

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

March 2, 2012

Ms. Kim Russell-Peck, Administrator
Kirby House, Inc.
64 South Main Street
Waterbury, VT 05676-1517

Provider #: 0058

Dear Ms. Russell-Peck:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **February 1, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

Licensing and
Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2012
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NAME OF PROVIDER OR SUPPLIER KIRBY HOUSE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH MAIN STREET WATERBURY, VT 05676
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R100	Initial Comments: An unannounced re-licensing survey and complaint investigation was conducted from 01/31/2012 to 02/02/2012. The following regulatory deficiencies were identified as a result of the survey.	R100		
R126 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that services were arranged and provided to meet the needs of 1 of 2 applicable resident's reviewed (Resident #7). Findings include:</p> <p>Per record review, Resident #7 was admitted to the facility on the afternoon of 05/13/2011 (a Friday). The admission note states that the resident had four dental extractions the day prior to admission. It also states that the resident had orders for Percocet (a pain medication) and Clindamycin (an anti-biotic) for the dental extractions. The Percocet bottle label stated that 15 tablets were provided, however a note states that only 2 tablets remained in the bottle when the resident was admitted. The Medication Administration Record (MAR) indicates that one Percocet tablet was administered on 05/14/2011.</p>	R126	<p>R126 - We are developing a pain management policy that will be reviewed by all staff. The policy will state specifically when to notify a registered nurse, on on call physician or emergency room visit is necessary. Any complaint made to staff from a resident in regards to being in pain will be addressed immediately.</p> <p>R126 POC accepted 3/1/12 mthymwrl/Amc</p>	3/15/12

Division of Licensing and Protection

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

[Handwritten Signature]

TITLE

Manager

(X6) DATE

[Handwritten initials]

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R126	Continued From page 1 The medication was recorded on the back of the MAR but was not listed or recorded on the front of the MAR. The resident requested another Percocet on the afternoon of 05/14/2011 and according to the note, the medication was not administered and the resident was informed that there was no physician's order for the medication. On the afternoon of 05/15/2011 the resident is noted to have obtained and taken Excedrin. He was advised that he could not take the medication without a physician's order. On the night shift of 05/15-05/16/2011 the resident is noted to request Tylenol or ibuprofen which was not administered because there was no physician's order. The record contains no indication that staff called the physician for a pain medication order for the three days in question, despite the recent dental work and repeated resident request for pain relievers. The above was confirmed by the facility manager at 11:45 AM on 02/02/2012.	R126		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that an admission	R134	R134 Our policy and procedure for new admissions is to have an admission assessment completed within the 14 day timeframe. With this admission the assessment was not completed and a thorough review of resident record was not done. We will develop a admission check list to assure that all records are complete	3/1/12

R134 POC accepted 3/1/12 M Higgins RN / Annotate RN

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R134	Continued From page 2 assessment was completed for one resident (Resident #1) in the survey sample of 8 residents. Findings include: Per record review, there is no admission assessment in the record for Resident #1 who was admitted on 10/04/2011. The finding was confirmed by the facility Manager at 2:25 PM on 02/01/2012.	R134		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that an admission assessment was conducted by a nurse within 14 days of admission, using an assessment instrument provided by the licensing agency for Resident #2, 1 of 8 residents in the survey sample. Findings include: Per record review Resident #2 was admitted to the facility on 11/02/2011. An admission assessment was completed by the facility manager on 11/16/2011. The facility Manager is not a nurse. The licensing agency assessment instrument was not signed by the nurse to indicate nursing review and participation until	R135	R135 - We will be developing an admission checklist to assure that all records have been completed. The admission assessment will be on that checklist to help ensure that the Registered Nurse and the administrator have both reviewed and signed the assessment within the 14 days. R135 POC accepted 3/1/12 mltiaqinsrn/annotarn	3/1/12

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R135	Continued From page 3 12/01/2011. The facility manager confirmed the finding on 02/01/2012 at 2:45 PM.	R135		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure a comprehensive annual assessment was conducted for Resident #4, 1 of 8 residents in the survey sample. Findings include: Per record review the annual assessment conducted on 02/24/2011 was not signed by the nurse, to indicate review and participation in the assessment. The assessment was completed by the facility manager, who is not a nurse. The finding was confirmed by the facility Manager on 02/01/2011 at 2:45 PM.	R136	R136. We are developing a policy that all assessment are to be held in nursing files until reviewed and signed by the registered nurse. At that time they will then go into the resident record. R136 POC accepted 3/1/12 mtbqmsrnl/medcar	3/1/12
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or	R162		

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R162	Continued From page 4 problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that staff did not administer medications without a physician's order for Resident #7, 1 of 2 residents in the admission sample related to a complaint investigation. Findings include: Per record review and staff interview, Resident #7 was admitted to the facility on 05/13/2011. According to the initial note, on 05/12/2011, the day prior to admission, the resident had extractions of 4 teeth and obtained a prescription for Percocet for pain and Clindamycin. According to the Medication Administration Record (MAR) the resident received a Percocet on 05/14/2011 at 10:25 AM at the resident's request. The medication administration is documented only on the back of the MAR for PRN (as needed) medications. The resident requested a Percocet later on the same date. The note in the record reflects that the request was denied because there was no physician's order for Percocet. According to the MAR the resident received Clindamycin 300 mg four times daily while in the facility. There is no physician's order for Percocet or Clindamycin found in the record. The findings were confirmed by the facility Manager in an interview at 11:45 AM on 02/02/2012.	R162	R162- Our medication management policy is schedule to be reviewed at our next staff in service March 5, 2012. In our policy, medications are not dispensed without a ^{signed} physicians order. Upon admission, if a resident shows up with medication we are not expecting, we are to call our registered nurse, whom will obtain signed orders and delegate staff for administering these medications. This has been added to our medication management policy.	
R205 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.17 Death of a Resident 5.17.c When a resident dies unexpectedly or within 48 hours of a fall or injury, in addition to	R205	R162 POC accepted 3/1/12 MHIgms RNL & Mctaw RN	3/15/12

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R205	Continued From page 5 notifying the medical examiner, the licensee shall send a report to the licensing agency with the following information: (1) Name of resident; (2) Circumstances of the death; (3) Circumstances of any recent injuries or falls; and (4) A list of all medications and treatments received by the resident during the two (2) weeks prior to the death. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to report the unexpected death of a resident to the licensing agency. Findings include: Per staff interview and record review, the facility failed to report the death of a resident subsequent to a serious injury. Resident #8 was admitted to the facility on 12/12/2011. He was 23 years of age at the time of admission. He had lived independently in the community prior to admission but required some assistance with activities of daily living (especially medication regime) and health management. During his stay he had traveled out in the community independently with no issues. On 01/02/2012 he left the facility at approximately 2 PM with a friend. On 01/03/2012 at 2 AM facility staff reported to Washington County Mental Health (WCMH) screeners that the resident had not returned to the facility. At 9 AM on 01/03/2012 the facility Manager called the WCMH Case Manager, who was listed as the resident's emergency contact, and was informed that the resident had been a passenger in a motor vehicle accident. The resident was admitted to Dartmouth-Hitchcock Medical Center where he	R205	R205 - Regulation has been clarified to management. If there is an unexpected death in the future the administrator of the facility will notify the licensing agency. Providing the name of resident, circumstances of death, circumstances of any recent injuries or falls, and a list of all medications and treatments received by the resident during the two weeks prior to the death. R205 POC accepted 3/1/12 mtg/mrnl/amatarn	3/1/12

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R205	Continued From page 6 expired on 01/25/2012. The facility Manager acknowledged, in an interview on 02/01/2012 at 3:35 PM, that the licensing agency had not been notified of the accident and subsequent death of the resident.	R205		
R233 SS=E	VII. NUTRITION AND FOOD SERVICES 7.1.a (2) The meals served each day must provide 100% of the Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and comply with the Dietary Guidelines for Americans. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and staff interview the facility failed to provide the required 100% of the nutritional Recommended Daily Allowances in menus for the week reviewed. Findings include: Per review of the menu for the week of 01/30/2012 to 02/05/2012 the menu contains fewer than the 3-5 servings of vegetables on 5 days and fewer than the 3 (the minimum) servings of vegetables on the other two days. The menu also fails to provide food rich in Vitamin A at least every other day as required. The finding was confirmed by the facility Manager in an interview on 01/31/2012 at 3:30 PM.	R233	R233. A copy of the RDA has been provided and reviewed with food service staff. A list of Vitamin A rich fruits and vegetables has been obtained and will be incorporated into our daily menu at least every other day. We are in the process of obtaining food service equipment to prepare a salad bar that will be offered on a daily basis to help meet our required vegetable servings. Menus will also be reviewed by management more frequently.	
R251 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment	R251		

R233 POC accepted 2/1/12 M.Higgins/AM/etern

3/15/12

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R251	Continued From page 7 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that food was stored as to protect from possible contamination by rodents. Findings include: Per observation, in a kitchen tour at 10:45 AM on 01/31/2012, mouse droppings were observed in two food storage cupboards in the dry storage area. The observation was confirmed by the facility manager at the time of the observation.	R251	R251 - Immediately the shelves were all cleaned. A local pest control company is scheduled for a consult to investigate how we can properly take care of the problem. R251 POC accepted 3/1/12 Mitigation/Preventive	3/15/12
R259 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to assure that cleaning products stored in a food storage area were stored separately in a locked compartment. Findings include: Per observation on 01/31/2012 at 10:45 AM, a cupboard containing cleaning products in the dry	R259	R259 - A new lock will be installed on the cupboard containing the cleaning products. R259 POC accepted 3/1/12 Mitigation/Preventive	3/1/12

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R266	Continued From page 9 which is heavily soiled and stained. 2). The main, shared third floor bathroom has black stains on the upper areas of the wall. 3). The fourth floor main bathroom has a heavily soiled sink. 4). The second, third and fourth floor bathrooms, shared by many residents, do not contain paper towels. 5). Multiple areas of soiled ceiling tiles were noted throughout the facility The observations were confirmed with the facility Manager at 12:55 PM on 02/02/2012	R266	R266 - cont. 4) A monitoring system for the fire escapes is being looked into. At this time we feel that we do not have any residents here that suffer from confusion or have impaired decision making that would pose an immediate risk to themselves having the fire escaped unmonitored.	3/15/12
R277 SS=E	IX. PHYSICAL PLANT 9.3 Toilet, Bathing and Lavatory Facilities 9.3.a Toilet, lavatories and bathing areas shall be equipped with grab bars for the safety of the residents. There shall be at least one (1) full bathroom that meets the requirements of the Americans with Disabilities Act of 1990 and state building accessibility requirements as enforced by the Department of Labor and Industry. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to assure that toilet and bathing areas are equipped with grab bars for resident safety. Findings include: Per observation, the main bathrooms on the second, third, and fourth floors and the private bathroom for room 304, do not have grab bars for toilet and/or bathing areas present in those rooms. Observations were confirmed by the facility manager on 02/02/2012 at 12:50 PM.	R277	R266 Sanitary environment 1) Local flooring contractor is providing estimate for replacement. 2) The shared 3rd floor bath is to be thoroughly cleaned. A sealing product applied to all walls and scheduled to be repainted. W Weekly building maintenance report will include an area for status of the bathrooms. 3) Plumber has been contacted and scheduled for replacement of the sink	3/15/12 3/15/12

*R266 POC accepted 3/1/12
Mitigation/Prevention*

4) All shared bathrooms have permanent towel dispensers. These are monitored daily.
5) Areas of soiled ceiling have been identified and put on a schedule for replacement. 3/15/12

