

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

June 25, 2012

Mr. James Macdonald, Administrator
Second Spring
118 Clark Road
Williamstown, VT 05679

Provider # 0386

Dear Mr. Macdonald:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **May 15, 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, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED C 05/15/2012
NAME OF PROVIDER OR SUPPLIER SECOND SPRING			STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679		
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R100	Initial Comments: An unannounced on-site complaint investigation was conducted on 5/15/12 by the Division of Licensing and Protection. At the time of the investigation a situation of immediate and serious threat to a resident's safety and well being was determined to exist. The following regulatory violations were identified.	R100	See attached Plans of Correction		
R101 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH retained a resident who had level of care needs which exceeded what the RCH is able to safely and appropriately provide. (Resident #1) Findings include: Per record review on 5/15/12, over a 7 day period (5/7/12 - 5/14/12) Resident #1, with a past history of significant suicidal attempts and suicidal ideation, demonstrated impulsive self-harming behaviors and was an elopement risk requiring staff to provide 1:1 observations and/or 15 minute checks. However during this time period of supervised observations, the resident accessed implements to inflict self injury and eloped from the facility with threats of ending their life. As a result of the behaviors, Resident #1 was brought to the Emergency Department for an emergency	R101	R101 POE Accepted O. DeTrotch	6/21/12	

Division of Licensing and Protection

[Signature] RCH Director 6/17/12

TITLE

(X6) DATE

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

[Handwritten initials]

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R101	Continued From page 1 evaluation conducted by a mental health screener on 5/9 and 5/12/12. With collaboration with the Emergency Room physician it was determined Resident #1 was in need of hospitalization in a psychiatry unit. Because a hospital bed was not available, the RCH administrative staff determined they were able to accept Resident #1 back to the RCH and provide appropriate care and services. No variance was requested by the home to retain this resident despite the assessment that the Resident required the services of a hospital. Upon return to the RCH, Resident #1 refused to contract for safety, continued to demonstrate impulsive behaviors including eloping from the facility, accessing contraband item (belt) and repeated incidents of self harm. Although the resident was under frequent levels of observation, staff were unable to consistently maintain the resident's safety or address the resident's acute psychiatric level of care needs in a residential care home setting. Refer also to R126.	R101		
R102 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.b. A person with a serious, acute illness requiring the medical, surgical or nursing care of a general or special hospital shall not be admitted to or retained as a resident in a residential care home. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the	R102	<i>6/2/12</i> <i>POC Accepted</i> <i>Williamstown</i>	

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R102	Continued From page 2 RCH readmitted a resident who was assessed to require acute psychiatric hospitalization. (Resident #1) Findings include: During 2 separate occasions (5/9/12 and 5/12/12) the RCH administrative staff accepted and retained a resident despite the resident's need for psychiatric intervention in a acute hospital setting. During this period of time Resident #1 demonstrated self-harming behaviors, isolation and refused to contract for safety. Although the resident had been at the RCH for approximately 3 months, behaviors were minimal and were managed until 5/7/12 when Resident #1 began self harming behaviors and demonstrated limited personal control for their safety. Over the course of 1 week (5/7/12 - 5/14/12) Resident #1 attempted to strangle themselves four times with various items, repeatedly picked and dug at a self inflicted wound to their wrist and eloped twice from the building. As a result of these behaviors the resident was brought to the Emergency Department of a local hospital and was evaluated by mental health screeners and was deemed to require acute psychiatric hospitalization. By accepting and retaining Resident #1, who was beyond the level of care the RCH is licensed to provide, the resident's psychiatric needs were not being met and the necessary acute interventions were not provided. No variance was requested by the home to retain this resident despite the assessment that the Resident required the services of a hospital. Refer also to R126	R102		
R126 SS=J	V. RESIDENT CARE AND HOME SERVICES	R126		

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R126	<p>Continued From page 3</p> <p>5.5 General Care</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the Residential Care Home (RCH) failed to ensure necessary services including adequate supervision was provided for a resident who was demonstrating self-harming behaviors and expressing suicidal ideations. (Resident #1) Findings include:</p> <p>Per record review on 5/15/12, over a 7 day period (5/7/12 - 5/14/12) Resident #1, with a past history of significant suicidal attempts and suicidal ideation, demonstrated impulsive self-harming behaviors and was an elopement risk requiring staff to provide 1:1 observations and/or 15 minute checks. However during this time period of supervised observations, the resident accessed implements to inflict self injury and eloped from the facility with threats of ending their life.</p> <p>On the afternoon of 5/7/12, after being informed a pass to leave the RCH would not be recommended, Resident #1 lacerated their left wrist with a staple and paperclip. After a visit to the Emergency Department the resident returned to the RCH was despondent with staff and refused to contract for safety. The decision was made to place Resident #1 back on 1:1 observations with a staff member sitting outside the resident's room. On 5/8/12, after being</p>	R126	<p>R126 Poe Accepted DeDeTosh 6/21/12</p>	

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R126	<p>Continued From page 4</p> <p>informed observation status had been reduced to 15 minute checks by staff, while in her room Resident #1 again, using a paper clip and staples scratched and dug farther into their wound. Nursing staff assessed and applied a dressing to the wound and attempts to deescalate the resident's behavior was unsuccessful. After Resident #1 spoke with a Mental Health Screener by phone, s/he returned to their room and per nursing progress note "...took a belt and put it around her neck tightening it until slightly blue" while on 1:1 observation.</p> <p>Associating the behavior with attention seeking, nursing and social service staff initially decided to allow the resident to keep the belt around their neck rationalizing the worse thing to happen is the resident would pass out. Nursing staff further document "...continued to pull belt tighter...face becoming purple and it was evident [s/he] wouldn't stop..." Staff intervened and the belt was removed after a "hands on" restraint procedure was utilized. Remaining on 1:1 observation and still having access to staples, a nursing note states "later there was more digging..." of the wound on the resident's left wrist.</p> <p>Per the 5/9/12 11:00 AM clinical psychologist progress note states Resident #1 did not want to discuss with the psychologist their self harm behaviors. The psychologist recommends "...that 1:1 maintain a "compassionate distance" in regards to the observation status assigned to Resident #1. During the same morning, Resident #1 enters and locks their bathroom door and attempts to wrap the call light cord around their neck. Per interview on 5/15/12 at 3:05 PM the staff nurse present during this event stated another staff member was able to "jimmy the lock" on the bathroom door and access Resident</p>	R126		

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R126	<p>Continued From page 5</p> <p>#1. The resident did not sustain an injury. Resident #1 was then placed on 1:1/Suicide watch. Shortly after, the resident informed the nurse "I've had enough. I can't do this anymore..." and proceeded to walk out of the building, off the RCH property and entering a wooded area picking up a broken car windshield wiper and rope while heading into a wooded area. Staff that followed Resident #1 was able to coax the resident out of the woods, into a car and was transported to the Emergency Department to be evaluated by a mental health screener for hospitalization. It was determined by the mental health screener and Emergency Department physician on 5/9/12 Resident #1 required a psychiatric hospital admission. Without a hospital bed available, the RCH administrative staff determined they would accept Resident #1 back to their facility instead of the resident waiting in the Emergency Department for an admission bed to become available for acute hospitalization. Upon return, Resident #1 was again placed on 1:1 suicide watch. No variance was requested by the home to retain this resident despite the assessment that the Resident required the services of a hospital.</p> <p>Per interview on 5/15/12 at 9:20 AM, the Training and Facilities Coordinator stated Resident #1 on 5/10/12 was "Ok throughout the day...interacting with staff..." Yet, later in the evening the resident again began to self-mutilate by using the tines of a plastic fork and scratching the wound open on the left wrist. Although the resident had been on 1:1, this was discontinued and the resident was then placed on 15 minute observation checks which continued to 5/11/12. Per nursing progress note 5/11/12 at 2020 "Resident found cutting self today during 15 minute checks...[s/he] has been left on 15 minute checks as a part of 'planned</p>	R126		

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R126	<p>Continued From page 6</p> <p>ignoring' which worked to some extent". Later in the evening nursing progress note states at "...1730-1800 resident abruptly left house and began to walk towards Route 64..." Staff notes the resident stated her/his intent was to "Find something sharp". The resident finally agreed to return to the RCH and nursing staff document "...was very clear that [her/his] plan was to harm self". Resident #1 was again brought to the Emergency Department for an emergency evaluation by a mental health screener. With no hospital psychiatric bed available for admission, the resident was again accepted and returned to the RCH.</p> <p>On 5/12/12 Resident #1 did not display any self-harm behaviors being preoccupied with family visitors. However, on 5/13/12 during medication administration in the RCH nursing office Resident #1 was able to confiscate their belt which had been removed by staff after previous strangling attempts. The resident returned to their room and wrapped the belt around their neck per nursing progress note "...and repeatedly tugged it tight then released pressure... 1:1 staff monitored for distress..." and encouraged the resident to relinquish the belt which eventually was retrieved. The resident was described as anxious and depressed.</p> <p>After a session with Resident #1 on 5/14/12, the psychologist states in a progress note the resident's "...plan for the day was to continue self harm" and remarked "...should be on 1:1 (eyes on @all times)". Per interview on 5/15/12 at 9:20 AM, the Training and Facilities Coordinator confirmed that on 5/14/12, Resident #1 entered the bathroom in their room, removed the rolled gauze dressing from the wound on their left arm and wrapped it tightly around their neck. The</p>	R126		

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R126	Continued From page 7 coordinator stated staff responded and were able to safely cut the gauze but the resident's skin on their neck was red from the restriction created by the gauze. On 5/15/12, Resident #1 requested to be re-evaluated by the mental health screeners and again it was determined the resident required hospitalization. Although no acute hospital beds were available, the resident decided to remain in the Emergency department until a hospital psychiatric admission could be facilitated. Throughout the documented care provided to Resident #1 various observations are referenced including 15 minute checks; 1:1 with "eyes on"; 1:1 outside the room; 1:1 suicide watch. When asked to provide evidence of polices and procedures regarding the various levels of observation and evidence of training of staff who are assigned to conduct the observations, the Training and Facilities coordinator and RCH manager both confirmed on 5/15/12 no polices and specific training existed.	R126		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to develop written policies and procedures defining the various levels of	R200	<i>R-200 POC Accepted DeDebyash 6/21/12</i>	

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R200	Continued From page 8 observations staff are required to provide. Findings include: Per record review on 5/15/12, over a 7 day period (5/7/12 - 5/14/12) Resident #1, with a past history of significant suicidal attempts and suicidal ideation, demonstrated impulsive self-harming behaviors and was an elopement risk requiring staff to provide 1:1 observations and/or 15 minute checks. However during this time period of supervised observations, the resident accessed implements to inflict self injury and eloped from the facility with threats of ending their life. Throughout the documented care provided to Resident #1 various observations are referenced including 15 minute checks; 1:1 with "eyes on"; 1:1 outside the room; 1:1 suicide watch. When asked to provide evidence of polices and procedures regarding the various levels of observation and evidence of training of staff who are assigned to conduct the observations, the Training and Facilities coordinator and RCH manager both confirmed on 5/15/12 no polices and specific training existed.	R200		

Second Spring Plan of Correction

Site Survey
5/15/2012

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. R101, 5.1 Eligibility 5.1a: Policy and Procedures have been expanded upon and written to address ability of RCH to provide proper care to individuals with self-harming behaviors (See Attached: Self Harm Protocol and Emergency Response – Calling Routine). Training on protocols has been completed and will be ongoing for new staff hired and at least yearly for all staff. Non-Abusive Psychological and Physical Intervention (NAPPI) training continues to be provided to all staff. Our on-site NAPPI trainer has recently become the only Advanced Certified NAPPI trainer in the state of Vermont and is now able to provide advanced skills in NAPPI to our staff. This increases the standard, 18 hours of training, to 40 hours of training for each staff person.</p>	<p>1. Facilities and Training Coordinator will be responsible for process being followed and data collected to ensure that trainings are provided as stated. Operations Officer responsible for ensuring training is documented in all employee files.</p>	<p>1. Facilities and Training Coordinator, Operations Officer, Residential Care Home Director</p>	<p>1. 6-30-12</p> <p style="text-align: right;">P.O.C. Accepted 6/20/12 <i>[Signature]</i></p>
<p>2. R102, Eligibility 5.1.b: Policy and procedures have been expanded and written to address ability of RCH to provide proper care to individuals who are an elopement risk and in need of emergency care (See Attached: Elopement and AMA departures protocol and Physical Restraint Protocol). At no time did the RCH accept the resident back into the</p>	<p>2. Facilities and Training Coordinator will be responsible for process being followed and data collected to ensure that trainings are provided as stated. Operations Officer</p>	<p>2. Facilities and Training Coordinator, Operations Officer, Residential Care Home Director</p>	<p>2. 6-30-12</p> <p style="text-align: right;">P.O.C. Accepted 6/20/12 <i>[Signature]</i></p>

R101

R102

<p>facility without clearance from the CVH - ER doctor and WCMHS screener determining that the client was no longer in need of Acute hospitalization, could contract for safety and be returned to the RCH. Training on protocols has been completed and will be ongoing for new staff hired and at least yearly for all staff.</p> <p>3. R126, General Care 5.5.a: Policy and Procedures have been expanded upon and written to address ability of RCH to provide proper care to individuals with self-harming behaviors (See attached: Safety Protocol and Physical Restraint Protocol). Training on protocols has been completed and will be ongoing for new staff hired and at least yearly for all staff.</p> <p>4. R200, 5.15 Policies and Procedures: Policy and Procedures have been expanded upon and written to address ability of RCH to provide proper care to individuals with self-harming behaviors. (See attached: Safety, Elopement, Calling Routine, Self-harm and Physical Restraint). Training on protocols has been completed and will be ongoing for new staff hired and at least yearly for all staff. Employees will sign off on all individual policies and procedures and training attendance trainings and protocols.</p>	<p>responsible for ensuring training is documented in all employee files.</p> <p>3. Facilities and Training Coordinator will be responsible for process being followed and data collected to ensure that trainings are provided as stated. Operations Officer responsible for ensuring training is documented in all employee files.</p> <p>4. Facilities and Training Coordinator will be responsible for process being followed and data collected to ensure that trainings are provided as stated. Operations Officer responsible for ensuring training is documented in all employee files.</p>	<p>3. Facilities and Training Coordinator, Operations Officer, Residential Care Home Director</p> <p>4. Facilities and Training Coordinator, Operations Officer, Residential Care Home Director</p>	<p>3. 6-30-12 POC Accepted 6/20/12 J. DeWitt</p> <p>4. 6-30-12 6/21/12 POC Accepted J. DeWitt</p>
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SUBJECT – Emergency Response - Safety Protocols

Introduction and Purpose

To identify levels of safety supervision used by Second Spring and to describe staff duties and responsibilities when working with a resident who is on a safety protocol.

Safety Levels and Descriptions

1:1 - Staff must remain in eyesight and with-in 10 feet of the resident at all times. The resident may use the bathroom unsupervised for short periods of time not to exceed 15 minutes and staff will remain with-in arms reach of the door, and will maintain auditory observation of the resident. Resident cannot participate in community integration while on a 1:1 safety protocol. Staff will record resident location and activity every 15 minutes and this will become part of the medical record

1:1 Suicide / Self Harm - Staff must remain a minimum of two arms lengths away from the resident at all times. Resident must be supervised in the bathroom at all times and staff must accompany resident into any area that may involve shutting of doors (offices, public rest rooms etc). If a resident secures an item that may be used for self-harm, with an avowed intent to use that item for self-injurious behavior, staff must attempt to secure the item by using verbal skills. Notifications per the emergency calling protocol must be made in this instance. Should an item not be recovered and used in a manner that is dangerous (belt or cord around neck, cutting or scratching throat etc) staff must physically intervene by using NAPPI physical skills. Once secured, if it is a personally owned item, it will be secured in the central staff office in the resident's black folder. If the item is not personal property, it will be disposed of in the sharps container in the nursing office, larger objects will be disposed of in the dumpster. However, if the item has a potential of injuring staff or is determined to be a dangerous item (knife, gun) staff should not attempt to remove the item and the emergency call procedures shall be followed. Resident cannot participate in community integration while on a 1:1 safety protocol. Staff will record resident location and activity every 15 minutes and this will become part of the medical record.

15 Minute Checks - Staff will make visible contact with the resident every 15 minutes and will observe and report any unusual behavior to the team leader and / or nurse on duty. The resident may use the bathroom unsupervised and staff will knock on the door and assess the response when a check is due. Resident can participate in community integration with nursing permission. Staff will record resident location and activity every 15 minutes and this will become part of the medical record.

Eyes On – Staff must maintain visual contact with the resident at all times. There is no required distance that is needed to be maintained. Resident may use the bathroom with the door partially closed, however the door must not be fully closed and staff must be with-in 5 feet of the bathroom. Resident can participate in community integration with nursing permission. Staff will record resident location and activity every 15 minutes and this will become part of the medical record.

1:1 in the Community – Resident may attend community integration with nursing approval. Staff must remain in eyesight and with-in 10 feet of the resident at all times. The resident may use the bathroom unsupervised for short periods of time not to exceed 15 minutes and staff will remain with-in arms reach of the door, and will maintain auditory observation of the resident.

With Staff In The Community – Resident may attend community integration but must remain with a staff member at all times. Staff may supervise more than one resident at a time. There is no need to document location and activity every 15 minutes.

Training

Staff will be trained on safety protocols upon employment and annually thereafter. Additionally periodic staff trainings will be provided throughout the year.

I have read the CSC Emergency Response Protocol and understand that violation of these policies may be subject to disciplinary action, up to and including termination of employment.

Employee Signature _____

Date _____

SUBJECT – Emergency Response Protocol - Self-Harm

Introduction and Purpose

To provide a clear response protocol for self-injurious behaviors

Definition

Self-harm is defined as the intentional, direct injuring of body tissue most often done without suicidal intentions. The most common form of self-harm is skin-cutting but self-harm also covers a wide range of behaviors including, but not limited to, burning, scratching, banging or hitting body parts, interfering with wound healing, hair-pulling and the ingestion of toxic substances or objects.

Response

Because behaviors do vary, they range from disruptive (self-slapping, scratching of body with small implements such as paperclips, etc.) to dangerous (cutting using large items such as knives or razor blades, striking self with fist, etc.) on the Lalemand Behavior Scale and as such the response will vary depending on the situation.

As noted, response to self-injurious behavior is situation dependent and will hinge on the behaviors and their potential impact to the health and welfare of the resident and on any published treatment plan. However, a typical response to self-injurious behavior that is assessed as having a potential significant impact to the health and welfare of a resident is:

- Initiation of the Emergency Calling Protocol.
- At least one and up to three attempts of verbal redirection.
- Depending on the type of behavior, securing the arms and, if safe for staff, removing the dangerous item.
- Depending on the type of behavior a physical intervention involving a physical restraint may be indicated, however this should be used with extreme caution.
- Transport to the emergency room, if warranted, via Second Spring vehicle or ambulance as needed.

Training

Staff will be trained on self-injurious behaviors and the associated responses upon employment and annually thereafter. Additionally periodic staff trainings will be provided throughout the year. Advanced physical intervention training is provided as part of the advanced NAPPI class.

I have read the CSC Emergency Response Protocol – self harm and understand that violation of these policies may be subject to disciplinary action, up to and including termination of employment.

Employee Signature _____

Date _____

SUBJECT: Emergency Response Procedures – Physical Restraint

Introduction and Purpose

In compliance with the State of Vermont Division of Licensing and Protection Residential Care Home Regulations, Second Spring ensures that every resident in our facility is free from the unreasonable use of physical restraint. Physical restraint shall be used only in emergency situations, after other less intrusive defusing techniques have failed or been deemed inappropriate, and with extreme caution. Second Spring staff shall use physical restraint with two goals in mind:

- to administer a physical restraint only when needed to protect a resident and/or a member of the community from imminent, serious, physical harm; and
 - to prevent or minimize any harm to the resident as a result of the use of physical restraint.
1. **Use of restraint** - Physical restraint may be used only in the following circumstances:
 - when the residents behavior poses a threat of imminent physical harm to self and/or others.
 - Stated, immediate, intent of lethal behavior
 - Two NAPPI restraint certified staff agree that a restraint is needed
 2. **Limitations on use of restraint** - Physical restraint shall be limited to the use of such reasonable force as is necessary to protect the resident or another member of the community from assault or imminent physical harm.
 3. **Prohibitions** - Physical restraint is prohibited in the following circumstances:
 - as a means of punishment; or
 - as a response to property destruction, milieu disruption, a resident's refusal to comply with an established rule or staff directive, or verbal threats that to not constitute a threat of imminent physical harm; or
 - the resident's weight exceeds 70% of the combined total of the restraint team.
 - At no time will a chemical or manual restraint be used.

Training

Second Spring trains and certifies staff in Non-Abusive Psychological and Physical Intervention (NAPPI). This training is required for all direct care staff and consists of up to forty (40) hours of instruction in basic and advanced restraints and defusing techniques and the Second Spring restraint protocol. Such training shall be available every six (6) weeks for new certifications. Annual recertification will be completed a minimum of one month before expiration of certification and ongoing staff trainings and reviews will be provided throughout the year.

Only staff who are able to physically perform the restraint training and are assessed to be at the Advanced Beginner level, or higher, shall be considered by Second Spring as NAPPI restraint certified. The NAPPI trainer will, in accordance with NAPPI policy, submit the names of all certified staff to NAPPI International for recording in their files.

Reporting Requirements

The Team Leader or staff member who administered the restraint shall verbally inform the program director and training and facilities coordinator of the restraint as soon as possible and by written report no later than the end of the shift. The written report shall be provided to the program director, or his/her designee, and the training and facilities coordinator. The program director, or his/her designee, shall maintain an on-going record of all reported instances of physical restraint, which shall be made available for review by the Licensing and Protection and Adult Protective Services, upon request.

The program director or the training and facilities coordinator shall inform Adult Protective Services within 24 hours of the restraint, and conduct a reassessment of the resident's ability to remain in the program as outlined in **Vermont RCH regulation 5.14.d** no later than 72 hours following the use of restraint.

I have read the CSC Emergency Response Protocol and understand that violation of these policies may be subject to disciplinary action, up to and including termination of employment.

Employee Signature _____

Date _____

SUBJECT: Emergency Response Procedures – Calling Routine

PURPOSE:

To provide staff with a clear schematic of whom to call in event of an emergency or unusual event within the facility.

PROCEDURES:

Depending on the nature of the emergency (medical, behavioral, fire) the initial calls should be:

1. Call 911 if warranted - Active fire alarm or observable fire, medical emergency, life safety (gas leaks, carbon monoxide alarms, smell of electrical fire, etc) or behavioral or psychiatric emergency requiring police response.
2. Contact WCMHS Screeners
 - a. Whenever you call the police due to a behavioral emergency
 - b. There is imminent risk of bodily harm to self or others that is not responding to treatment.
 - c. There has been an instance of dangerous behavior.
 - d. The resident has a treatment plan that requires a call for behaviors that are currently being exhibited.

Additionally, you may call when you are not sure about the situation or to give the screeners a heads up that a resident is escalating. Screeners may direct you to contact 911 if not already done.

In an emergency, after the above calls are made, call the program director, if you are unable to reach the program director, contact the Training and Facilities Coordinator. If unavailable call the Operations Officer. For non-emergent situations, use the lists below to contact the correct party.

Program Director

For most incidents, Program Director will direct staff on whom to call beyond what is detailed here.

Resident emergencies *

Facility related issues such as alarms, power outages, heat loss, etc. (Then contact Training and Facilities Coordinator)

Training & Facilities Coordinator

Staffing issues to include call outs or short shifts that put total staffing levels @ or below 4

Critical staffing call outs or short shifts (Team Leader, Cook, Nursing)

Facility related issues such as alarms, power outages, heat loss etc. (will determine need and contact maintenance if appropriate)

Computer server outages

Resident emergencies* (in addition to the program director)

Operations Officer

Employee incidents/emergencies such as accident or hospitalization

Employee incidents in the workplace

Facility related issues such as alarms, power outages, heat loss, etc. (If T&FC does not respond within 30 minutes)

Computer server outages

Medical Director

The Medical Director should not be called for facility related items.

There is an urgent need in regards to medications and the psychiatric provider, or PCP (non psych meds) cannot be reached, or you wish to discuss an emergent psychiatric problem not reaching screener threshold, or you're not sure.

When there is no clear determination of whom should be called, direct calls to the Program Director for guidance.

*Resident emergencies include but are not limited to: medical emergencies, elopement, restraint events, destructive or dangerous behavior and threats of lethal activity.

I have read the CSC Emergency Response Protocol and understand that violation of these policies may be subject to disciplinary action, up to and including termination of employment.

Employee Signature _____

Date _____

SUBJECT – Emergency Response Protocol – Elopement and AMA departures

Introduction and Purpose

To provide a clear staff response to resident attempted elopement, elopement and AMA departures

Definitions

Elopement - leaving a psychiatric facility without notice or permission

AMA departures (Against Medical Advice) -The self-discharge of a resident from a psychiatric facility, contrary to what his/her physician perceive to be in the patient's best interests

Responses

- Follow emergency calling protocol
- 911 will only be called if there is an immediate risk of danger to the resident or others. In this case, follow the restraint protocol if appropriate
- Second Spring will notify catchment area emergency services screeners as well as the case manager at the designated agency.
- If the resident does pose a risk to self or others that is not immediate but is measurable, Second Spring will notify the police agencies in the catchment area that the resident is from.
- Second Spring will file all required reports with Adult Protective Services and the Department of Mental Health with-in the designated time frames.

Situation Specific Responses

While the situations do vary, staff response will mostly stay the same and use these guidelines as a model for a response.

Elopement

Resident elopement can take various forms: resident elopes while on a pass, resident departs Second Spring on foot and walks off property or a 3rd party unknown or known to Second Spring arrives and transports the resident off the property. Follow these steps

- If there is no immediate risk and a resident departs Second Spring on foot, staff will follow on foot and use verbal redirection skills. The staff member will remain in contact with Second Spring. A second staff will follow behind in one of the agency vehicles at a safe distance with the four

way flashers on to assist in safety and to provide transport back to Second Spring for the resident and staff.

- If a resident elopes while on a pass and Second Spring is picking the resident up at a designated location, the staff member will notify Second Spring and will remain at the pick-up location for a minimum of 30 minutes or as otherwise directed.
- If a 3rd party arrives at Second Spring to assist a resident in eloping, staff will use verbal redirection skills to encourage the resident to stay at Second Spring. Should the resident depart with the 3rd party, Second Spring will record the make, model, color and license plate number of the vehicle as well as a physical description of the driver and other passengers. This information will be included in all APS and DMH reports made by Second Spring.

AMA Departures

AMA departures are planned self-discharges from the program. Second Spring staff will use verbal redirection skills to encourage the resident to participate in a more playful discharge from Second Spring.

Second Spring will follow these steps

- Follow the emergency calling protocol
- If the prescriber provides an order of an amount of medication to be provided, nursing will follow orders and give explicit directions to the resident.

Training

Staff will be trained on safety protocols upon employment and annually thereafter. Additionally periodic staff trainings will be provided throughout the year.

I have read the CSC Emergency Response Protocol and understand that violation of these policies may be subject to disciplinary action, up to and including termination of employment.

Employee Signature _____

Date _____