

## 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 at Park Terrace  
48 South Main Street  
Rutland, VT 05701

Provider #: 0146

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **September 30, 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:  <b>0146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	NOV 12 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>09/30/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OUR HOUSE AT PARK TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>48 SOUTH MAIN STREET RUTLAND, VT 05701</b>
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R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 10/7/2013. The following regulatory deficiencies were cited as a result of this survey:	R100	<i>See attached Plans of Correction.</i>	
R104 SS=E	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 ACCS services, the specific room and board rate,	R104		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Paula [Signature]</i>	TITLE <i>Owner/Administrator</i>	(X6) DATE <i>11/8/13</i>
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*R104, R112, R128, R145, R188, R288, + R999 POC's accepted 11/14/13 m Higgins RN/PMC*

*PMC*

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R104	<p>Continued From page 1</p> <p>the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the Admission agreement provided to all residents and/or legal representatives at the time of admission includes all the required information. Findings include:</p> <p>Per record review of the facility's Admission Agreement, for all residents upon admission, does not include the required explanation of the home's policy regarding or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. In an interview, on 9/30/13 at 3PM the facility owner confirmed that the Admission Agreement did not contain the required information as above.</p>	R104		
R112 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.2 Admission</p> <p>5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each resident admitted was accompanied by a physician's</p>	R112		

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R112	Continued From page 2  statement including medical diagnosis, including psychiatric diagnosis for 3 of 5 sampled residents. Findings include:  Per record review there were no admitting physician's statements for three residents admitted to the facility. The two remaining residents in the five sampled records had discharge statements containing the required information. In an interview on 9/30/13 at 3:30 PM the facility nurse stated that s/he was unaware of the requirement for a physician's statement prior to or at the time of admission.	R112		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the resident's medication, treatment, and dietary services are consistent with physician's orders for one resident, Resident #1 (R#1). Findings include:  Per record review R#1 was admitted to the facility on 7/10/13. The record contains discharge information from his previous facility. There is no evidence of signed physician's orders for the resident's care and services upon admission. The first signed physician's orders are from the Primary Care Physician in September of 2013. In	R128		

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R128	Continued From page 3  an interview at 3:45 PM on 9/30/13 the facility nurse confirmed that there were no signed physician orders in the record prior to the September orders and that "I should have called."	R128		
R145 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that the plan of care for four of five sampled residents, (R#1, R#2, R#4, and R#5), describe the care and services to maintain well-being and independence. Findings include:</p> <p>1). Per record review R#1 fell down the stairs on 9/8/13 and suffered a Left Basilar Contusion, a Pulmonary Contusion, and a Left Brow Laceration. There were no updates on the care plan describing care of the sutured laceration, observations related to the pulmonary and basilar injuries, or strategies to prevent reoccurrence.</p> <p>2). Per record review R#2 was noted to have an episode of shaking on 7/22/13. A nurses note states that the resident should be monitored for any continued or repeat incidents of shaking. The instruction was not found in the resident care</p>	R145		

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R145	Continued From page 4 plan.  3). Per record review R#4 had an abrasion on her Left Knee on 8/18/13. The instructions were to leave the abrasion open to air and to report any change to the Physician. Additionally the resident, who had been placed on daily weights on 4/18/13, had a Physicians order on 8/6/13 to change the weight schedule to every two weeks. The instructions were not added to the resident's care plan.  4). Per record review R#5 injured her arm in a fall on 8/29/13. She was seen in the emergency room and interventions for post-care included elevate the arm, use the sling provided as tolerated, and apply ice as necessary. The interventions were not added to the resident care plan.  In an interview at 3:20PM the facility nurse confirmed that the above care plan revisions had not occurred.	R145		
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	R188		

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R188	<p>Continued From page 5</p> <p>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 interviews the facility failed to assure that documentation was present, for 3 residents of the sampled 5 residents (R#1, R#2, and R#4), regarding follow-up to illness or injury. Findings include:</p> <p>Per record review R#4 fell on 8/28/13, R#1 fell on 9/8/13, and R#2 had episodes of shaking on 7/22/13. There are no notes in the records of each client indicating nurse monitoring, assessment or contact for the days following these incidents. In an interview on 9/30/13 at 3:50PM the facility nurse confirmed that the above documentation was not available for these residents.</p>	R188		
R228 SS=D	<p>VI. RESIDENTS' RIGHTS</p> <p>6.16 Residents have the right to formulate advance directives as provided by state law and to have the home follow the residents' wishes</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to have an adequate system in place to assure that the facility follows the resident's wishes regarding Advance Directives for 1 resident (R#1). Findings include:</p>	R228		

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R228	Continued From page 6  Per record review there is no Do Not Resuscitate (DNR) order present in the record for R#1. There is no indicator of code status on the outside spine of the resident's record. Per review of facility policy and staff interview with the facility nurse on 9/30/13 at 3:10PM the facility procedure is that for residents who are a DNR status, a red dot is placed on the spine of their record. If a resident in a Full Code or has not made a decision a Green dot, to indicate initiate CPR, is placed on the spine of the resident's record. The nurse stated that the resident representative was undecided regarding advance directives and confirmed that in the interim the resident is treated as a full code and that status should be reflected in/on the record.	R228		
R999 SS=F	MISCELLANEOUS  4.11 Transfer Prohibited  A license shall be issued only for the person(s) and premises named in the application and is not transferable or assignable.  This REQUIREMENT is NOT MET as evidenced by:  During entrance of the facility on 9/30/13 the person on duty revealed that s/he was the manager of the facility. The home's license, posted in the entry, named a different staff member as manager. The home failed to notify the Licensing Agency of a change in the Manager/change in information for licensure. In addition, the persons named as "acting managers" failed to meet the minimum qualifications stated in 4.13.d.	R999		

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R999	<p>Continued From page 7</p> <p>4.13.d The qualifications for the manager of a home are, at a minimum:</p> <p>(1) Completion of a State approved certification course or</p> <p>(2) One of the following:</p> <p>i. At least an Associates Degree in the area of human services and two (2) years of administrative experience in adult residential care; or</p> <p>ii. Three (3) years of general experience in residential care, including one year in management, supervisory, or administrative capacity, or:</p> <p>iii. A current Vermont license as a nurse or nursing home administrator; or</p> <p>iv. Other professional qualifications and experience related to the provision of healthcare services or management of healthcare facilities including, but not limited to, a licensed or certified social worker.</p> <p>Based on staff interviews, the facility failed to assure that the Division of Licensing and Protection, the facility licensing agency, was made aware of a change in manager and to assure that the acting manager/ managers met the qualifications for the manager of a home. Findings include:</p> <p>During entrance of the facility on 9/30/13 the person on duty revealed that s/he was the manager of the facility. The home's license,</p>	R999		
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R999	Continued From page 8  posted in the entry, named a different staff member as manager. The manager stated that the previous manager still worked for the organization but not as a manager of this home. S/he is working in other houses in the organization. The manager stated that s/he shares the position with a second staff. Both acting managers are direct care staff during their shifts in addition to filling managerial duties.	R999		
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**Plan of Correction re: DLP Survey of 9/30/13**

Our House at Park Terrace R.C.H.

48 South Main St. – Rutland, VT

R100 – Respectfully please note the date in the paragraph titled “initial comments” is incorrect, as noted correctly in box (x3) (in the top right hand corner) “date of survey” was 9/30/13.

R104 – Resident Admission agreement has been edited to include our status as a Medicaid provider and our intent to retain private paying residents after funds are exhausted and LTC Medicaid is approved; on a case by case basis. ACCS Admission agreement did not require editing. No further action is required.

Completed 9/30/13

R112 – RN and Manager have in place a routine to assure receipt of “physician’s statement” or the equivalent no later than at admission. A follow up procedure will assure this document will not be overlooked. Manager will monitor for accuracy and compliance.

Completed 10/4/13

R128 – RN and Manager have been reminded of the need to follow up with physicians to obtain appropriate admission statement and have established a routine to assure receipt of documents in a timely manner. Manager will monitor for accuracy and compliance.

Completed 10/4/13

R145- Treatment sheets will be copied (or information transferred) and added to the care plan record. RN will monitor for compliance on a case by case basis. Manager will monitor for accuracy and compliance.

Completed 10/4/13

R188 – RN will add notes and assessments to the treatment sheets (including those included in the care plan record) as well as on accident/incident reports for ease of tracking progress and regulatory compliance. Manager will monitor for accuracy and completion.

Completed 10/4/13

R228 – RN and Manager have been reminded of house protocol and the importance of the “status at a glance”, Manager and RN will monitor charts for compliance.

Completed 9/30/13

*Paula Bertoni* ADMINISTRATOR

11/8/13

Our House at Park Terrace R.C.H.

48 South Main St. – Rutland, VT

R999 – The Manager had asked to step down for personal reasons, three other OH managers and the administrator immediately stepped in and were prepping the two co-managers (interim managers) while overseeing the residents and homes daily needs. The House manager would have stepped in at any time if she was called upon as she was still actively working with Our House. Management training will continue but the House Manager has returned to her position and the administrator notified the licensing chief of her return on 10/24/13.

Future plans include continuing management training including a state approved completion course and OASIS training – this initiative will be ongoing.

The Administrator will monitor manager status for regulatory compliance and be responsible for making our licensing agency aware of any such changes in the future.

Per surveyor request the Administrator advised the Licensing Chief on this day via fax, requests were submitted regarding the interim co- managers though they were not approved for status, the situation was resolved with the present Manager returning to duty.

Completed 10/24/13

 ADMINISTRATOR 11/8/13