

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 22, 2013

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 unannounced on-site investigation of a self-reported incident conducted on **May 7, 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



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Division of 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 05/07/2013
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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 on-site investigation of a self-reported incident was conducted on 05/07/13 by the Division of Licensing and Protection. The following are Residential Care Home regulatory violations.	R100		
R104 SS=B	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	See Atch. POC	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **Manager** (X6) DATE

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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 staff interview, for 1 of 2 resident records reviewed, the Residential Care Home (RCH) failed to assure that a written admission agreement describing daily, weekly, or monthly rate and/or other required information was provided to residents or their legal representative (Resident #1). Findings include: 1. Per record review on 05/07/13, Resident #1, had been living at the RCH since 03/07/13. Progress notes shows the resident was living continuously at the RCH on 03/07/11 up to discharge on 05/06/13. The House Manager during interview at 11:01 AM stated "[resident] was an E-bed [emergency bed related to being homeless] and we got the referral from the case manager". S/he stated that the policy would be for the RCH to fill out an "Emergency Referral Form" which does specify rates, dates of stay and services. The House Manger confirmed that there was no signed Emergency Referral Form nor Admission agreement until 5 days later on 03/11/13.	R104			
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	R145			

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R145	Continued From page 2 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 interviews, the facility failed to assure the development of a care plan which describes the care and services needed to assist the resident to maintain independence and well-being for 1 of 2 residents in the sample (Resident #1) Findings include: 1). Per record review on 05/07/13 for Resident #1, there is no Care Plan for the diagnosis of intermittent explosive disorder nor the use of psychoactive medication. In addition, per the relevant client history the [resident] reported that s/he "has a history of aggression when taking [psychoactive] medications". There are no interventions provided in the Care Plan to be employed by staff to prevent, avoid, or de-escalate the identified behaviors or the side effects of medications . Per review of the progress notes during the month of March and April 2013 there are several occasions where Resident #1's behaviors were identified as being aggression towards other residents and per a progress note 04/16/13 Resident #2 alleged that [Resident #1] hurt, bruised and pushed and 'has a temper". Per interview at 11:01 A.M. the House Manager acknowledged that Resident #1 had occasions of being aggressive since admission and confirmed that there were no care plans for the behaviors and medications.	R145			
R164 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R164			

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R164	<p>Continued From page 3</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 record review and interview, the Registered Nurse failed to delegate the responsibility for the administration of specific medications to designated staff for designated residents for 1 of 2 residents (Resident #1). Findings include:</p> <p>1. Per record review on 05/07/13 for Resident #1, the physician's order (new psychoactive drugs) dated 04/02/13 states, Lithium ER 300 mg, 1 cap q h.s.[hour of sleep] for 4 days then 1 cap A.M. and h.s. plus hydroxyzine pamoate (vistaril) 50 mg 1 cap by mouth at h.s. Per interview at 11:01 A.M. the House Manager stated that staff "have been trained in giving these types of drugs to other residents before", and had a list of the staff who are able to administer medications. However, s/he confirmed that the Nurse did not specifically delegate these new psychoactive drugs prior to this resident taking the medications.</p>	R164		
R171 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.g Homes must establish procedures for</p>	R171		

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R171	<p>Continued From page 4</p> <p>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 interview, the facility failed to ensure that medications were administered per physician orders and failed to monitor psychoactive medication's side effects for 1 of 2 residents in the sample. (Resident #1)Findings include:</p> <p>1. During record review on 05/07/13 there was no monitoring of side effects for psychoactive medications, and they were not administered as ordered for Resident #1. Per review of the MAR (Medication Administration Record) and Physician orders dated 04/02/13 Resident #1 did not have the side effects noted nor was the medication administered until 6 days later on 04/08/13. Per chart review, there was no</p>	R171		

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R171	Continued From page 5 behavior monitoring sheet or other documentation that the resident was being assessed for side effects nor documentation as to why the medication was not administered when ordered. Per interview at 11:01 AM the House Manager stated that the medications were not given because of "some insurance issue" but believed the physician was notified, although not noted in the chart. S/he and confirmed that side effects for psychoactive medications for Resident # 1 were not being monitored.	R171		
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by the House manager, the home failed to obtain a photograph of two residents (admitted to the home in 3/2002) for the applicable purposes of identification in the event of an emergency.	R188		

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R188	Continued From page 6 (Resident # 1 and Resident #2) Findings include: 1. Per record review on 05/07/13 at 8:30 A.M. Resident #1, who was admitted on 03/11/13 and Resident #2, who was admitted on 04/10/13, did not have a photograph present in the record. The House manager stated that the residents had not objected to having their photograph taken and confirmed the failure to obtain a photograph.	R188		
R213 SS=B	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on interview the RCH failed to ensure all residents were afforded consideration, privacy and dignity. Findings include: 1. Per interview on 05/07/13 at 8:30 the House Manager stated that a resident complained to staff about 2 other residents engaging in intercourse while that resident was watching television in his/her bedroom. The House Manager also stated that the 2 residents also engaged in "a lot of PDAs [public display of affection]" but they had meeting with one of the guardians who stated that "they are adults and as long as it is private". Per further interview, that House Manager stated that staff are always on the floors but said there is no policy regarding this type of relationships nor was there a private area other than the semi-private rooms. S/he confirmed that the resident watching television	R213		

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R213	Continued From page 7 was not afforded consideration, privacy and dignity.	R213		
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July 31, 2013

Plan of Correction

Provider Identification Number: 0058

Provider Name: Kirby House Inc.

General information on all violations: Neither resident reside at the home at this time. Resident #1 moved out May 6th and resident #2 April 17th.

<u>ID Prefix Tag</u>	<u>Plan of correction</u>	<u>Completion Date</u>
R104:	Currently in the process of seeking information to find out if it is Possible for us to continue to provide a form of respite while meeting All level III regulations. At this time we are refraining from providing These services. If we decide to derive a policy for these emergency Placements we will forward it to the Division of Licensing & Protection Prior to putting it into place.	07/31/13
R145:	A thorough review of all current resident care plans will be done. At that time we will be looking for any psychiatric diagnosis' that have triggers And Interventions that have inadvertently been omitted. If any are found they will be added immediately to the resident care plan.	07/31/13
R164:	1) The RN will delegate all medication changes prior to implementation. 2) The RN will be contacted directly by Kirby House staff when an order is received for a medication change.	

3) The RN will provide individual instructions (by phone, fax and /or on site visit) for staff based on the implications of the particular medication change for the resident. 07/31/13

R171: We will create a communication log between the pharmacy and us, which would give us the documentation that the drug was not given due to prior authorization or any other issues with insurance. This information would then be available to add to resident's file. Staff reports to all case managers and providers any observations and behaviors that are unusual to the resident. These reports are added to progress notes. This is standard practice for us but we will review this with all staff at our next staff meeting. 07/31/13

R188: We currently have an admission checklist that we work from when admitting a new resident. Obtaining a photo has been added to this checklist to prevent it missing in the future. 07/31/13

R213: Upon a new admission each resident currently receives a copy of Resident Rights and they are reviewed at that time. Our current admissions agreement states "As part of this agreement, residents are expected to adhere to the reasonable rules of our home. These rules include respect and consideration for all residents individual needs, privacy and possessions."

With each new admission the administrator will place more emphasis on explaining Residents Rights, especially in regards to privacy. A house meeting has been scheduled for August 6 to review Resident Rights with current residents as well as being assured that all residents are aware of the private space available to them.

It is our policy to take resident complaints seriously, respond promptly and investigate thoroughly to bring an appropriate resolution to the situation. As this isolated incident occurred over a 48 hour period and during this time the administrator spoke with each resident involved as well as the only guardian, reported to case management and offered room reassignment, we feel our protocol was followed. As well, staff was instructed to monitor Resident #1 & #2 more closely, which is evidenced by" house manager's statement that the 2 residents also engaged in "a lot of PDA's (public displays of affection)".

We will review at next staff meeting this policy.

When a resident engages in inappropriate behavior, our policy is to address the behavior immediately. If the resident is alert and cognizant of his/her behavior, the Administrator will discuss the inappropriate behavior directly with the resident and explain to him/her why such behavior is not acceptable. This will be done in a manner and in a setting that will respect the privacy and dignity of the resident. Staff will report behaviors to family, case managers and/or psychiatric providers. Staff will document both the behavior and the ensuing conversation with the resident, family, case managers and/or psychiatric providers in his/her Progress Notes. 08/06/2013

R104, R145, R164, R171, R188 + R213 POC accepted 8/8/13 S. Simmons RN