremost** you do a wonderful job quickly following up and cleaning tubs and showers after resident baths.

During our recent survey, the surveyor found Liquid comet in a tub room and bleach on the washer in the laundry room. These are potentially dangerous chemicals in the hands of certain residents or visiting children.

We need to keep them in the laundry room and/or housekeeping supply closet or in a cleaning supply bin for the ra(s) located behind the desk in the cupboards for easy access.

I realize the bleach is made available to our independent residents doing their own laundry. We have put up a notice reminding them to return it to the storage shelf in the laundry room. If you notice that it has been left out, please put it away.

Thank you

Fran