

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 4, 2011

Ms. L. Beebe Potter, Administrator  
22 Upper Weldon  
22 Upper Weldon  
Saint Albans, VT 05478

Dear Ms. Potter:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 20, 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:  0528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/20/2011
NAME OF PROVIDER OR SUPPLIER  22 UPPER WELDON		STREET ADDRESS, CITY, STATE, ZIP CODE 22 UPPER WELDON SAINT ALBANS, VT 05478		
(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 onsite re-licensing survey was conducted by the Division of Licensing and Protection on 7/20/11 to determine compliance with the Therapeutic Community Residences Licensing Regulations.	T 001		
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 staff interview, the residence failed to assure that 1 of 3 applicable residents in the survey sample had physician orders for medications. Findings include:  1. Per record review on 7/20/11, Resident #3 had no signed physician orders for daily medications being administered by staff for the previous 2 days. Medications being administered include Oxycontin 40 mg (milligram) 2 times daily, Clonazepam 0.5 mg 2 times daily, Sertraline LCL 200 mg each evening, Morphine 60 mg at bedtime, Singulair 10 mg 3 times daily, Seroquel 25 mg 3 times daily, Xopenex HFA 45 mcg (microgram) 2 puffs 2 times daily, and Advair 2 puffs 2 times daily. During interview and electronic record review at 2:30 PM, the residence Supervisor confirmed that there were	T 003	See Attached Letter with New Procedure	08/04/11

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sam Morris Compliance Office* TITLE \_\_\_\_\_ (X6) DATE 08/04/11  
STATE FORM 6899 KM8911 If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/20/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>22 UPPER WELDON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 UPPER WELDON SAINT ALBANS, VT 05478</b>		
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T 003	Continued From page 1 no signed medication orders for this resident.	T 003		

Jason Minor  
Compliance Officer  
Northwestern Counseling & Support Services  
107 Fisher Pond Road  
St. Albans, VT 05478

**NORTHWESTERN  
COUNSELING**  
& SUPPORT SERVICES

August 3, 2011

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

Dear Ms. Cota:

Thank you for speaking with me on the phone yesterday to discuss our Plan of Correction (POC) for the deficiency noted (IV.A.2 Resident Care and Supervision) on the survey report dated 07/20/11 for our 22 Upper Weldon Licensed Therapeutic Community Residence.

We have added the following procedure to the medication administration part of our policy:

Medication Administration for After Hours & Weekend Admissions:

*When clients are admitted to a licensed therapeutic community residence after hours or on weekends with prescribed medications, residential staff must notify both the Residential Service Coordinator and nurses. Residential staff will provide the nurses with:*

1. Basic resident information, initial and client number.
2. The resident's primary care physician's name.
3. All prescribe medications.
4. Prescribed dosages of medications.
5. Prescribed frequency of intake of each medication.
6. Any other information on the prescription bottles.
7. Pharmacy name and location, if available.

*Upon receiving this information, the nurses will confirm with the resident's primary care physician during the next business day that the medications are being administered as prescribed. Until the time the medications can be confirmed correct, (and/or need to be altered,) as prescribed by the primary care physician, residential staff will administer the medications as prescribed on the bottle in the following way:*

1. The correct number of capsules or tablets for each medication is administered.
2. The medications are given at the intervals printed on the label.
3. The medications are taken following any recommendations for food or water consumption.
4. The medication administration follows any other recommendations on the label.

*If nurses, upon consulting with the resident's primary care physician, discover that there is a discrepancy with how the medication is prescribed, they will contact the service coordinator and residential staff to inform them of the problem(s). The resident will be advised of any discrepancy found between the medications and/or medication regimen they have and how it was prescribed by their doctor. The resident will be encouraged to contact their primary care physician to correct the discrepancy. The nurses will use their discretion to determine if they should see the resident for any reason.*

*It is understood that if a client enters and departs the a licensed therapeutic community residence after hours or on weekends that the nurses may not be able to confirm that the medications being administered are being done so as prescribed by the resident's primary care physician.*

*No over the counter medications will be administered without authorization from the doctor on call or a written medication order.*

This is affective today as noted on the attached POC form. Please let me know if you have questions and that our POC is acceptable. Also, please thank Cindy Laraway, RN for her time completing the survey.

Sincerely,

T003 POC Accepted 8/4/11 JMinor

Jason Minor  
Compliance Officer  
(802) 393-6425