

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

May 19, 2011

Paula Patorti, Administrator  
Our House At Park Terrace  
48 South Main Street  
Rutland, VT 05701

Provider ID #:

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 29, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

Licensing and  
Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/29/2011
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NAME OF PROVIDER OR SUPPLIER  OUR HOUSE AT PARK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 48 SOUTH MAIN STREET RUTLAND, VT 05701
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R100 Initial Comments:  
  
An unannounced onsite licensing survey was conducted by the Division of Licensing and Protection on 3/29/11 to determine regulatory compliance with the Vermont Residential Care Home Licensing Regulations. Findings include:

R100

R128 V. RESIDENT CARE AND HOME SERVICES  
SS=D  
  
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.

R128

This REQUIREMENT is not met as evidenced by:  
Based on record review and interview, the home failed to assure that appropriate pain management assessment and interventions were carried out for 1 applicable resident (Resident #3). Findings include:

1. Per record review on 3/29/11, Resident #3 experienced worsening pain from 9/19/10 through 9/29/10 and was eventually hospitalized 9/29/10 to 9/30/10 for evaluation of this condition. Non-licensed staff notes indicated that pain relief measures from 9/19/10 through 9/24/10 using Tylenol and Ibuprofen were ineffective. On one occasion a heat pad was attempted but was also ineffective. On 9/25/10, Tramadol was begun but according to 'comment sheet' notes, little relief was obtained. On the evening of 9/27/10, staff documented the resident had difficulty walking due to pain. There were no additional notes until

R126

*Our House at Park Terrace owners and managers were pleased to forego this recent survey. This survey proved to be a helpful experience.*

*There is no excuse for this - Though assured by the Nurse had been following this resident and phone calls had been made to the Doctor and the legal rep, the documentation was not done. The Nurse in charge at the time is aware of this deficiency and the seriousness of the matter. We feel certain that this →*

Division of Licensing and Protection  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Paula [Signature]</i>	TITLE  Administrator	(X8) DATE  4/23/11
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Division of Licensing and Protection

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R126 Continued From page 1  
9/29/10 when the record stated that the resident had been admitted to the hospital. There was no indication of a nursing assessment of this resident's pain throughout the 10-day period nor was there a follow up note by the nurse after the the resident's return from the hospital evaluation. During interview that afternoon, the Manager confirmed that the resident had experienced a 10-day period of worsening pain, that there were no staff notes from the evening of 9/27/10 until the afternoon of 9/29/10 and that there were no RN notes indicating nursing assessment and /or intervention during this period.

R126  
Was an isolated incident and validation of our decision to add an RN to staff. Nurse Crystal joined us in October 2010.  
R126 5-19-11 POC accepted.  
C. Laramy, RN

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 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 observation, interview and record review, the RN (Registered Nurse) failed to develop a plan of care reflective of the current care needs of 2 of 3 residents in the survey sample (Resident #1 and Resident #3). Findings include:  
1. Per observation throughout the day of the survey on 3/29/11, Resident #1 used a wheelchair and required staff assistance for locomotion. Per record review, the most recent resident assessment.(2/15/11) indicated that the

R145  
Since the Survey, Nurse Crystal has reviewed, replaced and updated all Resident Care plans.  
Care plans will be maintained as required.  
R145 5-19-11 POC accepted  
C. Laramy, RN  
4/6/11

*Paul [Signature]* Administrator 4/23/11

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R145	Continued From page 2  resident has deteriorated in self care function. Per review of the care plan, developed 2/10/2006, there is no indication of this decline in function in the areas of mobility, transfer, fall risk, and personal needs nor are specific interventions identified in these areas to direct staff in this resident's current care needs. Per interview with the Manager at 2:55 PM, the care plan does not reflect the current needs of this resident.  2. Per record review on 3/29/11, the annual assessment (completed 11/8/10) indicates that Resident #3 requires a scheduled toileting plan. Per review of the care plan, there is no instruction to guide staff regarding this need. During interview at 2:12 PM, the Manager confirmed that the care plan for this resident did not reflect all current resident needs.	R145		
R171 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for 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:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering	R171		

*Paula Felt*

Administrator

4/23/11

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R171	<p>Continued From page 3</p> <p>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 home failed to maintain a current list of staff administering medications to residents, including non-licensed staff delegated by the RN (Registered Nurse). Additionally, the RN failed to perform screening for adverse reactions to psychoactive medications for 1 applicable resident in the survey sample (Resident #3). Findings include:</p> <p>1. Per record review on 3/29/11, the requested medication administration and delegation list entitled 'Medication Certified Staff' with a type written notation 'Updated 5/8/2009' was provided by the Manager. This document did not include an RN signature/date. Additional record review indicated that staff hired after 5/8/2009 and delegated to administer medications per the Manager were not on this list. During interview at noontime, the Manager confirmed that there was no nurse signature on the Medication Certified Staff list. During further interview at 1:22 PM with an administrative staff member, it was confirmed that the list did not include all staff currently administering medications at this home.</p> <p>2. Per record review on 3/29/11, Resident #3 receives 3 psychoactive medications that have potentially irreversible side effects (Haldol 20 mg [milligrams] at HS [bedtime] daily, Risperdone 3 mg at HS daily and Seroquel 300 mg at HS daily).</p>	R171	<p>Med Certified Staff lists are generated monthly and faxed from the office to each house, why this old list was what the surveyor was presented with is a mystery - However -</p> <p>R171 We have changed our form, (added a line for the RN's signature and date) and added blank lines for the RN to add as soon as they have certified a new staff member.</p> <p>R171 #1 5-19-11 POC accepted. C. Lanning, RN</p>	
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*Paula Satt*

4/23/11

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R171	Continued From page 4  There was an AIMS (Abnormal Involuntary Movement Screen) tool completed by the RN in the record dated 4/2009. During interview at 2:34 PM, the Manager confirmed that the resident does regularly receive these medications, that there was no current AIMS in the record, nor any other documented indication that the resident has been monitored for the side effects of psychoactive medications since 4/2009.	R171	Nurse Crystal has created AIMS for all relevant records - RN will update AIMS as required.	4/5/11
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  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, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced	R179	R171 #2 5-19-11 POC accepted. C. Laraway, RN	
		R179	Although the majority of the topics are taught and discussed as part of orientation and training, we admit that this is a constant challenge as turnover and student employees often miss scheduled in-services - Therefore with the advise of the surveyor	

*Paula [Signature]*

4/23/11

SCANNED

PRINTED: 04/13/2011  
FORM APPROVED

Division of Licensing and Protection

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R179	Continued From page 5  by: Based on record review and interview, the home failed to ensure that 5 of 5 direct caregivers in the survey sample had completed annual education in required topics and numbers of hours (12). Findings include:  1. Per record review on 3/29/11, 5 of 5 staff had completed neither the 7 mandatory educational topics nor the 12 hours of combined ongoing annual education. During interview at 2:55 PM, the Manager confirmed that the records did not indicate completion of required education for these 5 staff members.	R179	we will be implementing written inservices and training for all staff by mid-June 2011.  R179 5-19-11 POC accepted C. Laramy, RN	6/11
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to produce the results of all registry abuse checks for 1 of 3 staff members. Findings include:  1. Per record review on 3/29/11, there was no adult or child abuse registry check available for 1 of 3 staff members. During interview that afternoon, an administrative staff member confirmed that copies of these record checks were not available as the records were kept electronically and there was a problem with the computer system at the time of the survey.	R190	Due to internet problems the one record could not be researched while the surveyor was in-house. When able, Manager Lisa attempted to recall the record requested, it had been deleted and could not find the hard copy.  The registry checks are not instantaneous and do leave room for human error, we have added a log and dual verification for these background checks.	4/11

*Paula Sabat*

*C. Laramy, RN*

*4/23/11*

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R246 R246 SS=F	Continued From page 6  VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to separate dented cans of food from the resident food supply. Findings include:  1. Per observation during the initial tour with the Manager on 3/29/11, there were 3 dented cans of chicken noodle soup (50 ounce), 1 dented small can of cranberry sauce, 1 dented gallon can of peaches, and 1 dented gallon can of pears. The Manager confirmed these findings at the time of the observation.	R246  R246	<p>These Cans had just been delivered and as happens with each food delivery, the manager inspects all cans for damage, puts all damaged cans aside and the food service must take them back in order for us to receive credit or replacements -</p> <p>Food in dented cans should never be served or accepted into our house closets or cupboards.</p> <p>R246 5-19-11 POC accepted - C. Larany, RN</p> <p>R246 5-19-11 POC addendum accepted. - C. Larany, RN</p>	
R291 SS=F	IX. PHYSICAL PLANT  9.6 Plumbing  9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to maintain water temperatures below 120	R291		

*Paula [Signature]*

4/23/11

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R291	Continued From page 7 degrees Fahrenheit (F) in resident areas. Findings include:  1. Per testing of water temperatures on 3/29/11 at 4:45 PM, the water temperature in a downstairs resident use bathroom was 125.1 degrees F. During interview and re-testing at 4:48 PM, the Manager confirmed that the temperature was 125.1 degrees F and stated that all water in the home was supplied by a single heating system so all water would be too hot.	R291	Temperature Checklist had been overlooked in March due to vacation - was scheduled to be done April 1st and should have been caught at that time.	3/30/11
R302 SS=E	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to demonstrate completion of fire drills as required. Findings include:  1. Per record review on 3/29/11, the home had completed 6 annual fire drills, however the time of each drill was not recorded. It was not possible to determine whether all times required (morning,	R302	R291 5-19-11 POC accepted C. Lanning, RLV	

*Paula [Signature]*

4/23/11

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R302	Continued From page 8 afternoon, evening, and night) had been tested. During interview at 4:48 PM, the Manager confirmed that there were no times listed on the fire drill records and that there is no way to determine whether all timeframes have been met.	R302	<p>Each shift has a specific color of ink that identifies "shift" internally -</p> <p>Fire drill logs are done in color of ink to depict shift - Also time of day is normally stated in the "Summary" at the bottom of each log. However we have added a specific line for "time of day _____"</p> <p>R302 5-19-11 POC accepted _____ C. Laramy, RN _____</p>	4/1/11

*Paula Sabt*

4/23/11