

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

August 5, 2011

Gary Griffin, Administrator
St Joseph Kervick Residence 3
131 Convent Avenue
Rutland, VT 05701

Dear Mr. Griffin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 18, 2011**. 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

Enclosure: As noted above.



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 05/18/2011
NAME OF PROVIDER OR SUPPLIER ST JOSEPH KERVICK RESIDENCE 3			STREET ADDRESS, CITY, STATE, ZIP CODE 131 CONVENT AVENUE 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 onsite re-licensure investigation was conducted from 5/16/11 through 5/18/11. Findings include:	R100			
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 record review and interview, the home retained 1 applicable resident in the survey sample (Resident #9) who meets level of care for nursing home admission. Findings include: 1. Per record review on 5/18/11, Resident #9 met nursing home level of care at the conclusion of the initial nursing admission assessment on 4/27/11. During interview that afternoon, the Administrator confirmed that no variance to retain Resident #9 had been requested from the Licensing Agency.	R101	St. Joseph Kervick Residence will not retain anyone who is not our level of care without a variance. Resident #9 was admitted on 4/13/2011 from his out of state location to our facility located in his permanent State off residence for end of life care. He was our level of care on 4/13/2011. His condition deteriorated rapidly and he had a level two order on 5/20/11. The resident went to a level two facility on 5/20/11. Effective 5/18/2011 when we have an admission with a terminal illness with probable end of life care a request for variance will be made upon admission.	5/18/2011	
R112 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 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.	R112	<i>R101 POC Accepted 8/4/11 P.M. Coturn</i> The St. Joseph/Kervick residence will not admit a resident that does not have a physician's statement.		

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Deacon Gary Suffin
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

6/28/2011

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R128	<p>Continued From page 2</p> <p>done for Resident #5. These orders remain to the date of survey. During interview on 5/18/11, the Charge Nurse stated that these items should have been clarified as s/he believed they had been discontinued previously. S/he also confirmed that no daily blood pressure or daily weights had been completed since the 3/11 order, that monthly vital signs were done and a daily pulse reading was completed and that this physician order should have been either clarified or completed as ordered.</p> <p>2. Per record review on 5/18/11, staff failed to notify the physician of blood sugar readings as ordered. Resident #5 who receives sliding scale insulin coverage, has ordered blood glucose readings QID (4 times daily) and has physician orders to notify when blood glucose is less than '50' or greater than '300'. On 2/2/11 at 4:00 PM, Resident #5 had a blood glucose reading of '47'. On 2/19/11 at 4:30 PM, Resident #5 had a blood glucose reading of '48'. On 3/27/11 at 8:00 AM, Resident #5 had a blood glucose reading of '348'. There is no indication that the physician was notified of any of these readings as ordered. During interview on 5/18/11 at 11:45 AM, the Charge Nurse confirmed that the physician is to be notified of blood glucose readings below '50' and above '300' for Resident #5 and that on these 3 occasions, the physician was not notified as ordered.</p> <p>3. Per record review on 5/18/11, a physician order dated 5/5/11 on Resident #2 stated Oxygen Saturation Levels to be done twice a day for 14 days, check and update M.D. Resident #2 was documented to be on a Leave Of Absence (LOA) 5/9/11 and then was back in the facility on 5/14/11 then on LOA again on 5/15/11. The Charge nurse confirmed on 5/18/11</p>	R128	<p>Resident # 5 had a temporary order for a daily weight and blood pressure that was discontinued improperly and remained on the order sheet and care plan.</p> <p>DON will review with all charge Personnel the discontinuation process in an in-service meeting on July 15, 2011.</p> <p>Resident #5 had an order for parameters for the reporting of blood sugar that was unclear to the LNA, resulting in three blood sugar levels not being reported. The order was clarified as of 5/19/2011. The reporting of blood sugar levels will be taught in the in-service to be held with the Charge Personnel by the DON by July 15, 2011.</p> <p>Resident #2 had an order to check O2 saturation levels for a period of time. This order was not able to be carried out as the resident was LOA most of that time and the physician was not notified.</p>	<p>7/15/2011</p> <p>7/15/2011</p>

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R136	Continued From page 4 1. Per record review on 5/18/11, the most recent annual assessment for Resident #7 was dated 3/16/10 and was more than 2 months overdue. During interview on 5/18/11 at 10:00 AM, the Director of Nursing confirmed that this reassessment was overdue.	R136	We have instituted a tracking log for all assessments that is under the direction of the DON. Completion May 18, 2011. <i>R136 POC Accepted 8/4/11 [Signature]</i>	5/18/2011
R137 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.a All residents shall be under the continuing general supervision of a physician of their choosing, and shall receive assistance, if needed, in scheduling medical appointments. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that 1 applicable resident in the survey sample (Resident #9) was under the care and supervision of a physician prior to or upon admission. Findings include: 1. Per record review on 5/18/11, Resident #9 was admitted on 4/3/11 without a local physician and had no local physician exam until 4/18/11. During interview on 5/18/11 at 12:10 PM, the Charge Nurse confirmed that Resident #9 was admitted to the home without a physician and without physician orders.	R137	St. Joseph Kervick will assure that all residents shall be under the general supervision of a physician. Resident #9 was admitted on 4/13/2011 not 4/3/2011 as stated. Because of the nature of his situation and the need to bring him from out of state, the soonest we could get him a local doctors appointment was 4/18/2011. In any case where there are emergency or extenuating circumstances we will notify the State Licensing and Protection Agency of our inability to get a physician's order prior to admission by requesting an emergency waiver. <i>R137 POC Accepted 8/4/11 [Signature]</i>	5/18/2011
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2)	R145		

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R145	<p>Continued From page 5</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 and interview, the home failed to develop / revise the plan of care for 3 applicable residents in the survey sample (Resident #3, Resident #7 and Resident #9) to reflect all care needs. Findings include:</p> <p>1. Per entrance interview information received on 5/16/11, Resident #7 was identified as having been hospitalized for suicidal ideation during the previous year. Per record review, there was no indication that Resident #7 had been hospitalized for suicidal ideation but notes stated that the resident did verbally indicate to staff suicidal ideation on 2/16/10. The record indicated that on the date of the statement observation checks were begun and conducted hourly. The plan of care did not indicate the resident's suicidal ideation nor direct staff in care strategies to provide safety on the date of occurrence and beyond. During interview on the morning of 5/18/11, the Director of Nursing confirmed that the plan of care had not been revised to address this condition.</p> <p>Refer also to R189 and R200</p> <p>2. Per record review on 5/16/11 and 5/18/11, the Resident Assessment Instrument (RAI) indicated that Resident #9 requires a 2 person assist for toileting, bathing, transferring and locomotion. The plan of care did not indicate the need for 2</p>	R145	<p>St. Joseph Kervick will assure that all residents have a care plan based on the resident assessments. The care plan will describe the care and services required to maintain independence and well-being.</p> <p>Resident #7 was evaluated at the local hospital after expressing suicidal thoughts on 2/16/2010. She was not hospitalized but sent back home after the determination by the hospital that she was not at risk of harming herself. Observations were instituted but her plan of care was not updated.</p> <p>DON has written a Suicidal Ideation Policy titled, "Care of Resident(s) who present signs of Suicidal Ideation," that also addresses written plans of care. All Home staff will be in-serviced on this by the DON & the Administrator on July 15, 2011.</p> <p>Resident # 9's condition deteriorated and his care plan was not updated.</p>	7/15/2011

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R145	Continued From page 6 assist for these care areas. During interview on 5/18/11 at 12:10 PM, the Charge Nurse confirmed that Resident #9 does require the assist of two persons for the identified care areas and that the plan of care did not indicate this need. 3. Per record review on 5/17/11, Resident #3 had been admitted to the facility on 4/22/11 and had several documented instances of socially inappropriate behaviors in the progress notes. The resident's plan of care did not address these behaviors or any behavioral interventions. This was confirmed with the Charge Nurse on 5/18/11.	R145	The DON has reviewed the process of updating care plans with the Charge Nurse on 5/18/2011, and will continue having care plan meetings weekly. Resident #3 a PACE participant was identified as having behaviors in their care plan but not in ours. PACE care plans are now being received weekly and as needed. Our care plans reflect all updates as of 5/18/2011 and will be kept current. <i>R145 POC Accepted 8/4/11 P.Mcota RN</i>	5/18/2011	
R167 SS=D	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: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure the development of a behavioral	R167	St. Joseph Kervick will assure that all residents psychoactive medications have and follow the written plan for their use.		

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R189	Continued From page 11 taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that staff progress notes following a verbalization of suicidal ideation were in the resident record. Findings include: 1. Per record review on 5/17/11, staff progress notes indicated that on 2/16/10, Resident #7 verbalized suicidal ideation that led to nursing orders for hourly safety checks. There were two additional shift notes on 2/16/10 and no further nursing notes regarding this resident's stated desire to end life. During interview on 5/18/11 at 10:15 AM, the Director of Nursing confirmed that staff did not document on this issue after 2/16/11. Refer also to R145 and R200	R189	The DON has written a Suicidal Ideation Policy titled, "Care of Resident(s) who present signs of Suicidal Ideation," This also addresses notifications, length of observations and MD consultations. The staff will have an in-service by the DON & the Administrator by July 15, 2011. The policy is attached. <i>R189 POC Accepted 8/4/11 Pmcotapn</i>	7/15/2011	
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 record review and interview, the home failed to develop a policy and procedure directing staff in the care of persons with suicidal ideation. Findings include:	R200	St. Joseph Kervick will assure that policies and procedures are in place for services provided.		

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R200	Continued From page 12 1. Per policy and procedure review on 5/18/11, the home had no policy and procedure instructing staff regarding the care and safety of residents expressing or demonstrating suicidal ideation. During interview at 10:10 AM, the Director of Nursing confirmed that there was no written policy and procedure for this care area. Refer also to R145 and R189	R200	The DON has written a Suicidal Ideation Policy titled, "Care of Resident(s) who present signs of Suicidal Ideation," that also addresses written plans of care. The staff will have an in-service by the DON & the Administrator by July 15, 2011. <i>R200 POC Accepted 8/14/11 P.McCotarn</i>	7/15/2011
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to provide a safe environment for all residents. Findings include: 1. Per observation during initial tour on 5/16/11 with the home's Administrator, an unlabeled bottle of blue substance was found in the resident use kitchen area of the 3rd floor. Per the Administrator, this was likely plant food used to care for the plants in that area of the home. 2. Per observation on 5/17/11 at 8:30 AM, a bottle of Quat disinfectant cleaner was stored in an unlocked storage closet in the public access bathroom on the 1st floor of the residence. This observation was confirmed with a staff member immediately following the observation.	R266	St. Joseph/Kervick will provide and maintain a safe functional, sanitary, homelike and comfortable environment. The plant food was prepared by a resident for plants they have in their room, and the plant food was put into the common room for the plants there. The plant food was removed by the Administrator when it was discovered. The Administrator met with the Director of Housekeeping and when the housekeepers are on the floors they will check the common rooms and remove any unlabeled or undated material. The cleaner was not put back into a storage area as required. This was an error by an individual who was counseled. The Director of Housekeeping has reviewed the incident and the requirements for storage of all chemicals with her personnel on May 20, 2011. Spot checks will be done by the Administrator during the frequent walk through of the facility.	5/20/2011 5/20/2011

R266 POC Accepted 8/14/11 P.McCotarn

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R291	Continued From page 13	R291		
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 facility failed to assure that water temperatures did not exceed 120 degrees Fahrenheit (F). Findings include: 1. Per observation on 5/17/11 at 8:30 AM and confirmed by a housekeeper at that time, the water temperature in a resident use bathroom on the 1st floor was identified at 122.5 degrees Fahrenheit (F). Immediately following this reading, the Maintenance Director was contacted and reconfirmed that the temperature exceeded 120 F on this date and that the home has a single source of hot water. Per record review on 5/17/11 at 9:00 AM, water temperatures taken by the Maintenance Director exceeded 120 F several times in January, February and March 2011 with no indication that follow-up temperatures had been taken. During interview at that time, the Maintenance Director confirmed that water temperatures had exceeded 120 F during each of these months and that no follow-up temperature readings were done to assure return to safe temperature levels.	R291	St. Joseph/Kervick will assure water temperatures do not exceed 120F. On 5/19/2011 the water temperature was adjusted to meet the requirements of not to exceed 120F. In addition a laser temperature thermometer has been ordered to avoid possible calibration issues. The Administrator reviewed the temperature log on 5/19/2011 with the Maintenance Supervisor. In the future any out of out of range readings will be reviewed with the Administrator to assure corrective action is taken. <i>R291 POC Accepted 8/14/11 P. McArthur</i>	5/19/2011
R314 SS=B	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all	R314	See next page	

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R314	Continued From page 14 transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to provide quarterly statements for petty cash funds held by the home for 4 of 4 applicable residents (Resident #11, Resident #12, Resident #13, and Resident #7). Findings include: 1. Per record review on 5/18/11, Resident account statements had been issued to Resident #7 on 7/20/10 and 1/5/11; to Resident #11 on 8/2/10 and 1/5/11; to Resident #12 on 7/20/10 and 1/5/11; and to Resident #13 on 7/20/10 and 1/5/11. During interview that afternoon, the Business Office Manager confirmed that quarterly statements were not issued to these residents.	R314	St. Joseph/Kervick will assure resident statements are done quarterly. The Administrative Assistant was gone from the facility and the statements were late. Administrator reviewed the findings with the Administrative Assistant on her return on and created a schedule for the quarterly review. The late statements were sent out on 6/1/2011 and shared calendar was updated to assure visibility. <i>R314 POC Accepted 6/1/11 [Signature]</i>	6/1/2011

VCC Residential Care Homes

Subject: Care of Resident(s) who present with signs of Suicidal Ideation.

Policy: It is the policy of VCC to care for and monitor residents who have expressed thoughts (in any form of communication) of suicide and to do so in conjunction with medical, nursing, mental health consults, and family/POA and by utilizing resources to help determine the immediacy of potential suicidal intent, risk, and to jointly develop a plan of care.

Purpose: The purpose of this policy is to help prevent residents, who have expressed these thoughts, from acting upon them.

Procedure: Reporting/Notifications

- 1) All VCC staff (direct care and indirect care), are to report any and all expressions of self-harm from residents to their supervisor who will then report the same to the DON or Administrator. In absence of their supervisor, report the incident to the charge person in the nursing dept or DON or the Administrator. All charge persons are to document and report the same to both the DON and the Administrator who will both oversee all phases of care needs, including the reporting of the incident.
- 2) Physician and Family/POA/Guardian notification will occur for all incidents in a timely manner. Physicians will be consulted immediately for further instructions/orders for suicidal ideation and/or attempts.

**** If the resident is in the act of self-harm at the time, it is expected that a staff member stays with the resident and calls for immediate assistance.**

Observations/Monitoring

- 1) VCC staff will observe and monitor identified resident per physicians' order and plan of care. An Observation Flow sheet may be used for a documentation tool for visual checks on a resident for the length of time specified by the physician and will be in addition to nurse's notes and any appropriate reports. Plan of care reviews/changes are to be made per physician's order and may include a change in level status.

