

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 8, 2016

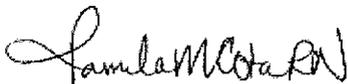
Mr. Victor Martini, Manager
Battelle House
348 Dewey Street
Bennington, VT 05201-2255

Dear Mr. Martini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 1, 2016. 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

PRINTED: 06/08/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/01/2016
NAME OF PROVIDER OR SUPPLIER BATTELLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 348 DEWEY STREET BENNINGTON, VT 05201		
(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-licensure survey was conducted by the Division of Licensing and Protection on 6/1/16. There were regulatory findings.	T 001		
T 036 SS=D	V.5.6.b Resident Care and Services 5.8 Medication Management 5.8.b The manager of the residence is responsible for ensuring that all medications are handled according to the residence's policies and that designated staff are fully trained in the policies and procedures. The manager shall assure that all medications and drugs are used only as prescribed by the resident's physician, 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 staff interview and record review, the facility failed to insure that medications for 1 resident, Resident #1, were given as prescribed by the physician and failed to insure that a controlled substance was properly counted. Findings include: During medication storage review, a medicine bottle that was labeled for Resident #1 and labeled that it contained Ativan 2 mg tablets, was discovered in the medication cabinet with non-controlled medications. The Licensed Practical Nurse (LPN) stated that it had been brought in by the resident's family and it should be locked with the other controlled substances and accounted for. The LPN also confirmed at	T 036	T036 Medication Management <u>Corrective action:</u> All medications will be handled according to regulatory and agency policies. Medication policies will be reviewed with all nursing staff with an emphasis on procedures that assure accuracy, thoroughness, and accountability. Special attention will be given regarding controlled substance storage, and medications brought to the residence from another prescriber. <u>Completion Date:</u> All staff will review medication policies and indicate completion by signature by September 15, 2016. <u>Monitoring/Assurances:</u> Spot-checks across all shifts will occur by October 15, 2016, again by January 15, 2017, and again by April 15, 2017	

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



TITLE
Manager - 7/7/16

(X6) DATE

T036 - T187 POCs accepted 7/7/16 BBoA/RLN/PM

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T 036	Continued From page 1 this time that the medication is a controlled substance and should be counted, s/he confirmed at 1:15 PM that the medication was not being counted.	T 036		
T 037 SS=E	<p>V.5.8.c Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.c Staff shall not assist with or administer any medication, prescription of over-the-counter medications for which there is not a physician's or other licensed health care provider's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that staff do not administer medication, prescription or over-the-counter medication, for which there is not a physician's or other licensed health care provider's written, signed order and supporting diagnosis or problem statement in the resident's record. Findings include:</p> <p>1.) Resident #1 was admitted to the facility 5/14/16 and his/her admission orders included, Lithium 300 milligrams (mg) twice a day (BID); Risperdal 5 mg at bedtime and Ativan 1 mg three times a day (TID) as needed (prn). Review of the medication administration record (MAR) presented that the Ativan 1 mg was to be given routinely at 8 AM, 2PM and 8 PM even though the order was to given TID prn. The MAR indicated a change on 5/17/16 that the Ativan was to be given</p>	T 037	<p>T037 Medication Management</p> <p><u>Corrective action:</u> All medications will be handled according to regulatory and agency policies. Medication policies will be reviewed with all nursing staff with an emphasis on procedures that assure accuracy, thoroughness, and accountability. Special attention will be given to assure that signed orders are kept for all medications administered, including otc medications, and that the medications available from the supply of standing orders are carefully given as written.</p> <p><u>Completion Date:</u> All staff will review medication policies and indicate completion by signature by September 15, 2016.</p> <p><u>Monitoring/Assurances:</u> Spot-checks across all shifts will occur by October 15, 2016, again by January 15, 2017, and again by April 15, 2017</p>	

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T 037	Continued From page 2 <p>BID prn, but there was no evidence of an order change in the medical record. Per interview with the Licensed Practical Nurse (LPN), s/he stated that s/he had talked to the Advanced Nurse Practitioner (APRN), that works with the psychiatrist, on 5/15/16 about the orders and the APRN told the LPN that the resident shouldn't have the Ativan three times a day and to give it BID prn instead. Per the LPN at 12:30 PM, s/he stated that s/he didn't know why s/he had not made out a telephone order slip and confirmed that there was no evidence that the order had been changed by the physician.</p> <p>2.) Review of the MAR for Resident #1 presented that s/he had an order for Tylenol 325 mg prn, but there was no evidence of an order. Per the LPN the facility has standing orders and during review of the standing orders it was found that the order for Tylenol states "Acetaminophan 500 mg 1-2 tabs Q4 hrs po" (every 4 hours by mouth). Review with the dose limits of Tylenol with the LPN presents that the resident could receive double the recommend dose in a 24 hour period of time and s/he was not sure if the Registered Nurse had reviewed the orders for Resident #1. The MAR indicates that Tylenol 325 mg tablets (three of them) had been administered on six different occasions. The LPN stated that the three tablets were given because the facility only had the 325 mg tablets. S/he confirmed at 12:30 PM that there was no order for the Tylenol as it was being administered and that the dose was not what the physician had ordered.</p>	T 037		
T 038 SS=E	V.5.8.d.1.2.3.II.III.IV. Resident Care and Services 5.8 Medication Management	T 038		

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T 038	Continued From page 3 d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (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. (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. (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 iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.	T 038	T038 Medication Management <u>Corrective action:</u> All medications will have orders written and signed by a physician or other licensed health care provider. Additionally they will be handled according to regulatory and agency policies. Medication policies will be reviewed with all nursing staff with an emphasis on procedures that assure accuracy, thoroughness, and accountability. Special attention will be given to assure that standing orders match the stock of supplies and that otc medications are dispensed according to the standing orders in every case. <u>Completion Date:</u> All staff will review medication policies and indicate completion by signature by September 15, 2016. Standing orders from Medical Director have been changed to include orders for both 325mg and 500mg Acetaminophen. Maximum dose limits put in place by Medical Director and reviewed with RN. <u>Monitoring/Assurances:</u> Spot-checks across all shifts will occur by October 15, 2016, again by January 15, 2017, and again by April 15, 2017. RN will review med delegation training and update as needed.	
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T 038	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that the Registered Nurse assumed responsibility for the administration of medication by delegated no licensed staff. Findings include: 1.) Resident #1 was admitted to the facility 5/14/16 and his/her admission orders included, Lithium 300 milligrams (mg) twice a day (BID); Risperdal 5 mg at bedtime and Ativan 1 mg three times a day (TID) as needed (prn). Review of the medication administration record (MAR) presented that the Ativan 1 mg was to be given routinely at 8 AM, 2PM and 8 PM even though the order was to given TID prn. The MAR indicated a change on 5/17/16 that the Ativan was to be given BID prn, but there was no evidence of an order change in the medical record. Per interview with the Licensed Practical Nurse (LPN), s/he stated that s/he had talked to the Advanced Nurse Practitioner (APRN), that works with the psychiatrist, on 5/15/16 about the orders and the APRN told the LPN that the resident shouldn't have the Ativan three times a day and to give it BID prn instead. Per the LPN at 12:30 PM, s/he stated that s/he didn't know why s/he had not made out a telephone order slip and confirmed that there was no evidence that the order had been changed by the physician. The LPN confirmed at this time that the Ativan had been given by him/herself and other LPNs as well as a medication delegated staff member. 2.) Review of the MAR for Resident #1 presented that s/he had an order for Tylenol 325 mg prn, but there was no evidence of an order. Per the LPN	T 038		

Division of Licensing and Protection
STATE FORM

6899

GQGN11

If continuation sheet 5 of 13

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T 038	Continued From page 5 the facility has standing orders and during review of the standing orders it was found that the order for Tylenol states "Acetaminophen 500 mg 1-2 tabs Q4 hrs po" (every 4 hours by mouth). Review with the dose limits of Tylenol with the LPN presents that the resident could receive double the recommend dose in a 24 hour period of time and s/he was not sure if the Registered Nurse had reviewed the orders for Resident #1. The MAR indicates that Tylenol 325 mg tablets (three of them) had been administered on six different occasions. The LPN stated that the three tablets were given because the facility only had the 325 mg tablets. S/he confirmed at 12:30 PM that there was no order for the Tylenol as it was being administered and that the dose was not what the physician had ordered. The LPN confirmed at this time that the Ativan had been given by him/herself and other LPNs as well as a medication delegated staff member.	T 038		
T 044 SS=D	V.5.8.g.1.2.3.4.5.6. Resident Care and Services 5.8 Medication Management 5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the residence;	T 044	T044 Medication Management <u>Corrective action:</u> All medications will have orders written and signed by a physician or other licensed health care provider. Additionally special attention will be given to assure that each dose is given with accounting for the reason for giving medication and effectiveness of dose. Refusal of medication should also be documented. Medication policies will be reviewed with all nursing staff and med delegated staff. <u>Completion Date:</u> All staff will review medication policies and indicate completion by signature by September 15, 2016. <u>Monitoring/Assurances:</u> Spot-checks across all shifts will occur by October 15, 2016, again by January 15, 2017, and again by April 15, 2017. RN will review med delegation training and update as needed.	

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T 044	<p>Continued From page 6</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration;</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects; and</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that prn (as needed) medications were documented sufficiently to indicate administration of the medications including the date, time, reason for giving and the effect. Findings include:</p> <p>Resident #1 has orders for prn (as needed) Ativan and Tylenol and s/he received the Ativan 1 mg (milligrams) on nineteen (19) separate occasions between 5/17 and 5/31/16. Review of the medication administration record (MAR) presents documentation only five (5) times. Medication was administered by licensed staff and medication delegated staff. Tylenol was administered six (6) times and only documented four (4) times. Documentation did not always include the effectiveness or reason for giving. The Licensed Practical Nurse confirmed, per</p>	T 044		
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T 044	Continued From page 7 Interview, at 12:40 PM, that the documentation was incomplete. S/he also confirmed that there were missing initials on two separate occasions, to indicate the medication had been administered and no documentation as to whether it was refused or not.	T 044		
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 pathogens and universal precautions; and	T 052	T052 Resident Care and Services <u>Corrective action:</u> Manager will keep notebook for trainings and will include but not limited to: 1) Resident rights; 2) Fire safety and emergency evacuation; 3) Resident emergency response procedures, such as Heimlich maneuver, accidents, police or ambulance contact, and first aid; 4) policies and procedures regarding mandatory report of abuse, neglect and exploitation; 5) respectful and effective interaction with residents; and 6) Infection control measures, including but not limited to, hand washing, handling linens, maintaining clean environments, blood borne pathogens and universal precautions; and 7) general supervision and care of residents. These trainings will occur and be documented at least once a year with a minimum total of 12 hours. Manager will keep record of required trainings and staff that has received and when. <u>Completion Date:</u> We will begin this process at our next staff meeting in July. Manager will check by August 31, 2016 to assure that all trainings are being scheduled and completed as required.	

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T 052	Continued From page 8 (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 6 (six) of the 6 sampled direct care staff received at least 12 hours of training per year that included the state required training and failed to have documentation of completion. Findings include: Review of the in-service trainings that the facility provides to the staff, it was found that resident rights, fire safety and emergency evacuation and general care and supervision was not provided to the sampled staff members. Five of the sample had not received Abuse and Mandatory reporting; Respectful and effective Interactions. Per interview with the house manager, s/he stated that mandatory trainings are provided by United Counseling Services (governing corporation) and they are required every 18 - 24 months. Trainings are completed electronically and they do not include all of the required subjects.	T 052		
T 053 SS=C	V.5.9.c Resident Care and Services 5.9 Staff Services 5.9.c All training to meet the requirements of 5.10 (b) shall be documented. Training in direct care skills by a residence 's nurse may meet this requirement, provided the nurse documents the content and amount of training. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the	T 053		

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T 053	Continued From page 9 facility failed to ensure that 6 (six) of the 6 sampled direct care staff received at least 12 hours of training per year that included the state required training and failed to have documentation of completion. Findings include: Review of the in-service trainings that the facility provides to the staff, it was found that resident rights, fire safety and emergency evacuation and general care and supervision was not provided to the sampled staff members. Five of the sample had not received Abuse and Mandatory reporting; Respectful and effective interactions. Per interview with the house manager, s/he stated that mandatory trainings are provided by United Counseling Services (governing corporation) and they are required every 18 - 24 months. Trainings are completed electronically and they do not include all of the required subjects. The house manager stated that s/he does in-services and talks about the required areas, but was unable to produce documented evidence of these trainings. S/he confirmed at 12:20 PM that there is no evidence that the required trainings had been provided to the staff.	T 053	T053 Resident Care and Services <u>Corrective action:</u> manager will assure that trainings are yearly and include documentation that will be available along with the content covered. <u>Completion Date:</u> We will begin process of review, plan and implementation of our training plan by July 31, 2016. The new training program will begin by August 31, 2016. <u>Monitoring/Assurances:</u> Logs of trainings completed will be reviewed by the manager and given to the division director for review by December 31, 2016 and again by April 31, 2016. This will assure that all trainings will be completed within the current fiscal year.	
T 127 SS=E	VII.7.2.b Nutrition and Food Services 7.2 Food Safety and Sanitation 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed insure that all perishable food and	T 127		

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T 127	Continued From page 10 drink held at proper temperature. Findings Include: During tour of the kitchen area and refrigerators, there was no evidence that temperatures were being monitored by the facility to insure that hot foods are held at the correct temperature nor that foods were kept at the proper temperature in the refrigerator. Per interview with the house manager at 1:00 PM, s/he stated that the temperature of hot foods are taken before they are served, but confirmed that s/he does not keep a record and s/he is not sure that all staff take the temperatures. The manager further stated at this time that maintenance from United Counseling Services checks the refrigerator once a month and takes a temperature at that time. S/he stated that there is no evidence that the temperatures for refrigerated foods are checked routinely and confirmed at this time that s/he cannot state for sure that they are being done.	T 127	T127 Nutrition and Food <u>Corrective action:</u> Manager will post a calendar in clear view near stove and refrigerator. This will be used to keep temps of food from oven and also record refrigerator temps taken daily. <u>Completion Date:</u> A calendar has been placed on the refrigerator on June 20, 2016. <u>Monitoring/Assurances:</u> Manager will check in July that this is continuing to be practiced.	
T 128 SS=D	VII. 7.2.c Nutrition and Food Services 7.2 Food Safety and Sanitation 7.2.c All work surfaces must be cleaned and sanitized after each use. Equipment and utensils must be cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that food service	T 128	T128 Nutrition and Food <u>Corrective action:</u> Manager will work with house manager to ensure that all surfaces are clean and free from debris and sanitized if necessary. <u>Completion Date:</u> Manager will begin coaching house manager by July 15, 2016, and continue monitoring on a monthly basis. <u>Monitoring/Assurances:</u> Manager will follow up with house manager to demonstrate accountability and review by August 31, 2016.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2016
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NAME OF PROVIDER OR SUPPLIER BATTELLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 348 DEWEY STREET BENNINGTON, VT 05201
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(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
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T 128	Continued From page 11 equipment was cleaned and sanitized after each use. Findings include: Observation of the facility microwave and oven presented with built up food on the floor of the oven and the microwave had splattered food particles on the turntable, door and inside compartment. The house manager stated that the residents prepare their own breakfast and lunch from a varied menu and verified at 1:10 PM that the microwave and oven were not cleaned.	T 128		
T 187 SS-D	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 documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to conduct fire drills as required. Findings include: Review of fire drill logs presented that the facility conducted fire drills at least quarterly between 3/8/15 and 5/8/16, but the hours they were	T 187	T187 Physical Plant <u>Corrective action:</u> Manager will work with health and safety officer of Battelle to ensure that fire drills are conducted during 4 different shifts. This will ensure that all residents and staff are familiar with the emergency procedures during all hours of a 24 hour period. <u>Completion Date:</u> The manager will begin in July to rotate the assignment of fire drills and emergency procedures to concur with state licensing regulation. <u>Monitoring/Assurances:</u> By August 31, 2016 the manager will assure that the fire drills are meeting the licensing requirement and one has been practiced on every shift. The manager will continue to have our ongoing emergency drills according the agencies standard also.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2016
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NAME OF PROVIDER OR SUPPLIER BATTELLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 348 DEWEY STREET BENNINGTON, VT 05201
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T 187	Continued From page 12 conducted did not rotate times of day to include morning. Per conversation with the house manager, s/he stated that the fire drills are conducted according to the schedule that is set forth by United Counseling Service, the governing body for the facility. S/he confirmed at 11:15 AM that the drills were not conducted during morning hours.	T 187		
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