VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

August 13, 2014

Ms. Sarah Jane Alexander, Administrator
Eagle Eye Farm
Po Box 247, 3014 Abbott Hill Road
West Burke, VT 05871-0247

Dear Ms. Alexander:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 6, 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: 06/19/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0513		06/06/2014

NAME OF PROVIDER OR SUPPLIER: EAGLE EYE FARM

STREET ADDRESS, CITY, STATE, ZIP CODE: PO BOX 247, 3014 ABBOTT HILL ROAD WEST BURKE, VT 05871

(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, complaint investigation, and follow up survey were completed by the Division of Licensing and Protection on 6/5/14 and 6/6/14. There were multiple regulatory violations identified, which include situations that require Immediate Corrective Action to be taken by the Therapeutic Community Residence regarding medication administration practices.	T 001	Please see attached Plans of Correction.	
T 006 SS=C	V.5.2.a Resident Care and Services 5.2 Admission Agreements 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. The agreement must be written in a format that is accessible, linguistically appropriate, and available in large font.	T 006		
	This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to show evidence of admission			

T006, T007, T008, T009, T010, T011, T023, T030, T031, T036, T038, T039, T044, T052, T054, T060, T068, T072, T086, T105, T113, T127, T141, T142, T176, T187, T193 + T999 POC's accepted 8/8/14 PMcstarN

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T 006	Continued From page 1 agreements for 3 of 3 residents reviewed. Per record review on 6/5/14 - 6/6/14, no admission agreements or contracts were found in the resident records. Per interview at 1:45 PM on 6/5/14, the Manager (also the licensee) confirmed there are no admission agreements on file for the 3 residents. See also T0007 - T0011.	T 006		
T 007 SS=C	V. 5.2.b Resident Care and Services 5.2 Admission Agreements 5.2.b The admission agreement shall specify, at least, how the following services will be provided and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under a Medicaid program. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to show evidence of admission agreements for 3 of 3 residents reviewed. Per record review on 6/5/14 - 6/6/14, no admission agreements or contracts were found in the resident records. Per interview at 1:45 PM on 6/5/14, the Manager (also the licensee) confirmed there are no admission agreements on file for the 3 residents.	T 007		

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T 008	Continued From page 2	T 008		
T 008 SS=C	V.5.2.c Resident Care and Services 5.2 Admission Agreements 5.2.c If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the residence's personal needs allowance policy. Any change of rate or services shall be preceded by a thirty (30) day written notice to the resident and the resident ' s legal representative, if any. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to show evidence of admission agreements for 3 of 3 residents reviewed. Per record review on 6/5/14 - 6/6/14, no admission agreements or contracts were found in the resident records. Per interview at 1:45 PM on 6/5/14, the Manager (also the licensee) confirmed there are no admission agreements on file for the 3 residents.	T 008		
T 009 SS=C	V.5.2.d Resident Care and Services 5.2 Admission Agreements 5.2.d On admission, the residence must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an	T 009		

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T 009	Continued From page 3 advance directive. The admission agreement shall include a space for the resident to sign and date to indicate that the residence has met this requirement. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to show evidence of admission agreements for 3 of 3 residents reviewed. Per record review on 6/5/14 - 6/6/14, no admission agreements or contracts were found in the resident records. Per interview at 1:45 PM on 6/5/14, the Manager (also the licensee) confirmed there are no admission agreements on file for the 3 residents.	T 009		
T 010 SS=C	V.5.2.e Resident Care and Services 5.2 Admission Agreements 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.	T 010		

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T 010	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to show evidence that written information about how to contact the designated Vermont protection and advocacy organization (Disability Rights Vermont) was given to residents for 3 of 3 residents reviewed. Per record review on 6/5/14 - 6/6/14, no admission agreements or contracts were found in the resident records that would contain the above required contact information. Per interview at 1:45 PM on 6/5/14, the Manager (also the licensee) confirmed there are no admission agreements on file for the 3 residents.	T 010		
T 011 SS=C	V.5.2.f Resident Care and Services 5.2 Admission Agreements 5.2.f The residence shall include a copy of its grievance policy in the admissions agreement. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to show evidence of admission agreements for 3 of 3 residents reviewed. Per record review on 6/5/14 - 6/6/14, no admission agreements or contracts were found in the resident records. Per interview at 1:45 PM on 6/5/14, the Manager (also the licensee) confirmed	T 011		

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T 011	Continued From page 5 there are no admission agreements on file for the 3 residents.	T 011		
T 023 SS=E	V. 5.5.a Resident Care and Services 5.5 General Care 5.5.a Upon a resident's admission to a therapeutic community residence, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. The home's manager shall provide every resident with the personal care and supervision appropriate to his or her individual needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Manager failed to ensure necessary services are provided or arranged to meet the nursing and medical care needs for 1 of 3 residents (Resident #1). Per record review, Resident #1 has medical problems that include a recent history of seizure activity, a recent history of DVT (Deep Vein Thrombosis - blood clot in the leg), and is on high dose high risk blood thinning medication. Per review of the record, including the treatment plan, there is no evidence the residence is taking steps to monitor these medical problems on a routine basis other than regular lab work for the blood thinning medication (See T0030 and T0031). Per interview on 6/6/14 at 12:30 PM, the Registered Nurse confirmed that these medical	T 023		

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T 023	Continued From page 6 conditions/problems are not addressed in the treatment plan. From February 2014 to the date of survey, no staff that work at the TCR have been delegated by the RN to administer medications (Refer to T0036 and T0038). Per review of the Medication Administration Records (MAR) and medication error reports, unlicensed, undelegated staff made multiple medication errors with most of Resident #1's medications including the high risk blood thinning medication. Resident #1 is also receiving cardiac medications, seizure medications, anti-psychotic medications and other psychoactive medications. a. Per review of the MAR for February 2014, there were multiple blank spots where it appears as though medications were not given as ordered. There were also areas where white out was used on the MAR, which is against standards of practice when documenting medication administration. There were no entries made on the back side of the MAR to indicate why doses were not administered nor to explain use of white out. There was a medication error report dated February 2, 2104 that stated morning medications were not given due to staff forgetting to administer them before the resident left the premises for the day. b. Per medication error report dated 4/2/14-5/29/14, it states that coumadin (high risk blood thinning medication) has been given incorrectly and that is has been given without the nurse being able to verify the orders. It further states that multiple errors were found from 4/2 - 5/29/14 and that the nurse was not called prior to starting new dosage, which is in direct conflict with delegation procedures. Specific examples	T 023		

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T 023	Continued From page 7 include: On 5/22/14, 20 mg of coumadin was administered to Resident #1, when s/he was supposed to receive 15 mg. Also, on 5/29/14, 20 mg of coumadin was given when s/he was supposed to receive 15 mg. There are multiple notes in the medication error reports for Resident #1 that unlicensed staff were being non-compliant with the RN's directions regarding medication administration. See also T0030, T0031, T0036 & T0038.	T 023		
T 030 SS=E	V.5.6.e Resident Care and Services 5.6 Health Care Provider Services 5.6.e Physical examinations must be provided for all residents whose residency exceeds 45 days unless the resident has available the report of a physical examination completed within 90 days prior to admission. Arrangements shall be made to treat and follow up medical problems identified in the physical examination. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that arrangements were made to follow up medical problems identified in the physical examination for 2 of 3 residents in the sample (Residents #1 and 2). Findings include: 1. Per record review and interview, Resident #1 has medical problems that include a recent	T 030		

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T 030	Continued From page 8 history of seizure activity, a recent history of DVT (Deep Vein Thrombosis - blood clot in the leg), and is on high dose high risk blood thinning medication. Per review of the record, including the treatment plan, there is no evidence the residence is taking steps to monitor these medical problems on a routine basis other than regular lab work for the blood thinning medication. Per interview on 6/6/14 at 12:30 PM, the Registered Nurse confirmed that these medical conditions/problems are not addressed in the treatment plan. 2. During record reviews on 6/5 and 6/6/14, it was found that Resident #2 has a diagnosis of sleep apnea and has undergone a sleep study. During an interview on 6/5/14 at 2:35 PM, a Life Skills Aid confirmed that Resident #2 reports use during sleep of the Continuous Positive Airway Pressure (CPAP) device provided following the sleep apnea study. During an interview on 6/6/14 at 9:30 AM, the Manager confirmed that there is no written policy or protocol to direct staff in the use, oversight, or maintenance of the CPAP machine assigned to Resident #2. The Registered Nurse (RN) confirmed during an interview on 6/6/14 at approximately 1:00 PM the s/he has not entered the dwelling of Resident #2 in order to provide monitoring of the sleep apnea condition or the CPAP device.	T 030		
T 031 SS=E	V.5.7.a Resident Care and Services 5.7 Treatment Plan 5.7.a The residence shall set forth in writing its treatment goals, approach, orientation, and methods for achieving goals.	T 031		

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T 031	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the residence failed to assure that the treatment plan reflects goals, approaches, orientation and methods for achieving goals for all identified problems for 2 of 3 residents in the sample (Residents #1 and 2). Findings include: 1. Per record review on 6/5 and 6/6/14, Resident #1 has at least 3 medical conditions/problems that require monitoring that were not included on the treatment plan. Resident #1 has a history of seizures, with at least 1 occurring while s/he was a resident at this TCR. There is nothing in the treatment plan that directs staff on how to monitor this resident or any safety measures to be taken in regards to seizures. Resident #1 has a recent history of a blood clot in his/her leg that the treatment plan does not address, despite the resident using compression stockings daily. Resident #1 is also on a very high dose of blood thinning medication, which can have significant side effects. There is nothing in the treatment plan directing the unlicensed staff to monitor for side effects of this medication, or what actions to take if bleeding occurs. Per interview on 6/6/14 at 12:30 PM, the Registered Nurse confirmed that these medical conditions/problems are not addressed in the treatment plan. 2. During record reviews on 6/5 and 6/6/14, it was found that Resident #2 has a diagnosis of sleep apnea and has undergone a sleep study. The treatment plan for Resident #2 does not reflect goals, approaches, orientation, or methods for achieving any goals related to sleep apnea and the use of a Continuous Positive Airway	T 031		

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T 031	Continued From page 10 Pressure (CPAP) device. During an interview on 6/5/14 at 2:35 PM, a Life Skills Aid confirmed that Resident #2 reports use during sleep of the CPAP device provided following the sleep apnea study. During an interview on 6/6/14 at 9:30 AM, the Manager confirmed that there is no written policy or protocol to direct staff in the use, oversight, or maintenance of the CPAP machine assigned to Resident #2. The Registered Nurse (RN) confirmed during an interview on 6/6/14 at approximately 1:00 PM the s/he has neither developed a treatment plan nor entered the dwelling of Resident #2 in order to provide monitoring of the sleep apnea condition or the CPAP device.	T 031		
T 036 SS=L	V.5.8.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: *This is a citation identified as requiring Immediate Corrective Action* Based on observation, record review and interview, the Manager of the residence failed to ensure that all medications are handled according	T 036		

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T 036	Continued From page 11 to the residence's policies and failed to assure that designated staff are fully trained in the policies and procedures. Per interview with the Registered Nurse (RN) on 6/6/14 at 12:30 PM, the RN stated that none of the unlicensed staff who work with the TCR residents are delegated by her to give medications to residents not capable of administering their own medications. The RN identified 2 of 3 TCR residents as requiring medication administration by staff. Per observations on 6/5/14 at approximately 11:30 AM and 4:45 PM, 2 separate unlicensed staff members administered medications to Resident #1. Per review of the medication delegation binder and confirmed during the above interview with the RN, those 2 staff members were not delegated by the RN to administer medications. Per the RN, unlicensed staff at the farm have been giving medications while un-delegated at the direction of the Manager. The RN has been employed at the TCR since February 2014 and has communicated multiple times to the Manager the need for training/delegation to occur immediately. The Manager and some of the unlicensed staff have been non-compliant with medication training, therefore have not completed the process of delegation. Per interview, the RN stated that she had offered multiple days, including over weekends, to train staff properly over the months that she has been employed, but Management failed to assure staff attended/completed the process, and overall, the Manager has not been responsive to the RN's ongoing concerns regarding medication practices. Per observation on 6/5/14 at 11:15 AM in a room	T 036		

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T 036	Continued From page 12 described as the "nurses office" a staff member of the TCR was observed pouring medications into daily planner boxes. The staff member stated s/he was delegated by the RN to remove medication from prescription bottles and place medication into individual container boxes in accordance with the Medication Administration Record. Upon completing this process the staff member locked the daily planner boxes into a file cabinet. S/he further stated the RN would be in to review the medication planner boxes to assure the correct medications were placed in each resident's daily planner. The medication boxes would then be transferred to the "main house" locked medication closet where "delegated" staff would then administer medications at prescribed times to each of the residents. However, per interview on 6/6/14 at 3:10 PM, the RN hired to provide medication delegation training, stated the staff member who was pouring medications had not received medication delegation training nor was s/he authorized to perform the filling of the daily planner boxes for each of the residents. In addition, the RN stated there is no established process to review the accuracy of the medications which this staff member had placed in the daily planner boxes. Per review of medication error reports, there have been multiple medication errors made for at least Resident #1 over the past few months. See also T0038, T0039.	T 036		
T 038 SS=L	V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services 5.8 Medication Management d) If a resident requires medication	T 038		

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T 038	Continued From page 13 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		

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	0513		C 06/06/2014

NAME OF PROVIDER OR SUPPLIER: EAGLE EYE FARM

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T 038	Continued From page 14 This REQUIREMENT is not met as evidenced by: *This is a citation identified as requiring Immediate Corrective Action* Based on observation, record review and interview, the Manager failed to assure that each requirement is met for unlicensed staff to administer medications. Per interview with the Registered Nurse (RN) on 6/6/14 at 12:30 PM, the RN stated that none of the unlicensed staff who work with the TCR residents are delegated by her to give medications to residents not capable of administering their own medications. The RN identified 2 of 3 TCR residents as requiring medication administration by staff. Per observations on 6/5/14 at approximately 11:30 AM and 4:45 PM, 2 separate unlicensed staff members administered medications to Resident #1. Per review of the medication delegation binder and confirmed during the above interview with the RN, those 2 staff members were not delegated by the RN to administer medications. Per the RN, unlicensed staff at the farm have been giving medications while un-delegated at the direction of the Manager. The RN has been employed at the TCR since February 2014 and has communicated multiple times to the Manager the need for training/delegation to occur immediately. The Manager and some of the unlicensed staff have been non-compliant with medication training, therefore have not completed the process of delegation. Per interview, the RN stated that she had offered multiple days, including over weekends, to train staff properly over the months that she has been employed, but Management failed to assure staff	T 038		

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EAGLE EYE FARM

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T 038	Continued From page 15	T 038		
	attended/cdmpleted the process, and overall, the Manager has not been responsive to the RN's ongoing concerns regarding medication practices. Per observation on 6/5/14 at 11:15 AM in a room described as the "nurses office" a staff member of the TCR was observed pouring medications into daily planner boxes. The staff member stated s/he was delegated by the RN to remove medication from prescription bottles and place medication into individual container boxes in accordance with the Medication Administration Record. Upon completing this process the staff member locked the daily planner boxes into a file cabinet. S/he further stated the RN would be in to review the medication planner boxes to assure the correct medications were placed in each resident's daily planner. The medication boxes would then be transferred to the "main house" locked medication closet where "delegated" staff would then administer medications at prescribed times to each of the residents. However, per interview on 6/6/14 at 3:10 PM, the RN hired to provide medication delegation training, stated the staff member who was pouring medications had not received medication delegation training nor was s/he authorized to perform the filling of the daily planner boxes for each of the residents. In addition, the RN stated there is no established process to review the accuracy of the medications which this staff member had placed in the daily planner boxes.			
T 039 SS=L	V.5.8.4 Resident Care and Services 5.8 Medication Management 5.8.4. All medications must be administered by	T 039		

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T 039	Continued From page 16 the person who prepared the doses unless the nurse responsible for delegation approves of an alternative method of preparation and administration of the medications. This REQUIREMENT is not met as evidenced by: *This is a citation identified as requiring Immediate Corrective Action* Based on observation, record review and interview, all medications were not administered by the person who prepared the doses, and there was no evidence the nurse responsible for delegation approved an alternative method of preparation. Per observation on 6/5/14 at 11:15 AM in a room described as the "nurses office" a staff member of the TCR was observed pouring medications into daily planner boxes. The staff member stated s/he was delegated by the RN to remove medication from prescription bottles and place medication into individual container boxes in accordance with the Medication Administration Record. Upon completing this process the staff member locked the daily planner boxes into a file cabinet. S/he further stated the RN would be in to review the medication planner boxes to assure the correct medications were placed in each residents daily planner. The medication boxes would then be transferred to the "main house" locked medication closet where "delegated" staff would then administer medications at prescribed times to each of the 3 residents. However, per interview on 6/6/14 at 3:10 PM, the RN hired to provide medication delegation training, stated the staff member who was pouring medications had not received medication delegation training nor	T 039		

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T 039	Continued From page 17 was s/he authorized to perform the filling of the daily planner boxes for each of the residents. In addition, the RN stated there is no established process to review the accuracy of the medications which this staff member had placed in the daily planner boxes. Per observations on 6/5/14 at approximately 11:30 AM and 4:45 PM, 2 separate unlicensed staff members administered medications to Resident #1 out of pre-filled medication planner boxes. Per review of the medication delegation binder and confirmed during the above interview with the RN, those 2 staff members were not delegated by the RN to administer medications.	T 039		
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; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;	T 044		

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T 044	Continued From page 18 (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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to keep a record of monitoring of side effects for 1 of 3 residents, who is receiving psychoactive medication (Resident #1). Per record review, the last documented monitoring for side effects of psychoactive medication for Resident #1 was in January 2014. Per review of the policy, it states to monitor monthly. During interview on 6/6/14 at 12:30 PM, the RN confirmed there was no documentation of the monitoring for side effects since January 2014.	T 044		
T 052 SS=F	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	T 052		

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T 052	Continued From page 19 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 (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on interview, the Manager failed to ensure that at least 12 hours of training is completed by direct care staff each year. Per interview on 6/5/14 at 1:45 PM, upon the surveyor's request for staff training records, the Manager stated that they don't provide the required training to staff. The Manager was unaware of the required topics for training.	T 052		

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T 054	Continued From page 20	T 054		
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 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the licensee failed to assure that 4 of 10 persons in the employment background screening sample do not have a substantiated charge of abuse, neglect, or exploitation, or conviction of crimes inimical to the public welfare in any jurisdiction whether within or outside of the State of Vermont. Findings include: During review of pre-employment background screening records on 6/5 and 6/6/14, the licensee	T 054		

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T 054	Continued From page 21 was unable to provide evidence of both a child and adult abuse registry check for 3 of 10 staff in the sample. Additionally, 2 of 10 staff records from the Vermont Criminal Information Center (VCIC) showed record of convictions for misdemeanor offenses, and in one case, two felony convictions. During an interview on 6/6/14 at 11:30 AM, the Manager confirmed that the residence could not produce evidence of the missing abuse registry checks, and that s/he had not requested a waiver from the licensing agency for employment of the two individuals with criminal convictions.	T 054		
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. (2) A record for each resident which includes: 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	T 060		

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T 060	Continued From page 22 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 the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to assure that resident records for 3 of 3 TCR residents contained a recent photograph or declination, a signed admission agreement, instructions in case of the resident's death, and a copy of the document giving legal authority to another for 1 of 3 residents. Findings	T 060		

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T 060	Continued From page 23 include: 1. Per record review, the record for Resident #1 did not contain a photograph, a signed admission agreement, nor instructions in case of the resident's death. 2. Per record review, the record for Resident #3 did not contain a photograph, a signed admission agreement, nor instructions in case of the resident's death. 3. Per record review on 6/5 and 6/6/14, the residence failed to assure that the record for Resident #2 contained a copy of the document giving legal authority to another. Resident #2 was identified by Management as having a legal guardian. During an interview at 8:30 AM on 6/6/14, the Manager confirmed that the residence could not provide a copy of a document giving legal authority to another for Resident #2. Resident #2's record also did not include a photograph, a signed admission agreement, nor instructions in case of the resident's death.	T 060		
T 068 SS=F	V.5.10.e Resident Care and Services 5.10 Records/Reports 5.10.e Reports and records shall be filed and stored by the residence in an orderly manner so that they are readily available for reference. Resident records shall be kept on file at least seven (7) years after the date of either the discharge or death of the resident This REQUIREMENT is not met as evidenced by:	T 068		

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T 068	Continued From page 24 Based on observation and record review, the TCR failed to maintain and store resident records in an orderly manner so that they were readily available at the time of survey for 3 of 3 Residents. (Resident #1, 2, 3) Findings include: Throughout the survey process administrative staff were asked to provide the records for 3 residents residing at the TCR. Over a 2 day period, disorderly folders, incomplete binders and miscellaneous individual resident records were sporadically provided to the survey staff. Administrative staff were asked repeatedly for specific documentation. After multiple requests, some of the information requested was partially found by the administrative staff and other documentation could not be located.	T 068		
T 072 SS=C	V.5.14.a Resident Care and Services 5.14 Transportation 5.14.a Each residence must have a written policy about what transportation is available to residents of the residence. The policy must be explained at the time of admission and included in the admission agreement. This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to assure there is a written policy about transportation and failed to assure their practices regarding transportation are explained at the time of admission. Per interview with the Manager and another TCR staff member, they were unaware of, and unable to locate any written policies describing what they	T 072		

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T 072	Continued From page 25 charge residents for in terms of transportation needs. Residents are charged for transportation on a regular basis, which includes, but is not limited to, charges to transport residents to go into town to do their laundry because the TCR does not have an onsite laundry facility for their residents.	T 072		
T 086 SS=C	VI. 6.2 Residents' Rights VI. Residents' Rights 6.2 Each residence shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. Receipt of the rights by the resident shall be indicated by a signature and date by the resident on a line for that purpose on the admission agreement. This REQUIREMENT is not met as evidenced by: Based on interview, the residence failed to ensure resident rights are explained to residents. Per interview on 6/5/14 at 1:45 PM, the Manager of the residence confirmed that there are no signed admission agreements for any of the 3 TCR residents, therefore, there is no evidence the residents were informed of the new resident rights upon adoption of the new TCR regulations.	T 086		
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	T 105		

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T 105	Continued From page 26 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: Based on observation and interview, the TCR failed to post the required Resident Rights in any of the buildings on the TCR property which is accessible to the residents. Findings include: During the tour of the TCR buildings that are utilized by the residents there was a failure of the TCR manager and owners to assure Resident Rights was posted, as required Also, the TCR failed to post the grievance procedure and failed to provide directions for contacting Disability Rights Vermont.	T 105		
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 residence failed to plan and write menus for resident's meals.	T 113		

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T 113	Continued From page 27 Per observation during the initial tour on 6/5/14, there were no menus observed in the large kitchen & dining area. Per interview on 6/5/14 at 1:45 PM, the Manager confirmed they don't plan menus because part of life skills training for the TCR residents is to purchase their own food and prepare the food at times.	T 113		
T 127 SS=F	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 observation and interview, the residence failed to assure all perishable food items are labeled, dated and stored properly. Per observation during the initial tour on 6/5/14 from approximately 10:30 to 11:15 AM, there were multiple items in the refrigerator in the main kitchen that were opened, unlabeled and undated. There was an open package of ham with no date that was not secured and was open to air, exposing the meat. There were multiple prepared foods, such as pasta salad, with loose covering and no date. There were 3 cartons of eggs with expiration dates of 5/13/14, 5/25/14, and 5/2/14. The fans at the very top of the refrigerator were covered in dust and dirt and there was loosely covered or uncovered foods directly below the fans. The temperature log on the exterior of the refrigerator was blank and	T 127		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0513		C 06/06/2014

NAME OF PROVIDER OR SUPPLIER: EAGLE EYE FARM

STREET ADDRESS, CITY, STATE, ZIP CODE: PO BOX 247, 3014 ABBOTT HILL ROAD, WEST BURKE, VT 05871

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFDRMATIDN)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPRDPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 127	Continued From page 28 there were no recent temperatures recorded. Also, upon entrance to the kitchen area, raw, uncovered chicken kabobs were sitting on the counter. Staff were not able to state how long they had been there. The Director was present during the above observations.	T 127		
T 141 SS=E	VII.7.3.i Nutrition and Food Services 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to assure that poisonous compounds (such as cleaning products and insecticides) are not stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. Findings include: During the initial tour of the residence on 6/5/14 at 10:30 AM, the main farmhouse pantry area was found to have an unmarked, unlocked cabinet containing cleaning products (Noxon metal polish, 96 ounce jug of bleach, Pine Sol, Windex) immediately adjacent to cabinets containing resident food storage. The Director of the residence confirmed at that time that the cabinet containing cleaning products was adjacent to resident food storage and was without a locking device.	T 141		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0513		C 06/06/2014

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T 142 SS=C	VIII. 8.1 Laundry Services VIII. Laundry Services 8.1 The residence shall provide laundered bed and bath linens at least once a week. This REQUIREMENT is not met as evidenced by: Based on interview, the facility does not provide laundered bed and bath linens at least once a week. Per interview on 6/5/14 at 1:45 PM, the Manager confirmed that residents are expected to do their own laundry at an offsite laundromat in town, as well as pay for the laundry services.	T 142		
T 176 SS=F	IX.9.7.b Physical Plant 9.7 Water Supply 9.7.b If a residence uses a private water supply, said supply shall conform to the construction, operation and sanitation standards published by the Department of Health. Private water supplies shall be tested annually for contamination, and copies of results shall be kept on premises. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to show evidence that the private water supply had been tested annually for contamination. Findings include: During the re-licensing survey from 6/5/to 6/6/14,	T 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER: EAGLE EYE FARM

STREET ADDRESS, CITY, STATE, ZIP CODE: PO BOX 247, 3014 ABBOTT HILL ROAD, WEST BURKE, VT 05871

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T 176	Continued From page 30 the residence failed to provide copies of results of annual testing for contamination of the private water supply which supplies all resident dwellings on the property. The Manager stated on 6/5/14 at 4:00 PM, and again on 6/6/14 at 9:30 AM that such records of water testing might be located; however, by the time of exit at 4:00 PM on 6/6/14, the Manager had not provided any documentation of annual water testing for the private water supply.	T 176		
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 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 record review and interview, the residence failed to ensure fire drills rotate times of day and include night drills, and failed to record the time of each drill and the names of participating staff members. Per review of fire drill records on 6/5/14, all fire	T 187		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0513		C 06/06/2014

NAME OF PROVIDER OR SUPPLIER: EAGLE EYE FARM

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T 187	Continued From page 31 drills lacked any documentation of the time they were conducted and most lacked documentation of the names of participating staff. Per interview on 6/5/14 at 1:45 PM, the Manager confirmed the lack of documentation and also stated that they do not conduct fire drills at night when the residents are asleep.	T 187		
T 193 SS=F	X.10.2.a.b.c.d.e.f Pets 10.2 Pets, owned by a resident or the residence, may reside in the residence providing the following conditions are met: 10.2.a The residence shall ensure that the presence of a pet causes no discomfort to any resident. 10.2.b The residence shall ensure that pet behavior poses no risk to residents, staff or visitors. 10.2.c The residence must have procedures to ensure that pets are kept under control, fed, watered, exercised and kept clean and well-groomed and that they are cleaned up after. 10.2.d Pets must be free from disease including leukemia, heartworm, hepatitis, leptos psoriasis, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations. 10.2.e Pet health records shall be maintained by the residence and made available to the public.	T 193		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER: EAGLE EYE FARM

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T 193	Continued From page 32 10.2.f The residence shall maintain a separate area for feeding cats and dogs other than the kitchen or resident dining areas. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the residence failed to provide evidence of current vaccination status for horses, goats, and a dog. Findings include: During the initial tour of the property on 6/5/14 at 10:30 AM, horses and goats were observed in the barn and outdoor paddock. During the tour, the director of the residence confirmed that the animals are part of the resident programs. Additionally, on 6/6/14 at 9:30 AM during an interview with the Manager, it was confirmed that a dog (whose bed was visible in the office space) comes to the property and interacts with residents. After multiple requests during the re-licensing survey from 6/5 to 6/6/14, no evidence was provided to indicate the current vaccination status of the horses, goats, and dog which have interaction with residents.	T 193		
T999 SS=E	Final Comments This REQUIREMENT is not met as evidenced by: TCR Regulation 4.10 A license shall be issued only for the applicant(s) and premises named in the application and is not transferable or assignable. This requirement is NOT MET as evidenced by:	T999		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0513		C 06/06/2014

NAME OF PROVIDER OR SUPPLIER
EAGLE EYE FARM

STREET ADDRESS, CITY, STATE, ZIP CODE
PO BOX 247, 3014 ABBOTT HILL ROAD
WEST BURKE, VT 05871

(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
T999	Continued From page 33 Upon entrance to the residence, a meeting was held with the Manager and Director to obtain preliminary information. When asked for a resident roster of TCR residents, they listed 3 Residents (Residents #1, #2 and #3). Residents #2 and #3 live in separate cottages across a field from the office building and where Resident #1 resides. Per review of the licensing file and license application at the Division of Licensing and Protection, the 2 cottages that house Residents #2 and #3 were not included in the original licensure of the TCR.	T999		

Vermont Division of Licensing & Protection
Eagle Eye Farm
Plan of Correction

T 001:

Action: The RN on staff held emergency med authorization meetings to get staff, who administer meds to resident #1, med authorized.

System Change: The RN will med authorize all new staff within two weeks of date of hire.

Monitoring: Manager will provide oversight to ensure that all staff are med authorized. There will be regular communications between manager and RN.

Dates of corrective action: All staff who work with resident #1 have been med authorized by the RN except one. The individual who is not yet med authorized will be no later than 7/15/2014. In the meantime that staff person is NOT administering meds.

* Residents #2 & #3 do not fall under the TCR License.

T 006 – T 011

Action: Research will be done to ensure that the EEF Admission Agreement is in compliant with all regulations.

System Change: An Admission Agreement will be done for all present & future residents.

Monitoring: Manager will ensure that all residents have an admissions agreement in their file.

Dates of corrective action: Resident #1 will have a completed admissions agreement by 8/1/2014.

* Residents #2 & #3 do not fall under the TCR License.

T 023

Action: The RN will update the treatment plan when there is a medication and or medical change.

Staff who are noncompliant with RN's directives will be told to report to HR. This behavior could warrant being taken off the schedule for two days.

System change: Staff will notify the RN immediately of any medication and or medical change. The RN will then make appropriate changes to the treatment plan as well as the MARS or delegate to staff. The RN will record all med errors & report to management.

The staff will always adhere to RN's directives.

Monitoring: The manager will check treatment plan once weekly to make sure it reflects current status.

RN will report any staff who is noncompliant with directives.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License.

**Please see attachments at the end of this POC from the RN.

T 030

Action: The RN will make modifications to the treatment plan to reflect what steps are being taken to monitor the medical conditions/problems in regard to resident #1.

System change: The RN will modify treatment plan as needed to follow the medical needs of resident #1.

Monitoring: Manager will review treatment plan to make sure it contains steps to monitor the medical needs of resident #1.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License.

**Please see attachments at the end of this POC from the RN.

T 031

Action: The Case Manager will consult with resident #1's PCP Friday 6/27/14 to discuss the best way to monitor possible seizure activity. We purchased a "baby" monitor to be used until we receive the PCP's recommendation.

System change: Will implement change immediately.

Monitoring: The RN will modify the treatment plan to include best way to monitor the medical conditions/problems.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License.

**Please see attachments at the end of this POC from the RN.

T 036

Action: At present, there is only one staff member who is not med authorized. The staff members who have been med authorized by the RN have come to the farm to administer medications. Those who are not med authorized will not be allowed to administer medications.

Those staff members who are not complying to RN's directives will be removed from the schedule for two days.

System change: All new staff will be med authorized within two weeks of being hired. Policy will be developed to state those staff who are not compliant with RN directives will be removed from the schedule for two days.

Monitoring: Manager will review personnel files to be sure there is evidence of being med authorized.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License.

T 038

Action: No unauthorized staff members will be allowed to pour medications into med boxes.

System Change: The LPN, starting 6/27/14 will be responsible for filling med boxes as permission was given verbally by the RN. The RN & LPN will develop a process for reviewing the accuracy of the poured medications.

Monitoring: Manager or other management members will be present when med boxes are being filled.

Completion date: Action: effective immediately. System change: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License.

T 039

Action: The LPN will be filling the med boxes starting 6/27/14 per RN's permission. A med authorized staff member will act as the second check before administering meds.

System change: Only authorized staff members will be allowed to fill med boxes.

Monitoring: See T 038

Completion date: Effective immediately.

* Residents #2 & #3 do not fall under the TCR License.

**Please see attachments at the end of this POC from the RN.

T 044

Action: The RN will implement a tracking tool.

System change: RN will use this tool to monitor the psychoactive medication(s) side effects monthly.

Monitoring: RN will give verbal updates to manager as well as written documention.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License.

T 052

Action: There will be at least 12 hours of training per year.

System change: These trainings will ensure that, at least, but not limited to, the seven areas (Resident Rights, Fire safety & Emergency evacuation, Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid) listed in the TCR Regulations.

Monitoring: These trainings will be documented, along with a list of attendees & placed in a notebook. The first training is scheduled for 7/14/14 which will be on fire safety and emergency evacuation. Linda Cramer from DRVT is scheduled to come 7/25/14 to give a training on Resident Rights & Respectful and effective interaction with residents.

Completion date: The 12 hours of mandatory trainings will be completed before 12/31/2014.

* Residents #2 & #3 do not fall under the TCR License

T 054

Action: All personnel files will be reviewed to confirm the correct background checks are complete & filed. In the past, when we received a positive criminal history background on an employee, we would immediately contact the VT TBI Waiver Supervisor. We were told it was up to our discretion.

System change: Background checks will be done immediately upon hire. If a background check comes back with a positive criminal history we will request a variance or not hire the individual.

Monitoring: All personnel files will be reviewed periodically to ensure they are complete.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License

T 060

Action: Records/Reports. We will have a completed binder for resident #1 that includes, but is not limited to, a resident register, resident's name, emergency notification numbers, the name, address and telephone number of legal representative etc., health care provider's name, address & telephone number, instructions in case of resident death, resident's intake assessment summary, identification problems and areas of successful life function, historical data, treatment plans and goals, daily reports, supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form, signed admissions agreement, recent photograph (resident may decline but must be documented), copy of advance directives if applicable and a copy of the document giving legal authority to another.

System change: Residence will safeguard confirm that the resident's file is complete.

Monitoring: Periodic checks will be done by the case manager.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License

T 068

Action: The staff office will be organized & files/binders will be easily accessible.

System change: We have put in a large bookshelf to help store the binders. This information will be kept for seven years.

Monitoring: The case manager will be utilizing office daily & will make sure all notebooks/files are orderly.

Completion date: 8/1/214

* Residents #2 & #3 do not fall under the TCR License

T 072

Action: A written transportation policy will be available at each residence & will also be included in the admissions agreement.

System change: All residents who fall under the TCR license will receive a copy of the EEF Transportation Policy. It will also be in the admissions agreement.

Monitoring: Sporadic checks will be conducted.

Completion date:

* Residents #2 & #3 do not fall under the TCR License

T 086

Action: A copy of Resident's Rights will be given to resident #1 to be kept at his residence. It will also be part of the Admissions Agreement where there will be a place for a signature.

System change: All new admissions will receive a hard copy of the Resident's Rights. Manager will make copies of the signed admissions copy which has the Resident's Rights as well.

Monitoring: Manager will make certain a copy of signed RR is in resident's file.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License

T 105

Action: A clear and concise copy of EEF's Residents Rights will be posted in an accessible and prominent public place on each level and or in each resident's home. Included in the Resident's Rights will be the grievance procedure as well as information on how to contact Disability Rights Vermont.

System change: We will post Residents Rights where it is mandated. The grievance policy will become part of the Resident's Rights.

Monitor: A signed copy of the Resident's Rights will be kept in resident's file.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License

T 113

Action: Weekly menus will be posted on resident #1's refrigerator

System change: Weekly menus will be completed for each week Sunday evenings with resident's input.

Monitoring: Case manager will ensure that menus are being done and posted.

Completion date: 7/6/2014

* Residents #2 & #3 do not fall under the TCR License

T 127

Action: Tupperware will be purchased & used for refrigerated food items. They will be labeled & dated.

System change: Weekly inspections will take place & outdated food will be disposed of. There will be working thermometers in refrigerators.

Monitoring: Temperatures & food items will be checked on a weekly basis.

Completion date: 7/15/2014

* Residents #2 & #3 do not fall under the TCR License

T 141

Action: All poisonous compounds will be locked in a storage closet located in a different room.

System change: No poisonous compounds will be placed in any unlocked cupboards.

Monitoring: Case manager will put a memo out in regard to this change & check periodically to make sure all poisonous compounds are kept locked.

Completion date: 7/2/2014

* Residents #2 & #3 do not fall under the TCR License

T 142

Action: EEF is responsible for providing clean bed and bath linens, not having the resident do it themselves and EEF paying for it.

System change: EEF will pay for laundry to be laundered off site.

Monitoring: Staff will pick up money from administrative office prior to leaving for the Laundromat.

Completion date: 6/30/2014 * Residents #2 & #3 do not fall under the TCR License

T 176

Action: A water test was completed 6/13/2014.

System change: A water test will be completed once a year & results posted.

Monitoring: The case manager will make certain the water test is done annually & post results.

Completion date: 6/13/2014

* Residents #2 & #3 do not fall under the TCR License

T 187

Action: The Disaster Emergency plan will be located at resident #1 location as well as in the staff office. Fire drills will be held monthly & will be time/date stamped each time. The fire drills will rotate times of day as per regulations. These drills will include night time hours.

System change: Fire drills will be conducted anytime 24hr period. These drills will be kept in a separate binder. The Disaster Emergency Plan will be updated as needed to reflect any changes that may occur.

Monitoring: The case manager will ensure that the disaster plan & fire drills are current & placed appropriately.

Completion date: 8/1/2014

* Residents #2 & #3 do not fall under the TCR License

T 193

Action: Dr. John Simons came to vaccinate all animals, except for the therapy dog, related to Eagle Eye Farm. Please see attached for vaccination records and dates.

System change: All vaccination records will be kept on file here at EEF. All vaccinations will be done once a year or as recommended by our Veterinarian.

Monitoring: The manager will make necessary appointments with our Veterinarian & make sure all certificates are up-to-date.

Completion date: completed.

T 999

Action: Letters were sent to the Guardians of residents #2 & #3 to notify them that their Ward is not residing under the TCR license.

System change: A roster will be completed to reflect those residents who fall under the license.

Monitoring: Future admissions, who fall under the TCR, will be added to the roster.

Completion date: 7/2/2014

* Residents #2 & #3 do not fall under the TCR License

Eagle Eye Farm, Inc.

P.O. Box 247 • West Burke, VT 05871
(802) 723-4504 • 723-9800
E-mail: eef@sover.net

June 11, 2014

Ms. Pam Core, RN
Division of Licensing & Protection
103 South Main Street, Laird Hall
Waterbury, VT 05671-2306

Dear Ms. Core,

In response to your letter (fax) dated 06/10/2014 I offer you the following:

On Saturday, June 7, 2014, Sherry Alix, RN, med authorized one of our staff members, Neil Abella. Neil Abella is presently the only med authorized staff member at EEF. Neil has been coming to EEF three times per day to administer medications until other staff members are med authorized by Sherry Alix, RN. I was present at the farm this date & spoke with Sherry throughout the day.

This Saturday, June 14, 2014, Sherry Alix, RN is scheduled to come to EEF to med authorize five more staff members.

If you should have further questions/comments please do not hesitate to contact me.

Sincerely,

Sarah-June R. Alexander
Operations Manager

Cc: John F. Alexander, Executive Director
William Cobb, Esq., Director

Encl:

Eagle Eye Farm

Memo

To: Eagle Eye Farm Staff
From: Sarah Jane A
cc:
Date: July 2, 2014
Re: TCR License Roster

Please be advised that Residents at 34 Old County Road & 45 Old County Road, Newark, are not part of the TCR license. We have one resident under the TCR license who resides at 3014 apartment building lower.

If you should have any questions please feel free to contact me.

Thank you.

Sarah Jane

ORLEANS VETERINARY SERVICE, INC.
John W. Somers III, D.V.M. Eileen M. Wolfe, D.V.M.
327 VETERINARY LANE
BROWNINGTON, VT 05860-9724
802-754-6625; 754-2525 FAX

Owner:

EAGLE EYE FARM
SARAH JANE MCGRAWER

Small Ruminant Identification:

Name	Species/ Breed
DAWN	ALPACA
JOY	ALPACA
PRINCESS	ALPACA
BILLY	CAPRINE - ALPINE
PIPER	CAPRINE - MINI
ZIGGY	CAPRINE - MINI

On this date 4-28-14 6-13-14 6-16-14 I vaccinated the above named animal(s) for rabies, Clostridiero perfringens C and D, and tetanus. SIX

Signed John W. Somers III DVM

ORLEANS VETERINARY SERVICE, INC.
John W. Simons III, D.V.M. Eileen M. Wolfe, D.V.M.
327 VETERINARY LANE
BROWNINGTON, VT 05860-0724
802-754-6525; 754-2525 FAX

Owner:

EAGLE EYE FARM

SARAH JANE ALEXANDER

Horse Identification:

Name:	Breed:
DELLA	DONKEY
JOE BROWN	MINI
JESUS	MINI
GOD	MINI
VALENTEEN	MINI

On this date 6-13-14 6-16-14 I vaccinated the above named horse(s) for rabies, tetanus, Eastern and Western encephalomyelitis, rhinopneumonitis, influenza and West Nile Virus. 5

Signed

Copy

VACCINATION CERTIFICATE

Account #: 2785
Owner: JENNIFER & EARL WHITMORE
Address: 1260 PEPIN RD
ORLEANS, VT 05860

Phone: (802)754-2850
(802)723-9707

Animal: MOLLY
Species: Canine
Breed: BASSET HOUND
Color: BR/TIGR
Gender: Female Spayed
Birthdate: 6/12/2008
Age: 4 years 1 month 29 days
Weight: 46.00
Chip #:

Date	Vaccine	Manufacturer	Serial #	Type	Tag #	Due on
08/10/2012	BORDETELLA					08/09/2013
08/10/2012	YEARLY DISTEMPER COMBINATION (DHPP-LA)					08/09/2013
08/16/2012	RABIES CANINE	MERIAL	12560	IMRAB 3	6634	08/07/2015

Barton Veterinary Hospital
290 Elm St.
Barton, VT 05822
(802) 525-3644

Judith Robitaille-Deakice VMD 08/10/2012
VT 052-0000818

VERMONT
DEPARTMENT OF HEALTH LABORATORY

195 COLCHESTER AVENUE
PO BOX 1125
BURLINGTON, VT 05402-1125
(802) 863-7336 or (800) 660-9667 (VT only)
www.healthvermont.gov

Results Report **State Health Dept # : 14-WB-04599**

Report To	Eagle Eye Farm	**WSID**	
ATTN OF	Sarah Alexander,	**Account Name**	Eagle Eye Farm
Address	PO Box 247	**Date Received**	06/12/2014
		Time Received	10:07
	W Burke, VT 05871	**Approved Date**	06/13/2014

Sample Desc.	KIT A	**Sample Type**	
Collection Date	06/1[illegible]/2014	**Free Chlorine Residual**	
Collection Time	12:30	**Total Chlorine Residual**	
Sampled By	Sarah A	**Chlorinated?**	
Sampling Location	35[illegible]4 Kitchen	**Field Temp.**	
Street Address		**Field Fluoride**	
Town		**Temp at Receipt**	

Test Enzyme Substrate Test **Date/Time of Analysis** 06/13/2014 10:38
Test Method: SM20 9223B

Analyte	Result
Total Coliform	Not Detected
E.coli	Not detected

a THE WATER SAMPLE TESTED IS BACTERIOLOGICALLY SUITABLE FOR DRINKING(POTABLE).
**IMPORTANT: Bacteriologic testing of a single sample of water is only one means of determining the suitability of water for drinking. It is also critical that the water source location, system construction and ongoing maintenance/treatment are adequate to consistently protect against bacterial contamination

Units of Measurement and Definitions mL - milliliter, 1 equals gram/cm[illegible] MPN - Most Probable Number CFU - Colony Forming Unit, TNTC - too numerous to count

[illegible]

Test Report Authorized By: [illegible]
Mary Celotti, Laboratory Director

If you have received this report in error or have questions about this report, please call the laboratory at (802) 863-7336.

Eagle Eye Farm Rehabilitation Center
Admission Agreement

This is an Agreement between __Eagle Eye Farm Rehabilitation Center (the "Facility") and _____("Resident"). The Facility is located at ___*3014 Abbott Hill Road, Newark, VT.* It is licensed by the state of Vermont.

Nothing in this Agreement shall be construed to limit any legal right of the Resident, nor any legal duty of the Facility.

SERVICES

Eagle Eye Farm Rehabilitation Center is a long-term Vocational Rehabilitation facility. It provides residential services to individuals who have suffered a TBI and or to those who have been hospitalized for psychiatric reasons. Vocational training, case management, rehabilitation services as well as community support(s) are offered on site.

Eagle Eye Farm Rehabilitation Center is licensed by the state of Vermont as a Therapeutic Community Residence (TCR). Room, board, general supervision, vocational services, case management, rehabilitation services and medication management is provided but not full-time nursing care.

If for some reason you need to be hospitalized EEF will temporarily hold your room up to 30 days. If your hospital stay exceeds the 30 days the manager will review it on a case by case basis. If it is decided that we can no longer hold your bed you will be informed 30 days prior to discharge. If you are unable to return to retrieve your personal belongings we will work out an agreement with you.

Room & Board

Room & Board will be provided. You will have either a private room or an apartment depending on your needs. All meals will be provided. If you are a transitional resident EEF staff will assist you with preparing/cooking meals as needed.

Personal care which includes, but is not limited to, assistance with meals, dressing, movement, bathing, grooming, medication, or other personal needs, and or general supervision of physical and or mental well-being.

Typical supervision is dependent on the treatment plan but could consist of support around making appointments, help following a daily schedule, help with menu planning to include posting a weekly menu, budgets, assistance with obtaining medications.
EEF has a part-time nurse who is available one day a week for general nursing care on site & available by telephone anytime. If you require more in depth nursing care it will be provided to you.
All residents of EEF will receive medication management. Medications will be administered by either the RN or staff who have been delegated by the RN.
All residents are responsible for their own personal needs items.

Finances & Charges

The monthly room and board amount will be $900.00 as set by the State of Vermont for SSI (Supplemental Security Income) & may increase if your SSI increases.
If there are non-payments of charges you will be discharged in accordance with state regulations. EEF may discharge you after a 15 day notice, or less if we locate an appropriate placement which you agree to.
If you leave EEF, either by choice or because your condition requires a different care level, you will be refunded for days of care you did not receive. The refund will be sent within 15 days of discharge. If you plan to leave we ask that you give EEF a 30 day notice. If you move without giving the 30 day notice EEF reserves the right to charge you up to 30 days after your departure.
Personal needs allowance for residents who receive SSI are allowed to keep before paying the monthly rent is $100.
Services will be determined based upon a written assessment made by a qualified assessor and obtained prior to the Resident's admission to the Facility. The assessment

will address specific information regarding the applicant, including recent medical history, care needs and preferences, current prescribed medications, medical diagnosis, significant known behaviors or symptoms, history of depression, anxiety, and mental illness if applicable, social, physical and emotional strengths and needs, functional abilities, evaluation of cognitive status and activities preferences. The qualified assessor will compete a preliminary service plan that describes the needs for services and an initial plan as to how to meet the needs identified in the assessment.
A more specific negotiated care plan about how the Resident's needs and preferences will be addressed will be completed within thirty (30) days of admission. This care plan will be completed in consultation with the Resident, legal representative if applicable, professionals involved with the Resident, appropriate Facility staff, and any other person the Resident wishes to include. It must be agreed to and signed by the Resident or and/or legal representative.

The Facility will notify the Resident and/or the legal representative as soon as possible of any changes in the Resident's condition that require a different level of service.

Residents Rights & Responsibilities

Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A residence may not ask a resident to waive the Resident's rights. A resident has the right to exercise any rights without reprisal.

Each residence shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. Receipt of the rights by the resident shall be indicated by a signature and date by the resident on a line for that purpose on the admission agreement.

Residents may retain personal clothing and possessions as space permits, unless to do so would infringe on the rights of others, would create a danger to others, would create a security risk or would create a fire, health or safety hazard.

A resident shall not be required to perform work for the licensee. If a resident chooses to perform specific tasks for the licensee the resident shall receive reasonable compensation which shall be specified in a written agreement with the resident.

Each resident shall be allowed to associate, communicate and meet privately with persons of the resident's own choice, including family members, unless such access has been restricted by a court. Residences shall allow visiting hours from at least 8 a.m. to 8 p.m., or longer. Visiting hours shall be posted in a prominent public place.

Each resident may send and receive personal mail unopened, unless such access has been restricted by a court.

Residents have the right to reasonable access to a telephone for private conversations unless such access has been restricted by a court. Residents shall have reasonable access to the residence's telephone except when restricted because of excessive unpaid toll charges or misuse. Restrictions as to telephone use shall be in writing. Any resident may, at the resident's own expense, maintain a personal telephone or other electronic equipment in his or her own room, unless such access has been restricted by a court.

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.

Residents may manage their own personal finances unless a representative payee or financial guardian has been appointed. The residence or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The residence or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the residence.

The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care, treatment or supervision. Release of any record, excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law.

The resident has the right to review the resident's medical or financial records upon request. The resident has the right to provide written comments about the medical or financial record and the comments shall be made part of the resident's record at the request of the resident.

Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from seclusion or restraints. All residents have the right to be free from corporal punishment. All residents have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Psychoactive drugs shall not be administered involuntarily.

When a resident is adjudicated mentally disabled, such powers as have been delegated by the Probate or Family Court to the resident's guardian shall be exercised by the guardian.

Residents notified about a pending discharge from the residence under Section 5.4 of these regulations, absent an emergency, shall:
(a) Be allowed to participate in the decision-making process of the residence concerning the selection of an alternative placement; and
(b) Receive adequate notice of a pending transfer.

Residents have the right to refuse care to the extent allowed by law.

(a) Except for residents who are prohibited from doing so by a court order, this right includes the right to discharge himself or herself from the residence.
(b) The residence must fully inform the resident of the consequences of refusing care. If the resident makes a fully informed decision to refuse care, the residence must respect that decision and is absolved of further responsibility, unless the resident is in a secure residential recovery facility and has been court-ordered to take medication or receive care.
(c) If the refusal of care will result in a resident's needs increasing beyond what the residence is licensed to provide, or will result in the residence being in violation of these regulations, the residence may issue the resident notice of discharge.

Residents have the right to fill out a document called an "advance directive" in accordance with Title 18, chapter 231 and to have the residence follow the residents' wishes, unless such wishes are contrary to a court order. The residence shall provide residents with information about advance directives and, upon request, may support a resident's efforts to complete the documents.

Residents shall have help in assuming as much responsibility for themselves and others as possible, and in participating in residence activities.

Residents shall have explained to them the reasons and risks associated with the use of any prescribed medication they are taking.

Residents shall be free to terminate their relationship to the residence.

The enumeration of residents' rights shall not be construed to limit, modify, abridge, restrict or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen, unless those rights have been limited by a court.

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.

If a resident has a chronic condition, he or she has the right to receive competent and compassionate medical assistance to manage the physical and emotional symptoms of that condition.

Residents have the right to have a family member or another person of the resident's choice be notified of the admission to the residence. Residents also have the right to decline to have anyone notified of the admission. A facility may not disclose information about a resident's admission without obtaining the resident's authorization. The decision by the resident regarding notice shall be documented at the time of admission to the residence.

Residents have the right to obtain the opinion of a consultant at the resident's own expense.

Residents have the right to vote.

Residents with limited English proficiency have the right to have oral or written translation or interpretive services and cannot be required to pay for such services.

Residents have the right to have accommodations made to a disability (or disabilities) to ensure that there are no barriers to their receipt of services and that they understand the care and treatment being provided. Such accommodations shall include, but are not limited to, sign language interpretation and having documents provided in accessible formats, as applicable. The resident shall not be required to pay for these services.

Residents have the right to receive services without discrimination based on race, religion, color, gender (including pregnancy), sexual orientation, gender identity, national origin, disability or age.

Grievance Procedure

You have the right to help resolve concerns or complaints about the care and services you receive as a resident of Eagle Eye Farm. You can use the following steps to help solve your problems:

1. Talk to the case manager and try to work out your concerns or complaints on an informal basis.

2. You can write your concerns or complaints on a clean sheet of paper and include:

- The date;
- Your name;
- Your concern or complaint with as much information as possible; and
- Any suggestions you have about how to solve your problem.

We will respond in writing as soon as possible, but not later than ten days after receiving the complaint or grievance.

3. You can bring your concern or complaint to the Director if not resolved with the case manager.

4. You may also ask **Disability Rights Vermont** for help at any time. Their services are free and confidential.

Write: Disability Rights Vermont
141 Main Street, Suite 7, Montpelier, VT 05602
Or call toll-free at: (800) 834-7890

You are encouraged to follow these steps in order but you may also start with any of the steps listed above.

I have reviewed this Grievance Policy and have been given a copy.

Resident:

_____

Signature *Date*

Parent or Guardian:

_____

Signature *Date*

Case Manager:

_____

Signature *Date*

**Persons served by the program, parents, guardians, and case managers have been provided with a copy of this Grievance Procedure.*

Transportation

Eagle Eye Farm residents will be provided a copy of the "Transportation Policy". The policy will be explained in full at the time of admission and will be included in the Admission Agreement. Eagle Eye Farm will have adequate auto liability insurance on all vehicles that are used to transport residents.

EEF Residents will be provided numerous opportunities to participate in community based activities. Qualified staff will provide transportation in accordance with the treatment plan/goals as well as transportation to any and all medical appointments. Staff are able to help arrange appointments too.

There will be at least three trips off site a week, to include but not limited to, church, shopping & laundry, and a recreational outing. Any trips over the three trips will be charged at the current state mileage reimbursement rate.

If an EEF resident is Medicaid eligible, EEF may attempt to seek Medicaid transportation for medical appointments.

Resident Responsibilities:

- Give EEF accurate information so appropriate decisions may be made regarding your services and charges for same.
- Provide EEF with accurate and complete medical information, history, criminal record(s), medication(s) past and present, present medical and/or psychiatric care to include names of physicians providing care.
- Provide EEF with a signed "**Release of Information**" form.
- Provide EEF with an accurate family history to include special circumstances that may affect your treatment plan.

- Must keep personal space tidy. All exits must be clear. Assistance will be available if requested.

Advance Directive

An advance directive is a legal document that allows you to give instructions for a broad range of health care decisions and appoint an agent to make those decisions for you if you become unable or unwilling to do so yourself. It is any written communication from you, properly signed and witnessed, that speaks about your future wishes and preferences for treatment.

Because advance directives express your values, they provide the best possible guidance to those who will make decisions about your care when needed. Completing an advance directive also allows you to designate a health care agent, a person of your choosing who can make decisions for you in the event that you are no longer able to speak for yourself.

- You have the right to give instructions about what types of health care you want or do not want.
- You also have the right to name someone else to make health care decisions for you when you are unable to make them yourself.
- You may do either of these by telling your family or your doctor, but it is generally better for you and your family if you write down your wishes.
- You may use this form in its entirety or you may use any part of it. For example, if you simply want to choose an agent in Part One, you may do so and go directly to Part Seven to sign this in the presence of appropriate witnesses.
- You are also free to use a different form as long as it is properly signed and witnessed.

You should give copies of the completed form to your agent and alternate agent, to your physician(s), your family and to any health care facility where you reside or at which you are likely to receive care. You should keep a list of those who have copies in case you

revoke or revise the document in the future. You have the right to revoke all or part of this advance directive for health care or replace this form at any time. If you do revoke it, all old copies should be destroyed.

If you would like assistance with the Advance Directive you may contact the following agencies:

Disability Rights Vermont
141 Main Street, Suite 7
Montpelier, VT 05602
(802) 229-1355; (800) 834-7890

Disability Law Project
St. Johnsbury
177 Western Avenue, Suite 1
St. Johnsbury VT, 05819
1-800-889-2047

You should also file your Advance Directive with the Vermont Advance Directive Registry (VADR). To access it go to the VT Health Department's website.

You may wish to read the booklet Taking Steps by the **Vermont Ethics Network** to help you think about and discuss different choices and situations with your agent or loved ones. You can reach them by calling 802-828-2909 or by e-mail ven@vtethicsnetwork.org. Forms may also be downloaded from their website, www.vtethicsnetwork.org.

Smoking Policy

Smoking is only allowed in designated smoking areas. There will be no smoking in vehicles and or in any building. Upon arrival you will be shown where the designated smoking areas are.

Drugs & Alcohol

Eagle Eye Farm is a drug & alcohol free facility. Only prescribed drugs, from a licensed physician/psychiatrist, are permitted.

Recreational Vehicles

Recreational vehicles are not permitted on EEF property.

Pets

Pets shall be permitted on a case by case basis. EEF reserves the right to deny or approve all requests.

A residence may permit pets to visit the residence providing the following conditions are met:

(a) The pet owner must provide evidence of current vaccinations.

(b) The pet must be clean, properly groomed and healthy.

(c) The pet owner is responsible for the pet's behavior and shall maintain control of the pet at all times.

Pets, owned by a resident or the residence, may reside in the residence providing the following conditions are met:

(a) The residence shall ensure that the presence of a pet causes no discomfort to any resident.

(b) The residence shall ensure that pet behavior poses no risk to residents, staff or visitors.

(c) The residence must have procedures to ensure that pets are kept under control, fed, watered, exercised and kept clean and well-groomed and that they are cleaned up after.

(d) Pets must be free from disease including leukemia, heartworm, hepatitis, leptos psoriasis, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations.

(e) Pet health records shall be maintained by the residence and made available to the public.

(f) The residence shall maintain a separate area for feeding cats and dogs other than the kitchen or resident dining areas.