

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

July 7, 2014

Mr. John Stewart, Administrator
Crisis Stabilization & Inpatient Diversion Program
Po Box 222
Rutland, VT 05702-0222

Dear Mr. Stewart:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 3, 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

PC:jl

PRINTED: 07/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0606	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/03/2014
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NAME OF PROVIDER OR SUPPLIER: **CRISIS STABILIZATION & INPATIENT DIVERSIK**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **PO BOX 222 RUTLAND, VT 05702**

(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	T 001		
T 006 SS=C	V.5.2.a Resident Care and Services 5.2 Admission Agreements	T 006	<p>T 006 V.5.2.a Resident Care and Services Admission Agreements</p> <p>The Admission Agreement is currently being revised to include the daily, weekly or monthly rate that will be charged, what services are included in the rate and other applicable financial information. The revised Admission Agreement will be completed and in use by August 1, 2014. The new Admission Agreement will be reviewed with, and signed by, 100% of residents prior to admission.</p>	8-01-14
	<p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews the TCR [therapeutic community residence] failed to provide for 3 of 3 residents in the sample, a written admission agreement which describes all applicable financial issues. (Residents #1, #2, #3) Findings include:</p>			

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *David Long* TITLE: *VP Clinical Services* (X6) DATE: *7/7/14*
 STATE FORM 6888 MK4P11 If continuation sheet 1 of 17

T006, T010, T035, T040, T044, T049, T052, T060, T090, T092, T105, T129, T187 Plans of Correction accepted 7/7/14
 Fax 8022472348 Jul 3 2014 02:55pm
 Summary RN / PMC

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T 006	Continued From page 1	T 006		
T 010 SS=C	<p>V.5.2.e Resident Care and Services</p> <p>5.2 Admission Agreements</p> <p>5.2.e The residence must provide each resident with written information regarding how to contact the designated Vermont protection and advocacy organization, the patient representative, as applicable, and the Disability Law Project or the Mental Health Law Project, as applicable. The residence shall inform residents that these organizations are available also to assist with formulating an advance directive, if the resident wishes to do so.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, the TCR failed to include in the resident's admission agreement</p>	T 010	<p>T.010 V.5.2.e Resident Care and Services Admission Agreements</p> <p>Information on how to contact the designated Vermont protection and advocacy organization, and/or the Disability Law Project or the Mental Health Law Project will be included in the revised Admission Agreement, which will be complete and in use by August 1, 2014. The new Admission Agreement will be reviewed with, and signed by, 100% of residents prior to admission.</p>	8-01-14

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T 035	<p>Continued From page 3</p> <p>managing medications or administering medications and the residence's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>(8) Procedures for assessing a resident's ability to self-administer and documentation of the assessment in the medical record</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the TCR failed to have written policies and procedures describing the residence's medication practices. This has the potential to effect all residents. Findings include: Per request on 06/03/14 for the TCR's policies and procedures manual, a copy of the the TCR policy/procedure binder had some general procedures, although not all of nursing and medication practices provided to the TCR residents. The nurse surveyor was unable to find procedures for determining a resident's ability to self-administer versus administration by staff.</p>	T 035	<p>T035 (continued)</p> <p>At the time of admission during the Nursing Wellness Assessment the resident's understanding of the medication profile, reason for taking, dosage and timing, method of taking, side effects and safe storage will be assessed. A self medication assessment will be completed and documented in the nursing notes every two weeks or more frequently, if warranted or when discharge is imminent. The presence of a Self Medication Assessment at time of admission and at least every two weeks will be monitored on 100% of residents. This will be in place by August 15, 2014.</p> <p>A form has been created and will be filled out by the supervising RN to include the psychoactive drug, drug class, side effects to look for, the purpose and/or expected effects of the medication, and an area for special considerations which might include potentiating actions. Dosage range is also provided on the form. The form will be included in the Medication Administration Record. The presence of and completeness of this form will be monitored on 100% of residents by review every four weeks. This will be fully implemented by August 1, 2014.</p>	<p>8-15-14</p> <p>8-01-14</p>

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T 035	Continued From page 4 There were no procedures for monitoring side effects of psychoactive medications, or a procedure for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. Per interview on 06/03/14 at 11:57 AM the nurse stated that although the resident is assessed by the nurse to see if the resident is able to self-administer medication there was no procedure to train staff for the basis for determining assistance versus administration. The nurse also stated that medications are ordered by the doctor and monitored by the physician and medications are supposed to go with the resident upon discharge or destroyed. S/he confirmed at that time that the above procedures were not found in the TCR policy/procedure binder. Also see tags T-0044 and T-0049	T 035		
T 040 SS=D	V.5.8.5 Resident Care and Services 5.8 Medication Management 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. This REQUIREMENT is not met as evidenced	T 040	T.040 V.5.8.5 Resident Care and Services/Medication Management All Medication Management policies will be reviewed, revised and written (where needed) with full regard to the TCR regulations and approved by Rutland Mental Health Administration by August 10, 2014. With regard to Resident #1, Trazodone was discontinued and all other orders have been clarified by the prescribing physician.	8-10-14

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T 040	Continued From page 5 by: Based on record review and interview there was no written plan for one applicable resident receiving PRN [as needed] psychoactive medications. [Resident #1] Findings include: 1. Per review on 06/03/14 of Resident #1's chart there was no written plan for the use of PRN psychoactive medications. Resident #1 had physician orders for PRN Zolpidem 10 milligrams (mg) [Ambien] and Trazadone 100 mg for insomnia and Zyprexa 50 mg PRN for psychosis. There was no written plan for the specific behaviors or specific circumstances when staff should give the medications in combinations or the desired effects to monitor for. Per interview on 06/03/14 at 11:57 AM, the nurse stated that "all staff are trained to recognize psychosis and if the doctor ordered medication (for insomnia) then I would assume that [the physician] wanted Ambien and Trazadone given together". S/he explained that the resident displays certain episodes that would be specific behaviors and circumstances for the Zyprexa and that both the medications for insomnia were given together or sometimes separately although not sure as to why. S/he confirmed that although the resident had received some of the psychotropics there was no written plan that educated the staff as to the specific behaviors or circumstances.	T 040		
T 044 SS=C	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	T	T. 044 V.5.8.g.1.2.3.4.5.6 Resident Care and Services Medication Management The Medication/PRN Log has been amended to include documentation of effectiveness. A form has been created and will be filled out by the supervising RN to include the psychoactive drug, drug class, side effects to look for, the purpose and/or (continued)	8-01-14

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STATE FORM

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T 044	<p>Continued From page 6</p> <p>medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <ul style="list-style-type: none"> (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; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and (6) All incidents of medication errors. <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to have procedures for some of the medication management regimen requirements. This has the potential to effect all residents. Findings include: Per review on 06/03/14 of the MARs [medication administration record] the PRN [as needed] medications did not have documentation of the</p>	T 044	<p>T044 (continued)</p> <p>expected effects of the medication, and an area for special considerations which might include potentiating actions. Dosage range is also provided on the form. The form will be included in the Medication Administration Record. The presence of and completeness of this form will be monitored on 100% of residents by review every four weeks. This will be fully implemented by August 1, 2014.</p> <p>A comprehensive list of current staff delegated to administer medication, the date they started this responsibility and the delegating nurse signature is now in the front of the Medication Administration Record. The list is to be revised as needed and kept current.</p>	8-01-14

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T 044	Continued From page 7 effect that the medications has on the residents. Although the medication, date, time and the person who administered the medication were noted, there was no progress note nor documentation as to whether the medication was effective or not. Additionally, a current list of who is administering medications to residents, including staff to whom a nurse has delegated administration responsibilities was not available. Per interview on 06/03/14 at 11:31 A.M. the nurse stated that the TCR is in the process of adding another section on the MAR for tracking the effects of the PRN medications. S/he also stated that the medication delegation list did not contain all the staff who are able to administer medications and was in the process of doing so. The nurse confirmed there are no procedures for documenting the PRN medications effects and a current medication delegation list.	T 044		
T 049 SS=D	V.5.8.h.4 Resident Care and Services 5.8 Medication Management 5.8.h.4 Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the residence 's policy and applicable standards of practice and regulations. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the TCR failed to dispose of medication upon the discharge of a resident. (Resident #3) Findings include: 1. Resident #3 was admitted to the TCR on 11/20/13 and was discharged on 12/20/13. During	T 049	T.049 V.5.8.h.4 Resident Care and Services Medication Management The Lantus insulin has been disposed of per agency policy in the locked medical waste disposal bin. Nursing disposes of unused, discontinued or outdated medications. Medications are disposed of in a designated plastic container and picked up at regular intervals by an outside company for incineration. All Medication Management policies will be reviewed, revised and written (where needed) with full regard to the TCR regulations and approved by Rutland Mental Health Administration by August 10, 2014.	8-10-14

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T 049	Continued From page 8 a tour of the environment on 6/3/14 at 10:45 AM, multiple boxes of Lantus insulin was stored in a basement refrigerator. The acting program Director confirmed the resident had been discharged over 5 months ago and the medication should have been disposed of upon Resident #3's discharge.	T 049		
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	T.052 V.5.9.b.1.2.3.4.5.6.7. Resident Care and Services Staff Services Staff has received training in most of the areas identified in the TCR regulations. The training program is currently being reviewed and revised with full regard to the TCR regulations. Staff will receive training in infection control measures and respectful and effective interaction with residents by July 31, 2014, with additional training to be scheduled and delivered throughout the calendar year, to satisfy the twelve hours of training required. A personnel file will be maintained at the residence for each staff member, wherein will be maintained accurate and current documentation of training received.	7-31-14

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T 052	Continued From page 9 pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on record review and interviews the residence failed to have documented at least twelve (12) hours of training each year for each staff person providing direct care to residents for 3 of 5 staff reviewed. Based on staff interview and facility staff file review on 06/03/14, the residence failed to demonstrate by documentation that 3 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. The Staff Development Coordinator during interview at 3:28 PM stated that although staff have annual trainings "not all the pieces are in place and confirmed there may not be the 12 hours of the required [therapeutic community residence] trainings".	T 052		
T 060 SS=C	V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services 5.10 Records/Reports 5.10.b The following records shall be maintained and kept on file: (1) A resident register including all admissions to and discharges out of the residence.	T 060	T.060 V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services Records/Reports A camera has been requisitioned for the residence. Once it is received, staff will be trained on its proper use and uploading of residents' photos into the EMR and/or printing of residents' photos. This will be in place by August 1, 2014. (continued)	8-01-14

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T 060	<p>Continued From page 10</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 	T 060	<p>T060 continued</p> <p>For Resident #1, all required information has been obtained and documented in the record. Resident #1 was seen by the case manager on 6/17 and 6/30/14.</p>	Complete

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T 060	Continued From page 11 the _____ document giving legal authority to another, if any. 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 in the resident's charts for 3 of 3 residents in the sample. This has the potential to effect all residents in the residence. (Residents #1, # 2, #3) Findings include: 1. Per review of the resident's records during the survey on 06/03/14 the following information was not found: a) All residents (#1- #3) failed to have photos in the chart and/or documentation of any such refusals. b) Emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin for Resident #1. c) Review conclusions and/or progress notes from the social worker for Resident #1 Per interview on 06/03/14 at 3:30 P.M., the acting Program Director was unable to obtain all the required information for the resident's records. S/he confirmed at that time that the above information was not in the charts.	T 060		
T 090 SS=C	VI. 6.6 Residents' Rights	T 090		

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STATE FORM

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T 090	<p>Continued From page 12</p> <p>VI. Residents' Rights</p> <p>6.6 Each resident may send and receive personal mail unopened, unless such access has been restricted by a court.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the TCR failed to establish a process by which all residents could receive personal mail directly to the facility. This has the potential to effect all residents directly. Findings include:</p> <p>Per record review on 6/3/14, Resident #2 was admitted to the TCR on 4/23/14 and discharged on 5/29/14. Per review of progress notes, it was noted Resident #2 voiced a concern s/he was not receiving personal mail, specifically from his/her lawyer. Upon review of the TCR mail process, the acting Program Director confirmed residents are encouraged not to change their permanent address while a resident of the TCR, and inform residents they need to use the Court Square office of Rutland Mental Health Services for a mailing location. Residents will receive mail indirectly via personnel from the Rutland Mental Health Services, not directly from the US postal service. For Resident #2, the delay and confusion regarding receiving mail in a timely manner was frustrating and failed to meet Resident Right requirements.</p>	T 090	<p>T.090 VI.6.6 Residents' Rights</p> <p>A mailbox has been requisitioned and will be placed on the outside of the residence for US Postal Mail delivery. This will be in place by July 15, 2014.</p>	7-15-14
T 092 SS=C	<p>VI.6.8 Residents Rights</p> <p>VI. Residents Rights</p>	T 092		

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STATE FORM

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If continuation sheet 13 of 17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0606	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2014
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NAME OF PROVIDER OR SUPPLIER: **CRISIS STABILIZATION & INPATIENT DIVERSIK**
STREET ADDRESS, CITY, STATE, ZIP CODE: **PO BOX 222 RUTLAND, VT 05702**

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T 092	<p>Continued From page 13</p> <p>6.8 A resident may file a complaint or voice a grievance without interference, coercion or reprisal. Each residence shall establish an accessible written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission and posted in a prominent, public place on each floor of the residence. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing within ten (10) days, and a method by which each resident filing a complaint or grievance will be made aware of the designated Vermont protection and advocacy organization as an alternative or in addition to the residence's grievance mechanism.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the residence failed to develop a written grievance procedure that includes at a minimum, correct time frames, a process for responding to residents in writing within ten (10) days or alternative residence grievance mechanism. This has the potential to effect all residents. Findings include: Based on interview and record review, the TCR failed to develop a grievance procedure, as required, with correct time frames and process for responding to residents within ten (10) days. Per review, the Rutland Mental Health Services provides upon admission to each resident of the TCR a booklet titled "Handbook for Persons Receiving Behavioral Health Services". Although it does provide beneficial information, it fails to follow the required time frame for processing a grievance, informing the residents of their rights</p>	T 092	<p>T.092 VI.6.8 Residents' Rights</p> <p>A written grievance procedure with regard to TCR requirements has been developed and included in the Admission packet for all residents.</p>	Complete

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NAME OF PROVIDER OR SUPPLIER CRISIS STABILIZATION & INPATIENT DIVERSI		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 222 RUTLAND, VT 05702		
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T 092	Continued From page 14 to receive a response in writing and how to contact Disability Rights Vermont in addition to filing a grievance with the TCR or as an alternative.	T 092		
T 105 SS=C	VI.6.21 Residents' Rights VI. Residents' Rights 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. This REQUIREMENT is not met as evidenced by: Per observation and confirmed during staff interview, the residence failed to post Resident Rights. Findings include: During a tour of the TCR on 6/3/14 at 10:45 AM, written Resident Rights were not posted in an accessible, prominent and public location. Per interview on the afternoon of 6/3/14 Crisis Recovery staff confirmed Resident Right posters had not been created or displayed.	T 105	T.105 VI.6.21 Residents' Rights Written Residents' Rights with regard to TCR requirements has been posted in an accessible, prominent and public location in the residence.	Complete
T 129 SS=C	VII.7.2.d Nutrition and Food Services 7.2 Food Safety and Sanitation 7.2.d The residence shall ensure that food handling and storage techniques are consistent with the Food Safety Principles and Guidance for	T 129	T.129 VII.7.2.d Nutrition and Food Services Thermometers have been purchased and are currently located (one) in each refrigerator and freezer. A daily log sheet has been developed and staff has been trained on its use. This was implemented on July 1, 2014 and will be monitored on an on-going basis.	7-01-14

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NAME OF PROVIDER OR SUPPLIER
CRISIS STABILIZATION & INPATIENT DIVERSIF

STREET ADDRESS, CITY, STATE, ZIP CODE
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RUTLAND, VT 05702**

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T 129	<p>Continued From page 15</p> <p>Consumers in the current Dietary Guidelines for Americans.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews the TCR failed to ensure proper food storage techniques. This has the potential to effect all residents. Findings include:</p> <ol style="list-style-type: none"> 1. During the initial tour on 06/03/14 at 10:45 AM accompanied by the acting Program Director the following observations were noted: <ol style="list-style-type: none"> a. the downstairs refrigerator had several boxes of insulin from a resident who was discharged more than 5 months ago stored with resident's food. Additionally, there was no temperature gauge to ensure the food was held at the proper temperatures. b. the new refrigerator upstairs has a temperature gauge display on the outside however staff were not monitoring the temperatures to ensure the perishable foods were held at the proper temperatures. The Director stated that staff could easily monitor temperatures as part of the daily routine and confirmed the above findings. 	T 129		
T 187 SS=C	<p>IX.9.11.c Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>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</p>	T 187	<p>T.187 IX.9.11.c Physical Plant</p> <p>A process for conducting fire drills with regard for TCR regulations has been developed. Drills will include debriefing of staff and residents. Drills will be conducted at least quarterly, and a Fire Drill Log Book will be maintained.</p>	Complete

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T 187	<p>Continued From page 16</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview the TCR failed to rotate fire drills among all times of day. This has the potential to effect all residents. Findings include:</p> <p>Per interview on 06/03/14 at 11:00 AM a request was made for copies of the evacuation plan and fire drills. Copies of the evacuation and disaster plan were available as well as posted exits signs. However, the acting Program Director stated that s/he was unable to find the Fire Drill Log Book and although "staff have discussed fire drills and the nurse was working on conducting them, I know they're lacking". S/he confirmed there was no documentation of the fire drills for the last year.</p>	T 187		