
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) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 14, 2013

Ms. Paula Patorti, Administrator
Our House Outback
196 Mussey Street
Rutland, VT 05701

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey and investigation of an entity self-report conducted on **October 2, 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2013
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NAME OF PROVIDER OR SUPPLIER
OUR HOUSE OUTBACK

STREET ADDRESS, CITY, STATE, ZIP CODE
**198 MUSSEY STREET
RUTLAND, VT 05701**

(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 on-site re-licensure survey and investigation of an entity self-report was conducted by the Division of Licensing & Protection on 10/02/2013. The following regulatory deficiencies were cited as a result of the re-licensure survey:	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to meet the resident's medical needs for 1 of 5 sampled residents. Findings include: Per record review, Resident #5's record contained an order for a PT/INR (lab test to measure clotting of blood) to be drawn on 9/19/13. At 2:57 PM the manager confirmed that there was no evidence in the record to confirm that the lab had been drawn and there were no results. H/she also confirmed that she did not know where the results were or who would follow up to insure they were addressed. At 4:35PM the RN confirmed that the PT/INR results were not available and that she was not sure how the process would be done to insure follow up.	R126	Lab has changed protocol they NO LONGER send results to us; only to the Doctor: we have created a Lab notebook for internal use that the phlebotomists agreed to sign each time they draw blood - this will give us a starting point so that we may follow-up with the Doctor for results - In this case there was no change therefore the Doctor did not notify us of the results - manager and RN will monitor for accuracy.	10/8/13

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Paula [Signature]* TITLE: Administrator (X8) DATE: 11/13/13

STATE FORM 0688 17EN11 If continuation sheet 1 of 5

R126, R128, R145, R188, R249 POC's accepted 11/14/13 Mitigations RN/pmc

pmc

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R128	Continued From page 1	R128		
R128 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to meet the resident's medical needs as evidenced by the following:</p> <p>Per record review Resident #5 's record contained an order dated 7/15/13 for Tylenol 325 mg two (2) caps or tabs four times daily for pain. On 7/15/13 the facility sent a request to the physician to change the Tylenol dose to BID (twice a day). This order signed by the physician on 7/16/13 stated Tylenol 325 mg PO BID, it was returned to the facility and noted by the RN. In review of the Medication Administration Record (MAR) the resident was receiving Tylenol 650 mg (325 mg 2 tabs) PO BID. At 4:35 PM the RN confirmed that the physician order was inconsistent with the medication administered and that the requested order should have have read Tylenol 650 mg (2 tabs) PO BID and that the MAR had not been corrected to the actual physician's order nor had an order correction been requested from the physician.</p>	R128	<p>RN and Manager have Corrected the order with the physician -</p> <p>RN and Manager will monitor all physicians orders and M.A.R. monthly or as needed when any change OCCURS -</p>	10/3/13
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p>	R145		

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R145	Continued From page 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 staff interview the facility failed to assure that the written plan of care for 1 of 5 residents reviewed, Resident #2 (R#2), described the care and services necessary to maintain well-being. Findings include: Per record review R#2 experienced four falls July through August (7/16 & 23 and 8/22 & 23). On 9/12/13 the resident was found in her room where a broken lamp was on the floor and s/he had a cut his/her toe. In a review of R#2's care plan there were no updates regarding falls and there were no updates the the care plan for accidents and related to the cut. In an interview on 10/2/13 at 4PM the facility nurse confirmed that the care plan had not been updated in relation to these falls and/or for the accident with a cut.	R145	<i>Treatment sheets have been added to the Care plans- An end date and/or final comment will be made by the RN on a case by case basis. manager will monitor for accuracy.</i>	<i>11/1/13</i>
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	R188		

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R188	<p>Continued From page 3</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the resident record for 1 of 5 residents, Resident#2 (R#2), contained progress notes regarding accident or incident. Findings include:</p> <p>Per record review, the record of R#2 contained incident reports and/or notes regarding 5 falls, July 16 & 23, August 22 & 23, and July 24. There were also incidents around a broken lamp on 9/12/13, which resulted in a cut, and 3 episodes of vomiting on 9/18/13. There were notes by nursing regarding the incidents at the time they happened but no follow-up documentation regarding the ongoing monitoring for several of the incidents, including the cut and the vomiting. The facility nurse confirmed the documentation was not present in an interview on 10/2/13 at 4PM.</p>	R188 <i>R188</i>	<p><i>RN and manager will monitor treatment sheets and incident reports to assure completion.</i></p> <p><i>RN will make final notes (or manager) when applicable to document resolve or progression on a case by case basis.</i></p>	<i>11/1/13</i>
R249 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.d The home shall assure that food handling and storage techniques are consistent with safe</p>	R249		

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R249	<p>Continued From page 4</p> <p>food handling practices.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observation and interview, the facility failed to assure that food handling techniques are consistent with safe food handling practices. Findings include:</p> <p>Per observation during lunch service at 12:15PM on 10/2/13 the following were observed:</p> <p>A). A staff member preparing and serving food had shoulder length hair loose and unsecured during food prep and service.</p> <p>B). Two staff members were observed washing their hands in the dish/ food prep sink in the kitchen, where there is a handwashing sink available.</p> <p>C). A staff member removed soiled table ware from resident tables, scraped the plates clean, and then proceeded to obtain clean dishes and serve dessert without washing, sanitizing or gloving his/her hands.</p> <p>In an interview on 10/2/13 the house Manager confirmed that hair should be secured, the handwashing sink should be used rather than the food/dish sink for washing hands, and the staff should be cleaning hands between tasks.</p>	R249	<p>This was just sloppy work or nerves. Staff on duty know the expectations and have been reminded of proper food handling and handwashing. manager will monitor for compliance.</p>	11/1/13

Our House R.C.H.'s Fax Cover Sheet

162 Jackson Ave. fax # (802)773-5716 ph # (802)773-4294
69 1/2 Allen St. fax # (802)773-4287 ph# (802)773-4272
48 So. Main St. fax # (802)773-1776 ph# (802)773-1776
196 Mussey St. fax# (802)775-7551 ph# (802)775-7550
Rutland, VT 05701

Send to: D.L.P.	From: Paula Patorti
Attention: Pam Cota	Date: 11/13/13
Office Location:	Office Location:
Fax Number: 802-871-3318	Phone Number: 802-345-2835

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your Information

Total pages, including cover. 6

Comments:

POC for Oth Outback -
Originals mailed -
Thank you
Paula