VERMONT

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

September 26, 2011

James Taggert, Administrator
22 Royce Street House
22 Royce Street
Rutland VT 05701

Dear Mr. Taggert:

Enclosed is a copy of your acceptable plans of correction for the onsite re-licensing survey conducted on August 8, 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, BS
Licensing Chief

PC:jl

Enclosure: As noted above.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0533	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/08/2011
NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET RUTLAND, VT 05701		

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T 001	INITIAL COMMENTS An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 08/08/11 to determine compliance with the Therapeutic Community Residences Licensing Regulations.	T 001	In a conversation with Pamela Cota on 8/23/11 it was established that if the residents are pouring their own medications from the original containers into weekly trays which are then distributed on a daily basis there is no requirement for the staff to be trained by a licensed person. To make the supervision of this a process with more accountability we will put in place a series of documented sign offs that medications were taken and the action that was taken if a person failed to get their medications. I believe that we are in accordance with the safety/security requirements for the storage of the medications as they are received from the pharmacy. We will put in place protocols to be followed by all staff when dealing with medications and these will be reiterated through staff meetings and be required. Supervision by the assistant director will document that staff are following through. This will be done by 9/15/11. T002 POC Accepted 9/23/11 S.Emmons RN / C Mota RN	9/15/11
T 002	IV.A.1 Resident Care and Supervision General The Director shall provide every resident with the personal care and supervision appropriate to his/her individual needs. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to assure that appropriate training in medication administration was provided to staff without licensure to administer medications. Findings include: 1. Per record review on 08/08/11, all residents required medication administration by others. Non-medical licensed staff provide this service in this home. There was no documentation that current non-licensed staff had medication administration training and delegation. During interview that afternoon, the Program Director confirmed that there was no list of delegated staff administering medications to residents of the home. S/he also stated that the current process for medications training is that the Physician orders the medications and then advises the case managers who then will train other staff in the use of the medication. The facility has no licensed supervision and oversight of the medication administration program for non-medical staff.	T 002		

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T 003	Continued From page 1	T 003		
T 003	IV.A.2 Resident Care and Supervision Medication The Director shall assure that all medications and drugs are: a. used only as prescribed by the resident's physician b. properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by interview, the residence failed to assure that all medications taken by residents were used only as prescribed by a physician for 2 of 6 residents in the sample (Resident #1 and Resident #2). Findings include: 1. Per record review on 08/08/11, Resident #1's Medication Administration Record indicated that the Resident took PRN (as needed) Tylenol 500 mg (milligrams) or Ibuprofen 200 mg (3 tabs), within the last 2 months, however, there was no physician's order for the medications in the Resident's medical record. In addition, there was no indication noted for its use. 2. Per record review on 08/08/11, Resident #2's Medication Administration Record indicated that the Resident took an over-the-counter pain medication (extra-strength Tylenol) several times per week. There was no evidence in the medical record of a physician's order for the medication nor indication for its use. Per interview on 08/08/11 at 3:30 PM, the staff member on duty confirmed that there were no	T 003	Royce Street has standing orders from the psychiatrist for the residents of Royce which are given as prescribed. We will document their use for each individual and make this part of their record. We will have the Dr. sign off on the use of these medications once a month. This will be implemented immediately. T003 POC Accepted 9/23/11 S. Emmons RN / [illegible] RN	

T003 – [illegible] of [illegible] [illegible] [illegible] [illegible] [illegible]

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T 003	Continued From page 2 physician's orders for the medications listed above nor their indications for use.	T 003		
T 009	IV.B.1 Physical Environment General a. The residence must meet all appropriate provisions of local building codes and zoning ordinances and regulations of the Vermont State Fire Code. b. The residence shall provide a comfortable, sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence failed to assure a safe environment for 6 of 6 residents. Findings include: 1. During the environmental tour on the morning of 08/08/11, the fire safety doors between the main level and second floor bedrooms and the Laundry Room on the lower level were not closed. The sign on the doors stated "Keep closed at all times, per order of the Rutland Fire Department". Per interview at 2:00 PM a staff member stated that "they should be closed in case there is a fire but it is hot out and we need a cross breeze". Per interview at 5:00 PM, the Acting Director confirmed that the fire doors should be closed as ordered.	T 009	THE FIRE + SAFETY PERSONNEL WERE CONSULTED AND THEY ASSURED US THAT THE DOORS CAN REMAIN OPEN AS THE MAGNETS RELEASE THE DOORS WHEN A FIRE OCCURS. THEY WILL WRITE A LETTER TO THIS EFFECT AND I WILL SEND IT, TO YOU. T009 POC Accepted 9/23/11 S.Emmons RN / [illegible] RN	
T 016	IV.B.2.a.7 Physical Environment Comfort-Sleeping Areas: Each resident shall have at least two bureau drawers for clothing and other personal	T 016		

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T 016	Continued From page 3 belongings and adequate closet space. This REQUIREMENT is not met as evidenced by: Based on observation and interview the residents did not have at least two bureau drawers for clothing. Finding include: 1. During the initial tour on 08/08/11 at 10:00 AM, 4 out of 6 bedrooms did not have bureaus. All 6 bedrooms, which are single occupancy, had a closet and bed. Personal belongings for 4 of the residents were noted to be either on the floor, window sills, etc., but no bureaus. Per interview, the Acting Director at 5:00 PM stated that "the residents will buy the bureau and take them with them when they leave" and confirmed that not all residents have bureaus for their belongings.	T 016	ALL INCOMING RESIDENTS TO THE ROYCE STREET FACILITY WILL BE ASKED TO PURCHASE A BUREAU FOR THEIR BELONGINGS. Per telephone call with the Assistant Director on 9/22/11, the P.O.C. for T016 should state: A bed and bureau will be provided unless the resident wants to bring their personal one.	8/25/11
T 036	IV.B.4.2. Physical Environment Safety: The Director shall ensure that adequate staff are available at all times to assist residents to evacuate in an emergency situation. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Director failed to assure adequate staff are available at all times to assist resident evacuation in emergency situations. Findings include: 1. Per observation during the initial tour at 10:00 AM there were 2 males and 1 female resident and no staff present. Per a telephone call to	T 036	T016 POC accepted 9/23/11 S. Emmons RN / [illegible] RN PLEASE FIND ATTACHED OUR EVACUATION PLANS AS REQUESTED. WE ARE SEEKING FURTHER DETAILS FROM THE CITY	

22 Royce Street
Rutland, VT 05701
(802) 775-8833

August 23, 2011

Pamela Cota RN Licensing Chief,
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Dear Pam,

As requested, the following information outlines both the sheltering in place and evacuation plans for clients of Spring Lake Ranch Aftercare's Royce Street program in the event of a severe emergency in our area. We have developed this plan with the assistance of our local Emergency Management Coordinator, Fire Chief Robert Schlacter, and the American Red Cross. In addition to this information, you should be aware that Spring Lake Ranch Aftercare (SLR AC) is included as part of Rutland city's emergency response plan.

Sheltering in Place:

This would not be an option as our resources are not conducive to emergency sheltering at 22 Royce Street.

Sheltering in Town:

Given an emergency localized to our building, we have a couple options of where our folks could stay: the apartment building that SLR owns in Rutland, VT and one or more of the buildings at the main branch of SLR in Cuttingsville, VT.

Also, we are located in Rutland city which has designated shelters at the Leahy Center at Rutland Regional Medical Center and city schools. The American Red Cross identifies shelters as the need arises, and our population does not fit the American Red Cross' criteria of "special needs," and therefore, is eligible to use shelter services.

Sheltering out of Town:

Again, if the emergency is localized to Rutland city, we have the option of moving our folks to SLR's Cuttingsville, VT site.

Evacuation Plan:

The Royce Street program houses six clients and one staff person who provides overnight coverage. During the day there are at least three staff people who work out of the house. We have two program SUVs each of which can transport eight people, and therefore, one staff person would be able to evacuate all Royce Street program clients. We would follow emergency personnel's directions for evacuation of the city.

As I mentioned before, we have developed our plans in coordination with local Emergency Management officials, who in turn coordinate all local information with state and federal agencies. Please let me know if I can be of further assistance.

Sincerely,

Jane Quigley
Director of Rutland Program
Spring Lake Ranch Aftercare

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T 036	Continued From page 4 another building within the therapeutic program, the case manger was found to be at a meeting. Per interview with staff later in the day, stated that "we have to cover other buildings and are not always at this residence". The Acting Director confirmed during interview at 5:00 PM that during the day staff members are not in the house at all times but can be reached by cell phone.	T 036	ROYCE STREET STAFF WILL BE STAFFED 24 HR DAY AS STATED T036 POC Accepted 9/23/11 S.Emmons RN/ PMcotaRN	8/25/11
T 078	VI.1.C.9. Common Model Program Standards Structural Components Staff All staff members shall meet all applicable federal, local, or state requirements for their positions. This STANDARD is not met as evidenced by: Based on personnel file review and interview, the residence failed to ensure that 4 of 4 employees had the required background checks completed per state requirements. Findings include: 1. Per review on 08/08/11 of the employees personnel files, 4 out of 4 employees reviewed did not have the required background checks. Interview with the Business Manager at 3:20 PM stated "it is so easy now to check" [on-line] and confirmed that the expectation is that all employees have the required State background checks and that they were not in the personnel files.	T 078	BACKGROUND CHECKS ARE A POLICY OF THE S.L.R. HIRING PROCESS. THIS HAS BEEN PUT IN PLACE FOR ALL STAFF WORKING AT THE ROYCE STREET HOUSE. THE BACKGROUND CHECKS WILL BE DONE AND BE PLACED IN THE PERSONNEL FILES AS REQUIRED T078 POC Accepted 9/23/11 S.Emmons RN/ PMcotaRN	8/22/11
T 090	VI.2.B.3.b. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall contain clear and concise statements of at least the short-term	T 090		

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T 090	Continued From page 5 goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment. This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 2 of 2 residents at facility. (Resident #1 & #2) Findings include: 1. Per record review for Residents #1 & #2 there was no treatment plan that identified clear and concise short-term goals nor time frames for completion. Although progress notes with family was noted for resident #1, it did not identify specific goals, outcomes and steps needed for the treatment plan . Resident #2 was admitted on 08/02/11 and only an application identified problems but did not have goals or interventions. Per interview on 08/08/11 at 5:00 PM, the Acting Director confirmed there was no treatment plan..	T 090	ALL RECORDS, GOAL PLANS AND TREATMENT NOTES HAVE BEEN KEPT ON THE COMPUTERS, BUT ACCESS WAS NOT AVAILABLE DUE TO PASSWORD ISSUES. WE WILL ADOPT THE PROTOCOL OF DOCUMENTING THE SAID IN APPROPRIATELY ORGANIZED PAPER FILES, WITH THE APPROPRIATE FORMAT AND IN AN ONGOING AND TIMELY MANNER. T090 POC Accepted 9/23/11 S Emmons RN / [illegible] RN	9/15/11
T 101	VI.2.B.6.a. Common Model Program Standards Treatment Components Process--Resident Records A residence shall ensure: 1. its responsibility for safeguarding and protecting the resident record against loss, tampering or unauthorized disclosure of information; 2. Content and format of resident records are kept uniform; 3. entries in resident records are signed and dated. This STANDARD is not met as evidenced by: Based upon interview and review of the resident	T 101		

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T 101	Continued From page 6 records, the residence failed to ensure that all entries in the residents records are signed, dated and kept uniformed for 2 applicable residents in the sample (Residents #1 and #2.) Findings include: 1. Per Record reviews on 08/08/11 for Resident #1 & #2 not all available information was found in the clinical record. Resident #1 had a Treatment Plan {Action Plan} in the computer accessible by 1 staff person only and it was not signed nor dated. Resident #2 had an application of aftercare, however that was not dated. Per interview at 4:20 PM a Staff member stated "we write progress notes in the computer and then are suppose to print/sign/date them so that they are in the clinical chart." Entries for the resident's progress notes were not signed and dated, nor in the clinical charts. Per interview at 5:00 PM the Acting Director confirmed that all information should be signed, dated and kept uniformed in the clinical charts, which did not happen.	T 101	ALL DOCUMENTATION WILL BE SIGNED STAFF AND CLIENTS AND WILL BE DATED USING APPROPRIATE FORMAT T101 POC Accepted 9/23/11 S. Emmons RN / [illegible] RN	9/15/11