

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

June 29, 2016

Mr. Jospheh Gallagher,
Crisis Stabilization & Inpatient Diversion Program
Po Box 222
Rutland, VT 05702-0222

Dear Mr. Gallagher:

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,

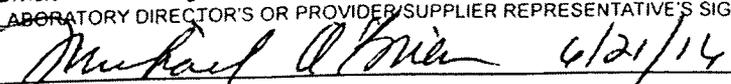
Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

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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 06/01/2016 |
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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 An unannounced on-site re-licensing survey was conducted on 6/1/16 by the Division of Licensing and Protection. The following regulatory violations were identified: | T 001 | | |
| T 025 SS=D | <p>V.5.5.c Resident Care and Services</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the Medication Administration Record (MAR), the RN and delegated Therapeutic Community Residence (TCR) staff failed to transcribe medication orders as prescribed by the physician for 2 or 2 client's reviewed. (Client #1 & 2) Findings include:</p> <p>Per review of the MAR for Clients #1 and #2, medication orders received from the attending physician were not transcribed as ordered onto the MAR. For all medications reviewed, staff failed to indicate the route of the medication and the frequency of the administration of the medication. An example for Client #1 included a physician order for Gabapentin 800 mg PO (orally) TID (3 x daily). The staff had transcribed the order onto the MAR as: Gabapentin 800 mg. No route was listed nor the frequency except for a time of day to administer. The same transcription was noted for all medications prescribed for Client #2. This omission was confirmed with the nurse on the morning of 6/1/16.</p> | T 025 | <p>S.5.c - This requirement was changed on 6/1/16 in the afternoon to reflect 6/1/16 the deficiency around making sure the route of administration is in the MARs as well as the times per day.</p> <p>A mandatory medication training will be held on Wednesday, July 20th from 8-9 am & 3:30-4:30 pm.</p> | |

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| Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE | (X6) DATE |
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T025-T128 POCs accepted 6/23/16 F.Mintosh RN JPM

Division of Licensing and Protection

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|--|--|--|--|

NAME OF PROVIDER OR SUPPLIER: CRISIS STABILIZATION & INPATIENT DIVERSITY
STREET ADDRESS, CITY, STATE, ZIP CODE: PO BOX 222, RUTLAND, VT 05702

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| T 128 SS=D | <p>VII. 7.2.c Nutrition and Food Services</p> <p>7.2 Food Safety and Sanitation</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: TCR staff failed to assure the microwave was cleaned and sanitized after each use. Findings include:</p> <p>During a tour of the kitchen on 6/1/16 at 10:30 AM, the microwave was observed to be heavily soiled with dried splatter of food throughout the inside of the microwave with a build up of food substances suspend approximately 1/2 inch from the inside top surface. TCR staff are responsible for the cleaning of the kitchen when clients are unable to maintain. The observation was confirmed with the Program/TCR Manager on the afternoon of 6/1/16.</p> | T 128 | <p>7.2.c. This violation was corrected by purchasing a new microwave for the kitchen as the old microwave could not be cleaned properly. The new microwave was purchased on 6/7/16 for 14.00</p> | 6/7/16 |