



AGENCY OF HUMAN SERVICES

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) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

February 7, 2011

Suzanne Shapiro, Administrator
Hilltop House
65 Harris Avenue
Brattleboro, VT 05301

Dear Ms. Shapiro:

Enclosed is a copy of your acceptable plans of correction for the unannounced licensure survey to determine compliance with Vermont Residential Care Home License Regulations conducted on **January 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 01/18/2011
NAME OF PROVIDER OR SUPPLIER HILLTOP HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 65 HARRIS AVENUE BRATTLEBORO, VT 05301		
(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 licensure survey to determine compliance with Vermont Residential Care Home Licensing Regulations (10/3/2000) was conducted on 1/18/2011 by the Division of Licensing and Protection. Findings include:	R100			
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide services to meet the medical and nursing care needs for 1 of 4 residents in the total sample (Resident #2). Findings include: 1. Per record review and confirmed by staff interview on 1/18/2011, Resident #2 experienced 2 falls with injuries (11/28/2010 and 1/14/2011) and there was no evidence that the physician was notified for either fall. A progress note of 11/28/2010 stated "Lifeline called to say --- had fallen. Found lying on back...has hematoma on back of head...seen by RN at 10:40 AM.." The next progress note dated the same day stated "At 2:30 PM, Lifeline called to say (resident) head hurts, ice pack on head again". There were no other progress notes until 12/3/2010 when a note stated "--- complained not feeling well, pain on	R126			

Division of Licensing and Protection

Guarino Shapiro

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

TITLE

Administrative

(X6) DATE

2/1/11

Division of Licensing and Protection

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R126	Continued From page 1 the left side of the chest". Per interview at 5:30 PM on 1/18/2011, the Registered Nurse (RN) stated that she had come in to assess the resident after the fall but had not notified the physician. The RN did not document the assessment findings in the medical record. The resident was evaluated at the Emergency Room on 12/4/10 due to rib pain and subsequently diagnosed with bruised ribs. Per record review, a progress note dated 1/14/2011 stated, "Lifeline called , resident lying on right side on floor, skin tear right forearm, bruising right cheek bone, bruising right eye and forehead." During interview at 6 PM on 1/18/2011, the RN confirmed that the physician had not been notified of this fall with injuries.	R126		
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 staff interview and record review, the home failed to assure that a physician order for a medical treatment was carried out for 1 of 4 applicable residents in the survey sample. (Resident #4) Findings include: Per record review on 1/18/2011, there was a physician order for a UA (urinalysis) C & S (culture and sensitivity) dated 12/30/2010 for Resident #4, who has a history of urinary tract infections. A nursing note dated 12/31/2010	R128		

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R128	Continued From page 2 indicated that the UA had been obtained and sent to the lab. There were no further notes regarding this ordered lab in the record. There was no lab report indicating whether the lab values for this test were normal or required medical follow-up. During interview at 5:45 PM that afternoon, the RN stated that the UA had been obtained and was taken for drop off to the lab on 12/31/2010, but that the lab was closed so the test was not run. No further UA was obtained and the physician has not been notified that this order had not been carried out to this date (1/18/2011).	R128		
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 staff interview and record review, the RN failed to develop care plans that address all of the identified needs and that include a description of the care necessary to maintain each resident's well being for 3 of 4 residents in the total sample. (Resident #1, Resident #2, and Resident #3) Finding include: 1. Per review on 1/18/2011, Resident #3's care plan did not address the resident's psychosocial well-being and use of psychoactive medications, including monitoring for effectiveness and potential adverse side effects or reactions.	R145		

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R145	Continued From page 3 2. Per review on 1/18/2011, Resident #2's care plan did not address the resident's falls/fall risk and the resident's history of depression and use of psychoactive medications, and monitoring for effectiveness and potential adverse side effects. 3. Per review on 1/18/2011, Resident #1's care plan did not address the resident's depression, falls/fall risk and use of psychoactive medications. These care plan omissions were confirmed during interview with the RN at 4:15 PM and 6 PM the same day.	R145		
R165 SS=F	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: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: 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 Monitoring and evaluating the designated staff	R165		

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R165	Continued From page 4 performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RN (Registered Nurse) failed to assure that unlicensed staff administering medications receive training and delegation by the RN prior to the administration of any medication to residents. Findings include: 1. Per record review on 1/18/2011, there was no list of staff delegated by the RN to administer medications. During interview that afternoon at 2:45 PM, the RN stated that new staff are paired with experienced, non-licensed staff who teach the new employee medication administration. Following this period of a week or more, the RN then observes the new employees medication administration delivery. S/he confirmed that s/he does not personally complete a medication administration training and evaluation of knowledge / skills prior to allowing unlicensed staff to administer medications.	R165		
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;	R179		

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R179	Continued From page 5 (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 by: Based on interview and record review, the home failed to ensure that 5 of 5 staff in the survey sample received required annual training. Finding include: 1. Per record review on 1/18/2011, 5 of 5 direct care staff had not completed required annual training. During interview that afternoon at 3:15 PM, the Administrator confirmed that no staff member reviewed had completed neither the mandatory education requirements nor the annual total of 12 hours of continuing education.	R179		
R190 SS=E	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 interview and record review, the home	R190		

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R190	Continued From page 6 failed to have available all criminal record checks. Findings include: 1. Per record review on 1/18/2011, 4 of 5 employee records in the survey sample did not contain evidence of the completion of the required criminal record checks. During interview that afternoon at 4:22 PM, the Administrator confirmed that the record checks for these employees were not available.	R190		
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 assure that hot water temperatures did not exceed 120 degrees Fahrenheit (DF) in resident areas. Findings include: 1. Per observation during water temperature assessment with the Maintenance Director at 3:55 PM on 1/18/2011, the water at the faucet in a second floor shared bathroom was 133.2 DF. At that time the Maintenance Director confirmed that a single hot water tank supplies all residential areas of the home and that the water temperature was 133.2 DF during testing.	R291		
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness	R302		

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R302	Continued From page 7 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 interview and record review, the home failed to conduct all annual fire drills as required. Findings include: 1. Per record review on 1/18/2011, there was no evidence to indicate that the home had conducted all required drills. During interview at 3:15 PM, the Administrator stated that only 1 drill had been completed during the prior 8 months and that the fire drill requirement was "not complete".	R302		
R313 SS=D	XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons	R313		

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R313	Continued From page 8 involved. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to obtain a written request and agreement from 1 applicable resident for whom personal funds were managed. (Resident #2) Findings include: 1. Per record review and confirmed during staff interview on the afternoon of 1/18/2011, the home keeps a petty cash account for Resident #2 and there was no signed agreement from the resident/responsible party stating the assistance requested, the terms of same, the funds and person involved. This was confirmed during interview with the Administrator during the afternoon.	R313		

Hilltop House Inc. Plan of Correction following licensure survey on January 18th 2011

Division of

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Licensing and
Protection

R126		R126	<p>All resident aides will be informed/taught how to correctly fill out incidence reports(1), and the home will write policy on incident reporting(2). All spaces on form pertaining to information of family and physician will be filled out by resident aide or RN. See attached document 3. The same resident aide will fill out form as the one who documents in chart, as to avoid any discrepancies in documentation. RN or person filling out incident report will always notify MD or answering service for MD of any falls resulting in injuries, and document in progress notes. Family member will always be called by staff or Lifeline about a fall/injury.</p> <p>Incident reports are always reviewed by RN/administrator the following day.</p> <p><i>R126 2-3-2011 POC accepted</i> <i>— C. Karaway, RN</i></p>	<p>Staff meeting (1) 2/3/11</p> <p>(2) 2/4/11</p>
		R128	<p>Urine specimen was found the day after the survey in refrigerator and physician notified. No new orders obtained as resident at that time remained asymptomatic for UTI.</p> <p>As a rule staff will be informed to inquire if out- patient laboratory is open before obtaining any specimen.</p> <p><i>R128 2-3-2011 POC accepted</i> <i>— C. Karaway, RN</i></p>	<p>2/3/11</p> <p>2/3/11</p>
		R145	<p>Based on the resident issues and problems identified by RN upon admission and reassessments/changes the home will initiate more specific care plans for each resident, current as well as new admissions.</p> <p>All existing care plans of current residents will be reviewed/updated by facility RN and administrator no later than the end of February 2011. A new care plan format has been initiated by facility RN, please see document 5, as an example of what we will begin.</p> <p>The facility will begin quarterly care planning meetings with resident aides, RN, and administrator participating.</p>	<p>February 2011</p> <p>No later than 3/31/11</p>

			<p>Since the facility survey on 1/18/11 facility RN has reviewed every resident chart, noted the diet order, submitted these to our facility pharmacy, where after the diet order has been typed onto the residents' treatment plans. Facility also has a dietary book in place, that surveyors did not review, but which is a way of communicating all dietary orders between nursing staff and kitchen staff.</p> <p>R145 2-3-2011 POC accepted C. Haraway, RN</p>	1/20/11
		R165	<p>Since the survey was conducted on 1/18/11 the facility RN located document stating names and dates of resident aides for whom medication administration training and reviews were done in the past by former nurse manager and current (Please review attached document 1A, pg. 1-7 and 1B page 1-7).</p> <p>All of these staff members will have their training and skills reassessed before 2/28/11 and annually thereafter in February or sooner. RN has begun this practice as of immediately after survey.</p> <p>RN will do random check-ins as well when deemed necessary and with documentation of process.</p> <p>RN and/or administrator will also include medication review on "The 6 Rights" during regular resident aide meetings and quarterly when appropriate.</p> <p>Facility will begin small in-services on specific medications and side effects according to what is most relevant with current population. These in-services will be documented as well and included in the 12 hour mandatory training for all resident aides.</p> <p>R165 2-3-2011 POC accepted C. Haraway, RN</p>	2/28/11
				Random checks
		R179	<p>The home has had in-services in the past 6 months on Fire safety and emergency evacuation, residents' rights, abuse, neglect and exploitation, Infection control, respectful and effective interaction with residents, and we are not sure surveyors saw all the sign-up sheets. Please see attached document 2A, page 1-3</p> <p>A document has now been developed and will be demonstrated to all staff to outline which in-services have been held and where each staff member will be responsible to obtain all of the mandatory in-services and 12 hours of education. RN and administrator will do monthly checks to be able to give reminders to people who have to catch up.</p>	1/20/11
				March

			<p>These reminders will be given to the individual staff member in writing quarterly by administrative assistant and will be done when quarterly variance reporting takes place (March, June, September, and December).</p> <p>This system will be reviewed with staff at staff meeting on 2/3/11.</p> <p><i>R179 2-3-2011 POC accepted</i> <i>C. Laraway, RN</i></p>	<p>June September December 2011.</p> <p>2/3/11</p>
		R190	<p>Administrator will run criminal background checks on each staff member of facility within a month from survey and upon each new hire.</p> <p>Random checks can be done any time, but we will put in place a procedure to run criminal background checks for all employees every other year hereafter, and before 2/18/2013.</p> <p>A signature form allowing the facility to do criminal checks has been created and the first checks have taken place.</p> <p><i>R190 2-3-2011 POC accepted</i> <i>C. Laraway, RN</i></p>	<p>2/18/2013</p> <p>2/1/11</p>
		R291	<p>Hot water temperature shall no longer exceed 120 degree Fahrenheit in resident areas. A temperature log has been kept for 6 days from January 20th to January 25th 2011 informing us that with the new setting the temperature stays within the range of 95-119 degrees Fahrenheit, please see document 5. Maintenance Director will do periodic checking ongoing.</p> <p><i>R291 2-3-2011 POC accepted</i> <i>C. Laraway, RN</i></p>	<p>2/3/11</p>
		R302	<p>Administrator and maintenance director of the home shall establish routine fire drills during all shifts and times of day within the next month = 4 drills during the month of February. We will review fire drill and evacuation plan at staff meeting on 2/3/11</p> <p>Copy of last fire drill log included from drill on 11/5/10. Administrator did not provide this on 1/18/11 as evidence of at least one drill during the past 8 months. Please see document 4.</p> <p><i>R302 2-3-2011 POC accepted</i> <i>C. Laraway, RN</i></p>	<p>2/3/11</p>