

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

January 29, 2015

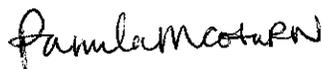
Mr. Willem Leenman, Administrator
47 Main Street
Po Box 38, 706 Main Street
Castleton, VT 05735-0038

Dear Mr. Leenman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 5, 2015**. 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: 0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/05/2015
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NAME OF PROVIDER OR SUPPLIER 47 MAIN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 38, 706 MAIN STREET CASTLETON, VT 05735
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T 001	Initial Comments An unannounced, on-site re-licensure survey was conducted by staff from the Division of Licensing and Protection on 1/5/15 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations effective 1/6/14. The following regulatory violations are the result of the licensing survey.	T 001		
T 040 SS=D	<p>V.5.8.5 Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the manager failed to assure that non nursing staff had the required written plan to direct them when administering a PRN psychoactive medication for 1 of 2 residents of the TCR in the total sample. (Resident #1). Findings include:</p> <p>Per record review Resident #1's psychiatrist had prescribed a PRN (as needed) psychoactive medication, Seroquel XR 50 mg 2 times per day for "agitation", which is sometimes administered by non-licensed nursing staff without the benefit</p>	T 040	<p>Response to specific TCR violations:</p> <p>V 5.8.5 Resident Care and Services.</p> <p>5.8 Medication Management</p> <p>We will develop a written plan for all PRN (as needed) psychoactive medication for all residents who take PRN psychoactive medications. These written plans will direct non nursing staff when administering a psychoactive medication. The plans will also address the minimum hours between doses. Also, these written plans will be reviewed and approved by our consulting nurse, Ann Pollock, RN and by our consulting psychiatrist, William S. Grass, MD.</p> <p>We will ask Ann Pollock, RN to review these written PRN plans for psychoactive medications at least on a monthly basis, or whenever a PRN psychoactive medication has been ordered. We will also ask Ann Pollock, RN and William S. Grass, MD to sign off on these written plans.</p> <p>All written plans for PRN psychoactive medications will be in effect no later than February 28, 2015</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *William Keenan, Director* TITLE *Director* (X6) DATE *1/20/15*

T040-T187 POC's accepted 1/29/15 FMcIntosh/RMC

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T 040	Continued From page 1 of a written plan for the use of the PRN psychoactive medication. As a result, specific individualized circumstances which would indicate when the medication may be given and the behaviors it is intended to correct had not been provided. In addition, the PRN order for Seroquel did not include the minimum hours between doses. Per interview on 1/5/15 the Administrator confirmed there was a lack of a behavioral plan of care for staff to utilize as guidance when administering PRN psychoactive medication.	T 040	V. 5.9 Staff Services 5.9. b We will ensure and properly document that all of our direct care staff receive the required minimum 12 hours of training annually. We will ask Ann Pollock, RN, our consulting nurse, and our Program Coordinator, Christine Skoglund, MS, to review staff training at least on a monthly basis to make sure these requirements have been met.	
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;	T 052	Our staff are experienced and well trained and many of them have more than a decade of experience working for us. We value the importance of training and furthering one's education. We expect all of our staff members to be more than familiar with the basic requirements such as Fire Safety, Residents' Rights, mandatory reporting of abuse, neglect and exploitation and Infection Control Measures. Our staff training has focused on diet and exercise, the link between diet and diabetes, long term use of psychoactive medications and side effects, addiction management, creating a therapeutic environment, and how to create a sense of future for a person who is in despair and has a history of drug overdose and/or suicide attempts. Nevertheless, we will make certain that all staff records reflect that each staff member has had the required training or a documented annual review of the required topics. We recognize that these topics are of great importance and the training of these topics should, indeed, be part of each staff members' file.	

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T 052	Continued From page 2 (6) Infection control measures, including but not limited to, hand washing, 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 Therapeutic Care Residence (TCR) failed to assure all direct care staff were provided 12 hours of training on a yearly basis. Findings include: Per review on 1/5/15 of training records for 4 of 4 direct care staff, the required 12 hours of training had not been provided as required. Training to include: Fire Safety, Resident Rights, mandatory reporting of abuse, neglect and exploitation and Infection Control measures were not included within staff training. This was confirmed on the afternoon of 1/5/14 with the facility Administrator.	T 052	A list of each required training topic will be part of each staff member's file and will show the date the training took place for each of the required topics. The documentation will be in place no later than February 28, 2015.		
T 054 SS=E	V.5.9.d Resident Care and Services 5.9 Staff Services 5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the residence as	T 054			

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T 054	<p>Continued From page 3</p> <p>well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of personal files and interview, the Director of the TCR failed to assure there was a consistent process to conduct the required criminal and abuse checks for all employees hired as per 33 V.S.A. § 6911 and 33 V.S.A. § 4919 to see if prospective employees are on the abuse registry or have a record of conviction. Findings include:</p> <p>Per review of 4 personal records of direct care staff presently employed at the TCR, 2 of 4 records reviewed identified that neither Criminal checks or Abuse Registry Checks (Adult & Child) were conducted by the Administrator prior to hire of these individuals. In addition, for the other 2 employee records reviewed, although Criminal Checks and Adult abuse Registry checks had been conducted, there was a failure to also do a check of the child abuse registry for these other 2 individuals. This was confirmed on the afternoon of 1/5/15 with the Administrator of the TCR who stated s/he was aware of the State requirement.</p>	T 054	<p>V. 5.9.d. Staff Services</p> <p>We will make sure that all staff personnel files contain the following:</p> <p>Date and result of Criminal Background Check</p> <p>Date and result of Adult Abuse Background Check</p> <p>Date and result of Child Abuse Background Check</p> <p>Date and notes of personal and professional reference checks.</p> <p>Willem Leenman, Director, will be responsible to see that the above checks have been performed and are properly filed in each staff member's personnel file.</p> <p>Time frame: Criminal Background Checks completed on 1/7/15 on all staff.</p> <p>Adult Abuse Background Checks requested on 1/14/15 and awaiting return of results</p> <p>Child Abuse Background Checks completed on 1/20/15 on all staff.</p>	

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T 113	Continued From page 4	T 113		
T 113 SS=C	VII.7.1.a.1 Nutrition and Food Services 7.1 Food Services 7.1.a Menus and Nutritional Standards 7.1.a.1 Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance This REQUIREMENT is not met as evidenced by: Based on observation and interview, the TCR failed to develop a menu written 1 week in advance. Findings include: During a tour of the kitchen at 10:30 AM on 1/5/14 accompanied by the Administrator of the facility, it was confirmed menus are not planned one week in advance as required. Presently direct care staff collaborate with the residents for the development of a weekly menu and shop for the present week. Evidence of previous weeks menus were made available, but for the week of 1/6/15 through 1/12/15 a menu had not been created.	T 113	VII. 7.1. a. 1. Nutrition and Food Services 7. 1. a. 1. We will ensure that henceforth all menus will be written one week in advance. This will be in effect immediately. Christine Skoglund, MS, Program Coordinator, who plans our menus, will be responsible for menus being available a minimum of one (1) week in advance as required by TCR regulations.	
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	T 187	IX. 9.11. c. Physical Plant 9.11 Disaster and Emergency Preparedness. We will conduct periodic fire drills at least quarterly and keep a full record of each and every drill, including date, time of day, and staff involved. I have spoken (on 1/14/2015) to David Green, Assistant Fire Marshall, State of Vermont Dept. of Public Safety, Division of Fire Safety. We discussed a plan of action approved by Mr. Green. Mr. Green will return for a follow up inspection on Thursday, February 26, 2015. We will make sure that Emergency Preparedness, including fire safety will be an annual review for each direct care staff person. This will go into effect immediately.	

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T 187	Continued From page 5 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 Administrator of the TCR failed to assure fire drills were conducted on at least a quarterly basis. Findings include: Per review of documentation related to the TCR sprinkler system and fire alarms, there was no indication fire drills were conducted and documented for the past 12 months. The Administrator confirmed on the afternoon of 1/5/15 s/he was not in compliance with the requirement although aware of the importance of conducting fire drills	T 187		