

Division of Licensing and Protection
103 South Main Street
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

December 17, 2014

Ms. Lynn Dorsky, Administrator
22 Royce Street House
22 Royce Street
Rutland, VT 05701-4431

Dear Ms. Dorsky:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 24, 2014**. 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

DEC 15 2014

PRINTED: 12/02/2014
FORM APPROVED

Division of Licensing and Protection

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 11/24/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 001	Initial Comments An unannounced on site re-certification survey was conducted on 11/24/14 by the Division of Licensing and Protection. The following are Therapeutic Community Residence (TCR) findings.	T 001		
T 022 SS=D	V.5.4.c Resident Care and Services 5.4 Discharge Requirements 5.4.c A summary of the resident 's stay at the facility shall be added to the resident record within two weeks of his or her leaving. The summary shall include the reason for leaving, areas in which progress, no progress, or regression was observed, and the medication the resident was prescribed at the time of leaving. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, there was no discharge summary for one applicable discharged resident in the sample. (Resident #4) Finding include 1. Per record review, Resident #4 was admitted on 10/08/13 and was discharged on 09/01/14. There were no charts or discharge summary. The Manager at 3:35 PM stated that when the resident left the TCR the resident went into a townhouse under the over-arching program, "so the record went with [him/her]." The Manager confirmed that the discharge summary nor the resident's record was available.	T 022	T 022 1. A discharge summary will be completed for client #4, the file will be copied and placed in his prior record.	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] 6899 NPF11

TITLE _____

(X6) DATE 12/12/14

Division of Licensing and Protection

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 11/24/2014
NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 025 T 025 SS=D	Continued From page 1 V.5.5.c Resident Care and 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 facility failed to assure that resident medication administration procedures were consistent with physician orders for 1 of 3 residents in the total sample. (Residents #1) Findings include: Per review on 11/24/14, the medical records and Medication Administration Record (MAR) for Resident #1, do not include physician orders for Tylenol, Aleve or Vitamin C. The MAR presents that Resident #1 had received, on 09/04/14, two 500 mg tablets of Tylenol for a headache and Aleve for elbow pain. On 10/03/14 the resident received 500 mg of Vitamin C. Per interview at 11:50 AM staff stated that the TCR has a blanket standing order for OTC [over the counter] medications as needed [PRN], however there is not a current, resident specific, signed order. In addition, the standing orders that were presented did not list Aleve and listed the Tylenol as 2 tablets of 325 mg. The Manager acknowledged that the OTC PRNs should be resident specific and the Tylenol [1000 mg] and Aleve did not have physician orders.	T 025 T 025	T 025, 5.5c: Resident #1: The nurse and consulting psychiatrist are correcting the client's MAR to reflect the PRNs said client is prescribed. The client will only be given prescribed PRNs. Every resident will now have an individualized PRN sheet with each over the counter (OTC) medication allowed by the Dr. Every time the client receives an OTC PRN, it will be signed off on and dated by the nurse, or staff on duty, and then further signed off on by the nurse on her next shift.	12/11/14
T 038 SS=E	V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services	T 038		

Division of Licensing and Protection

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 11/24/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 038	<p>Continued From page 2</p> <p>5.8 Medication Management</p> <p>d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider ' s diagnosis and orders.</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <p>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;</p> <p>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;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's</p>	T 038		

Division of Licensing and Protection

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 11/24/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 038	<p>Continued From page 3</p> <p>instructions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the TCR failed to assure that prior to unlicensed staff administering medications to residents, the RN assess the residents care needs, and delegates the responsibility for administration of specific medications to designated staff for designated residents. Findings include:</p> <p>Per review on 11/24/14 of the medication delegation list, nine staff were identified as being able to administer medications to residents. However, three staff did not have proof of being delegated by the RN, as evidenced by lack of the training test and med pass sheet. Per interview at 12:50 PM the RN stated that the three staff had training at another facility and confirmed "I should have done that [medication delegation] for Royce St." In Vermont, there is no certification for unlicensed staff to administer medications which would ever transfer from one licensed facility to another. In addition, during review of three applicable resident charts (Resident #1, #2 and #3) there is no evidence that an assessment was conducted by the RN for the care needs consistent with the health care provider's diagnosis and orders. During interview at that time, the nurse stated that the assessments were in the MAR [medication administration record]. Only vital signs i.e.; heart rate or blood pressure were noted. The RN confirmed that assessments for all care needs consistent with diagnosis and orders were not conducted.</p>	T 038	<p>T 038, 5.8:</p> <p>The nurse will conduct a medication education in-service for all staff who administer meds. A list of all staff who attended and the date will be logged and kept in the master document log as well as the staff's personnel file.</p> <p>The nurse will conduct an assessment of every new client admitted to Royce Street, and create a treatment plan that reflects the client's needs as well as the physician's diagnosis and orders. She will also create a treatment plan for current clients. All treatment plans will be reviewed and updated each month, as needed. Treatment plans will be kept in a designated, labeled section of the binder.</p>	<p><i>nurse assess</i> 12/2/14</p>
-------	---	-------	---	---

Division of Licensing and Protection

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 11/24/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 045	Continued From page 4	T 045		
T 045 SS=D	<p>V.5.8.h Resident Care and Services</p> <p>5.8 Medication Mangement</p> <p>5.8.h All medicines and chemicals used in the residence must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review the medication for 1 of 3 residents in the sample was not properly labeled and/or stored in accordance with currently accepted professional standards of practice (Resident #1). Findings include:</p> <p>1. Per observation of the medication cart on 11/24/14, Resident #1 had two "bubble pack" cards of a total of 26 Risperdal (an antipsychotic medication), with 7 pills scotch-taped back into the bubble packs on one of the cards and one missing [bubble punch out] in the middle of the other card. Per record review of the admission paper work, Resident #1 who was admitted from the parent facility on 05/12/14, was documented as having a total of 25 Risperdal 0.5 mg pills [as needed for psychosis]. The Manager during interview at 1:45 PM stated "we were thinking that that shouldn't have happened but that is how they are sent to us". Per interview at 1:50 PM the RN at the parent facility who sent the bubble pack stated that Resident #1 would go home and medications would be sent in an envelope. If the resident didn't take any medications, [s/he] would bring them back and then the s/he would re-package the medications, "I didn't want to waste them". S/he was not sure why the total</p>	T 045	<p>T 045, 5.8h,</p> <p>1: Royce Street will no longer use MOTS that have been cut or taped to ensure accordance with professional standards. All unusable pills will be discarded in the sharps container by two staff, and the document will be signed and dated by both staff.</p> <p>All medications will be counted to ensure the client has the correct amount of medication.</p>	

Division of Licensing and Protection

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 11/24/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 045	Continued From page 5 number of medications were incorrect. The nurse confirmed "I won't do that again". Per interview with the Manager and Program Director at 3:50 PM confirmed that the medication was not properly labeled and/or stored in accordance with currently accepted professional standards of practice.	T 045		
T 052 SS=C	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence 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; (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, hand washing, handling of linens, maintaining clean environments, blood borne	T 052		

Division of Licensing and Protection

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 11/24/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 052	<p>Continued From page 6</p> <p>pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the TCR failed to have documented at least twelve (12) hours of training each year for each staff person providing direct care to residents for 5 of 5 staff reviewed.</p> <p>Based on staff interview and facility staff file review, the facility failed to demonstrate that 5 of 5 staff members reviewed had received at least (12) hours of annual training specific to resident rights, fire and safety and emergency evacuation, resident emergency response, mandatory reporting, respectful and effective communication with residents, infection control measures, and general supervision of residents. Although 1 to 3 trainings were provided during the year, not all staff attended them, not all the required elements were addressed and no number of hours are noted. The facility Director confirmed on 11/14/2014 at 11:30 AM that the trainings were not complete.</p>	T 052	<p>T 052, 5.9b:</p> <p>A binder has been created for Staff Education to document that all staff have completed at least 12 hours of training, to include categories 1-7:</p> <ol style="list-style-type: none"> 1: Resident rights, 2: Fire safety and evacuation. (A log was created on 11/25/14 which includes four mandatory fire drills each year, to occur in the a.m., afternoon, p.m. and overnight. Each drill will list the time and date of the drill and all staff and clients who were present), 3: Resident emergency response procedures. (All staff who aren't currently CPR trained will be, and it will be documented in the Staff Ed binder), 4-7: All staff will be re-trained and it will be documented in the binder. 	11/25/14
T 060 SS=E	<p>V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b The following records shall be maintained and kept on file:</p> <p>(1) A resident register including all admissions to and discharges out of the residence.</p>	T 060		

Division of Licensing and Protection

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 11/24/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 060	<p>Continued From page 7</p> <p>(2) A record for each resident which includes:</p> <ul style="list-style-type: none"> i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin; ii. The health care provider's name, address and telephone number; iii. Instructions in case of resident's death; iv. The resident's intake assessment summary, identification of problems and areas of successful life function; v. Data from other agencies; vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form; vii. A signed admission agreement; viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident's record); ix. A copy of the resident's advance directives, if any were completed, and a copy of the 	T 060		
-------	--	-------	--	--

Division of Licensing and Protection

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 11/24/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 060	<p>Continued From page 8</p> <p>document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the resident records failed to have some of the required information for 4 of 4 Residents in the sample. This has the potential to effect all residents in the TCR. (Residents #1, #2, #3 & #4) Findings include;</p> <ol style="list-style-type: none"> 1. Per review of the residents' records during survey on 11/24/14 the following information was not found: <ol style="list-style-type: none"> a) All residents (#1-#4) failed to have photos in the chart and no documentation of any such refusals; b) No documentation of discharge summaries for Resident #4; c) No Advance Directives and/or or whether Advance Directive information was given for Residents #1 - #4; d) No instructions in case of Resident's death for Residents #1 - #4; e) No supervisory and review conclusions per the meeting with the resident were documented for Resident #4; f) Although the admission agreements were signed by the residents, the agreements were not complete, such as missing grievance procedures. <p>Per interview on 11/24/14 at 3 :45 PM the Manager was unable to obtain all the required information for the residents' records. S/he confirmed at that time that the above information was not in the charts.</p>	T 060	<p>T 060, 5.10b:</p> <p>1a: Each client's binder will include her/his picture. If the client refuses to have a picture taken, a note reflecting the refusal will be documented.</p> <p>1b: The client's Case Manager (CM) will write a Discharge Summary on client #4, and for all subsequent clients who discharge(d) from Royce Street.</p> <p>1c: Each client will be given the opportunity to sign an Advanced Directive. It will be documented in the client's chart if s/he refuses to have one.</p> <p>1d: Instructions in case of death will be placed in each client's binder.</p> <p>1e: The CM will conduct reviews and conclusions regarding client #4, and for all clients.</p> <p>1f: All admission agreements and the Royce Street client handbook will include a grievance procedure. Grievance procedures are now posted on each floor with the numbers of organizations to whom clients may make a complaint.</p>	<p>Posted 12/10/14</p>
-------	--	-------	---	----------------------------

Division of Licensing and Protection

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 11/24/2014	
NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 063 SS=E	<p>V.5.10.c Resident Care and Services</p> <p>5.10 Records/ Reports</p> <p>5.10.c The residence shall ensure that resident records are safeguarded and protected against loss, tampering or unauthorized disclosure of information, that the content and format of resident records are kept uniform and that all entries in resident records are signed and dated.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residents' records were not kept uniform and the TCR failed to assure all entries in resident records are signed and dated for 3 of 4 residents in the sample. [Resident #1, #2 & #3] Findings include:</p> <p>1. During review of three resident's chart on 11/24/14 the follow were noted: a) Resident #1 did not have current summary notes from 09/15/14 to the present. There were no nursing assessments, as well as no signed physician orders for OTC (over-the-counter) medications. b) Resident #2 did not have signed progress note entries, nursing assessments or signed OTC medication orders. In addition, another resident's email communication was in Resident #2's chart. c) Resident #3 did not have signed admission orders, there was no nursing assessments, no evidence of psychoactive medication monitoring and progress notes were not signed.</p> <p>Per interview at 3:45 PM the Manager confirmed the above findings</p>	T 063	<p>T 063, 5.10c:</p> <p>Each client's chart will have a Table of Contents with labeled partitions for ease of review and consistency.</p> <p>1a: The CM will write a summary to capture 9/15-14 and going forward for client #1. A nursing assessment will be added, and any med changes by the Dr were updated, signed and dated as of 12/11/14.</p> <p>1b: Client #2's progress notes will be signed and dated by the writer, a nursing assessment will be added, as well as signed OTC med orders.</p> <p>All charts will be checked to ensure that all entries are placed in the correct client's binder.</p> <p>1c: Client #3's admission orders and progress notes will be signed by the writer, a nursing assessment will be completed and medications will be monitored and signed off on.</p>	12/11/14

Division of Licensing and Protection

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 11/24/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 105	Continued From page 10	T 105		
T 105 SS=E	<p>VI.6.21 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the TCR failed to post, in clear large print language, the required grievance procedure for the TCR and failed to provide directions for contacting the Vermont protection and advocacy organization (Disability Rights Vermont). This has the potential to effect all residents. Findings include:</p> <p>During the tour of the TCR building on 11/24/14 at 9:50 AM, the TCR failed to post the grievance procedure in clear, large print language and failed to provide directions for contacting the designated Vermont protection and advocacy organization (Disability Rights Vermont) on each of the residence floors. The Manager at 3:55 PM confirmed there were no required grievance procedures posted.</p>	T 105	<p>T 105, 6.21:</p> <p>Grievance procedures were posted on each floor with directions for contacting the designated VT protection and advocacy organization, to include phone numbers. A telephone will also be placed on each floor to make such calls if a client so chooses.</p>	12/10/14
T 121 SS=E	<p>VII.7.1.c.1 Nutrition and Food Services</p> <p>7.1 Food Services</p> <p>7.1.c Meal Service</p>	T 121		

Division of Licensing and Protection

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 11/24/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 121	<p>Continued From page 11</p> <p>7.1.c.1 Each residence shall offer meals three times a day in accordance with the guide (above). Meals shall be served at appropriate temperature and at normal meal hours. Texture modifications will be accommodated as needed.</p> <p>This REQUIREMENT is not met as evidenced by: The TCR did not offer each resident meals three times a day in accordance with the USDA food guide. This has the potential to effect all residents. Findings include:</p> <p>Per observation, record review and interviews, the TCR, although food is available during the day and serving an evening meal, did not present or propose meals for breakfast or lunch. Per interview at 10:15 AM on 11/24/14 the Manger stated "the residents are on their own for breakfast and lunch but we help cook the evening meal." The menu had only the evening meal posted but no meal planned for Thursday evening. Per review of the menus for end of October and November, several evening meals did not have food items identified for the evening meals. Per observations, many canned and packaged food items were stored in the pantry and refrigerator. The Manager, at that time confirmed, that although food for all meals and snacks are available, the TCR did not offer or propose what food items in accordance with USDA guidelines are available for those meals.</p>	T 121	<p>T 121:</p> <p>The client menu is posted on the main refrigerator and now includes all foods available with each of the three meals per day.</p>	11/25/14
-------	---	-------	--	----------

Division of Licensing and Protection

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 11/24/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 127	Continued From page 12	T 127		
T 127 SS=E	<p>VII. 7.2.b Nutrition and Food Services</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that staff adhered to accepted standards of Food Safety Principles regarding the proper storage and dating/labeling of leftover and/or perishable food items. This has the potential to affect all residents of the home. Findings include:</p> <p>Per observations on 11/24/14 at 9:55 AM, the refrigerators and freezers, one located on the lower level and also the cooking class kitchen and resident kitchen, had no records to ensure perishable foods were held at the proper temperature. In addition, several food items in the refrigerators were unlabeled and/or undated, including a large bowl of chicken stir-fry, wilted and browned lettuce greens; and a red sauce had no label and no date. During interview at 10:15 AM, the Manager of the home confirmed that staff did not label and date perishable foods when received or cooked, and refrigerator/freezer temperatures should be monitored.</p>	T 127	<p>T 127:</p> <p>All refrigerated foods are now labeled and dated.</p> <p>All refrigerators and freezers now have thermostats. A log has been created and posted for staff to check weekly and sign/date.</p>	11/24/14
T 142 SS=C	<p>VIII. 8.1 Laundry Services</p> <p>VIII. Laundry Services</p>	T 142		

Division of Licensing and Protection

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 11/24/2014
NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 142	Continued From page 13 8.1 The residence shall provide laundered bed and bath linens at least once a week. This REQUIREMENT is not met as evidenced by: Based on interviews, the TCR failed to provide laundered bed and bath linens at least once per week. Findings include: During the tour on 11/24/14, the washer and dryer was observed in the basement laundry area, which is accessible to the residents of the home. The Manager conducting the tour with the nurse surveyors stated that the TCR provides linens and the residents do their own laundry, which includes the bath and bed linens. S/he also stated that a staff person will help them get the laundry done. During the initial tour two residents were present in the home. They both acknowledged that they do their own laundry and they both stated that they don't need help. One resident that lives upstairs stated the "I do my laundry about every two weeks, maybe sooner." And one resident who lives on the first floor stated "I try to get my laundry done within a week, week and a half." The Manager at 4:00 PM confirmed that there is no process to ensure that residents are provided with laundered bed and bath linens at least weekly.	T 142	T 142: Royce Street has hired a laundering company to provide weekly pick up on Friday's. A log will be dated and signed at each pick up and drop off with the staff's and client's name.	12/5/14
T 146 SS=C	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.	T 146		

Division of Licensing and Protection

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 11/24/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 146	Continued From page 14 This REQUIREMENT is not met as evidenced by: Based on observations and interviews the TCR failed to provide a safe environment. This has the potential to effect all residents in the home. Findings include: 1. During the initial tour on 02/10/14 at 9:30 AM with the House Manager, the following were observed: a) Cleaning solutions such as Lysol and Quat were unsecured in the first and second floor bathrooms. b) flammables such as paint stored near the boiler Interview with the House Manager confirmed the above findings.	T 146	T 146: 1a: All cleaning solutions were removed from the bathrooms and are secured behind a locked door. 1b: On 11/24/14, the land trust was informed of the need to remove all flammable items from the boiler room.	11/24/14
T 187 SS=E	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence 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	T 187		

Division of Licensing and Protection

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 11/24/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
--------------------	--	---------------	---	--------------------

T 187	Continued From page 15 documented. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to ensure fire drills rotate times of day and failed to record the names of participating staff members. Per review of fire drill records on 10/24/14, all fire drills lacked the names of participating staff and lacked evening and overnight drills. The documentation for the last 12 months shows mostly afternoon and a morning fire drill with the number of people in attendance and not the names of staff. Per interview at 10:45 AM the Manager confirmed the above findings.	T 187	T 187: A log was created on 11/25/14 to include four fire drills per year that are conducted in the a.m, afternoon, p.m. and overnight. It includes all staff and clients present as well as the date and time of the fire drill. An evacuation map was drawn up on 12/9/14 that is in the process of being completed. Each floor will have an evacuation map on the walls.	11/25/14
T 188 SS=C	IX.9.11.d Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the residence, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and interview there were no telephones on the first and second floors of the residence Findings include: 1. During the initial tour on 10/24/14 at 9:55 AM no telephones were observed on the first and second floors, in which residents live. There was	T 188		

Division of Licensing and Protection

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 11/24/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER 22 ROYCE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 22 ROYCE STREET 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
T 188	Continued From page 16 a list of emergency telephone numbers on the first floor bulletin board. Per interview, at 10:30 AM the Manager stated that all residents have cell phones which are programmed with the 911 number as well as the Royce St. number. Also an overnight staff person, who sleeps on the lower level, would answer the cell. S/he acknowledged that if a person did not have personal cell phone, or not working properly, then that would be an issue. S/he confirmed there is no phones on resident floors for emergency use.	T 188	T 188: Phones are in the process of being purchased for each floor of Royce Street. Emergency numbers will be posted next to the phones.	