

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

September 11, 2012

Mr. Michael Moore, Administrator
Lowell House
419 Rickaby Road
Lowell, VT 05847-9667

Dear Mr. Moore:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 7, 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
Licensing Chief

PC:jl



Division of Licensing and Protection

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0538 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/07/2012 |
|--|--|--|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER LOWELL HOUSE | STREET ADDRESS, CITY, STATE, ZIP CODE 419 RICKABY ROAD LOWELL, VT 05847 |
|--|---|

| (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 onsite complaint investigation was conducted by the Division of Licensing and Protection on 8/7/12. Based on information gathered, regulatory violations related to the complaint were cited as follows. | R100 | | |
| R163 SS=0 | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that a Registered Nurse (RN) conducted an assessment for 1 of 1 Residents (Resident #1) to whom medications are administered by unlicensed staff. Findings include:</p> <p>During record review on 8/7/12, the most recent re-assessment documented for Resident #1, dated 6/22/11, was found to lack the signature of an RN. Further, there was no evidence provided by the home which would indicate that an annual re-assessment had been completed and reviewed by an RN since the unsigned document of 6/22/11. During an interview at noon on 8/7/12, the home's manager confirmed that the re-assessment for Resident #1 lacked an RN</p> | R163 | (see attached POC) | <p>Administrator Lowell Hous</p> <p>8/31/12</p> |

Division of Licensing and Protection

TITLE

(X6) DATE

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

AME

Division of Licensing and Protection

| | | | | | |
|--|--|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0538 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/07/2012 |
| NAME OF PROVIDER OR SUPPLIER LOWELL HOUSE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 419 RICKABY ROAD LOWELL, VT 05847 | | |
| (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 | |
| R163 | Continued From page 1 signature, and that there was no annual re-assessment by an RN available in the medical record. | R163 | (See Attache POC) | | |
| R164 SS=E | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that unlicensed staff who administer medications to 4 of 4 residents (Residents #1, #2, #3, #4) had been delegated the medication administration responsibility by a Registered Nurse (RN). Findings include: During record review on 8/7/12, the home's list of staff to whom medication administration is delegated (dated 2/23/12) was found to be signed by a Licensed Practical Nurse (LPN). During an interview at 10:00 AM on 8/7/12, the manager confirmed that the home's list of medication administration delegation (dated 2/23/12) was signed by an LPN. The manager further confirmed that Residents #1, #2, #3, and #4 receive medications daily from unlicensed staff. | R164 | | | |

PRINTED: 08/22/2012
FORM APPROVED

Division of Licensing and Protection

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0538 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/07/2012 |
|--|--|--|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER LOWELL HOUSE | STREET ADDRESS, CITY, STATE, ZIP CODE 419 RICKABY ROAD LOWELL, VT 05847 |
|--|---|

| (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 |
|--------------------|---|---------------|---|--------------------|
| R165 | Continued From page 2 | R165 | (See Attached POC) | |
| R165 SS=E | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <ol style="list-style-type: none"> i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and <p>Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the home failed to assure that a Registered Nurse (RN) taught designated unlicensed staff the proper techniques for medication administration to 4 of 4 of the home's residents (Residents #1, #2, #3, #4). Findings include:</p> <p>During record review on 8/7/12, the home's list of training, dated 2/23/12, for unlicensed staff who are delegated the responsibility of medication administration (to Residents #1, #2, #3, and #4), was found to be signed by a Licensed Practical</p> | R165 | | |

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0538 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/07/2012 | |
|--|--|---|---|--------------------|
| NAME OF PROVIDER OR SUPPLIER LOWELL HOUSE | | STREET ADDRESS, CITY, STATE, ZIP CODE 418 RICKABY ROAD LOWELL, VT 05847 | | |
| (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 |
| R165 | Continued From page 3 Nurse (LPN). During an interview at 10:00 AM on 8/7/12, the manager of the home confirmed that the medication delegation and training had been conducted by the LPN who signed the list dated 2/23/12. | R165 | | |
| R999 SS=D | <p>MISCELLANEOUS</p> <p>u. "Licensed home" is a residential care home possessing a valid license to operate from the licensing agency.</p> <p>Based on staff interview and record review, the home provided service to an occupant of an unlicensed building on the property by the home's staff. Findings include:</p> <p>Per record review on 8/7/12, Resident #4 was listed on the home's admission and discharge log as having been admitted on 11/1/10. During an interview at 10:00 AM on 8/7/12, the home's manager confirmed that Resident #4 resides not in the licensed home, but in an unlicensed, detached cottage on the property. The manager further confirmed that Resident #4 received medication administration by the staff and consumed meals at the home.</p> <p>*This is a repeat citation, originally cited on 12/9/11 and found to be uncorrected.</p> | R999 | (See attached doc.) | |

Facility: Lowell House (NKHS)

Survey Date: 8/7/2012

Plan Of Correction Date: 8/31/12

R163, 164 , & 165 Medication Management
5.5 (5.10.d)

Lowell house manager coordinated efforts with agency LPN & RN to redelegate staff under supervision of Agency RN as of 8/30/12. A current residential assessment for client #1 was received as of 8/29/12, dated and signed as of 8/6/12 by agency RN. Ongoing review of current staff delegation and annual review of residential assessment will be conducted by house manager and supervising agency nurse to assure that deficiency does not reoccur.

R999 Miscellaneous
"Licensed Home"

Lowell house resident #4 was found to living in unlicensed detached cottage on the property. He was admitted on 11/1/10 and received medication administration and meals at the Residential Home.

Resident #4 was discharged from Lowell House on 8/7/12. Lowell house will longer use the detached cottage as part of the residence, nor will any future use of cottage be staffed or served by the Lowell House Residential Staff.

R163, 164, 165 + R999 POC's accepted 9/15/12 JHosmer RN/PMC