

Division of Licensing and Protection
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Waterbury, VT 05671-2306
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Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
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July 22, 2011

Jennifer Whitmore, Administrator
Eagle Eye Farm
Po Box 247
West Burke, VT 05871-0247

Dear Ms. Whitmore:

Enclosed is a copy of your acceptable plans of correction for the onsite re-licensing survey conducted on June 27, 2011.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
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 was conducted by the Division of Licensing and Protection on 06/27/11. The following are regulatory violations.	T 001	T002: PLEASE SEE EXHIBIT (A) CONTRACT WITH ORLEANS ESSEX VNA AND HOSPICE.	
T 002	IV.A.1 Resident Care and Supervision General The Director shall provide every resident with the personal care and supervision appropriate to his/her individual needs. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to provide every resident with the personal care and supervision appropriate to their needs regarding medication administration for applicable residents. Findings include: 1. Per record review on 06/27/11, there was no indication that any staff member had received medication administration training and delegation authority by a Licensed health care professional with the authority to delegate medication administration. During interview at 2:20 PM that afternoon, the Life Skill Aide stated that s/he trains and oversees medication administration services to residents of the home. S/he confirmed that medication administration training and delegation has not been provided to staff by a currently employed nurse.	T 002	T037: PLEASE SEE EXHIBIT (B). RESIDENT #3 WILL ACTIVELY PARTICIPATE IN REGULAR FIRE DRILLS. T 074: PLEASE SEE EXHIBIT (A); MED TESTS DISTRIBUTED 7/15/11 COMPLETION DUE BY NO LATER THAN 7/22/11; DELEGATION APPROVED BY LICENSED AN FOR SOME STAFF BY NO LATER THAN 7/29/11. T 078: ALL PERSONNEL HAVE NECESSARY BACKGROUND CHECKS PER DAIL POLICY. PLEASE SEE EXHIBIT (C). COMPLETE PERSONNEL FILES WILL BE STORED IN A SECURE, ACCESSABLE LOCATION.	
T 037	IV.B.4.3. Physical Environment Safety: The Director shall ensure that fire drills are held	T 037	T082: WE RESPECTFULLY REQUEST A WAIVER FOR THIS COLLECTIVE ACTION. AT THE INCEPTION OF THE EAGLE EYE FARM PROGRAM THE INTENT WAS TO SERVE SHORT-TERM TBI WAIVER RECIPIENTS. DUE TO THE SEVERITY OF RESIDENT #7 AND RESIDENT #2'S TBI	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE ADMINISTRATOR (X5) DATE 7/19/2011

STATE FORM 6899 VL3011 If continuation sheet 1 of 1

T002 → T102 POC Accepted 7/22/11
S. Emmons RN / AmotARN

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T 037	<p>Continued From page 1</p> <p>periodically and shall cause residents to leave building(s) by alternate routes from time to time to familiarize them with each of means of egress. An emergency fire evacuation plan shall be developed and posted for each residence and shall be approved by the local or state fire prevention authorities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the residence failed to ensure fire drills were held periodically for 1 applicable resident. (Resident #3) Findings include:</p> <p>1. Per review on 06/27/11 at 1:15 PM of the fire drill schedule for the time period of January through June 2011, Resident #3, who lives in a separate building, did not have any fire drills to ensure that this resident is capable of exiting the building in an emergency. This was confirmed at 4:20 PM by the Administrator.</p>	T 037	<p><u>T 082</u>: (continued) THEY WERE ACCEPTED ONTO THE LONG-TERM TBI WAIVER PROGRAM. WE FEEL LEVEL III LICENSURE WOULD BE A MORE APPROPRIATE FIT.</p> <p><u>T 089</u>: PLEASE SEE EXHIBIT (E).</p> <p>.....</p> <p><u>T 090</u>: PLEASE SEE EXHIBIT (E) INDIVIDUAL SERVICE PLANS ARE REASSESSED ON AN ANNUAL BASIS.</p> <p><u>T 101</u>: PLEASE SEE EXHIBIT (F). DOCUMENTS INCLUDE INTAKE INFORMATION. MEDICATION LISTS ARE UPDATED (EXHIBIT (A)). THIS REPORTER HAS NO KNOWLEDGE OF A MEMORANDUM DATED 12/03/2007 STATING NO ORIGINAL RESIDENT TREATMENT RECORDS WERE LOST IN THE FIRE.</p> <p><u>T 102</u>: ALL ELECTRONIC DOCUMENTATION WILL BE BACKED UP AT TIMES THE DOCUMENTATION IS MODIFIED. EACH RESIDENT'S INFORMATION WILL BE ORGANIZED IN A THREE-RING BINDER. RECORDS WILL BE REVIEWED</p>	7/14
T 074	<p>VI.1.C.5. Common Model Program Standards</p> <p>Structural Components Staff</p> <p>The residence shall provide training opportunities for each staff member, which might include in-service and formal training.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to provide training for / delegation of medication administration by a licensed health care professional with the authority to delegate medication administration to staff performing this service for applicable</p>	T 074		

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T 074	Continued From page 2 residents. Findings include: 1. Per record review on 06/27/11, there was no indication that any staff member had received medication administration training and delegation authority by a Licensed health care professional with the authority to delegate medication administration. During interview at 2:20 PM that afternoon, the Life Skill Aide stated that s/he trains and oversees medication administration services to residents of the home. S/he confirmed that medication administration training and delegation has not been provided to staff by a currently employed nurse.	T 074	<u>T 102</u> : (continued) AT LEAST ON A QUARTERLY BASIS. RESIDENT, PERSONNEL AND ANY OTHER RELEVANT INFORMATION WILL BE STORED IN A SECURE IDENTIFIED LOCATION ON-SITE FOR EASE OF ACCESSABILITY AND REVIEW.	06/27/11
T 078	VI.1.C.9. Common Model Program Standards Structural Components Staff All staff members shall meet all applicable federal, local, or state requirements for their positions. This STANDARD is not met as evidenced by: Based on personnel file review and interview, the residence failed to ensure that 3 of 4 newly hired employees had the required background checks completed per state requirements. Findings include: 1. Per the Department of Disabilities, Aging and Independent Living (DAIL) Background check policy effective 07/01/09 for persons who receive services through a program administered by DAIL, including but not limited to traumatic brain injury (TBI) waiver services, 3 out of 4 employees reviewed did not have the required background checks. Interview with the Administrator at 4:20 PM confirmed that the 3 residents on the premise are TBI waiver clients and that 3 employee	T 078		

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T 078	Continued From page 3 "personnel files did not have the required back ground checks".	T 078		
T 082	VI.2.B.1.a. Common Model Program Standards Treatment Components Process--Intake The residence shall have clearly stated written criteria for determining the eligibility of individuals for admission. This STANDARD is not met as evidenced by: Based on record review and interview, the residence did not have clearly written criteria for the eligibility of the Therapeutic Community Residence (TCR) residents. Finding include: 1. Per record review of the TCR's policies, there was no clearly written criteria for TCR residents. In accordance with the Scope and Purpose of Therapeutic Community Residences as described in Section I of the Rules for TCR Licensing Regulations, residents shall be persons for whom a transitional program is appropriate, meaning growth-enhancing rather than custodial. Two residents reviewed still living at the facility, with Resident #1 admitted on 06/23/05 and Resident #2 admitted on 12/01/94 with no plan for discharge. Per interview on 06/27/11 at 4:20 PM and confirmed on 06/30/11 at 1:30 PM the Administrator stated "there are no polices" regarding TCR placement and in fact stated , would like to "go to a Level 4 type for a long term program".	T 082		
T 089	VI.2.B.3.a. Common Model Program Standards Treatment Components	T 089		

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T 089	<p>Continued From page 4</p> <p>Process-- Treatment plan The treatment plan shall reflect steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 2 of 3 residents at facility. (Resident #1 & #2) Findings include:</p> <p>1. Per record review for Residents #1 & #2, a treatment plan had not been developed. Although a TBI service plan was written, it did not identify steps to be taken to solve identified problems. Per interview on 06/27/11 at 4:20 PM, the Administrator confirmed there was no treatment plan that identified the steps needed to solve identified problems.</p>	T 089		
T 090	<p>VI.2.B.3.b. Common Model Program Standards</p> <p>Treatment Components Process-- Treatment plan The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 2 of 3 residents at facility. (Resident #1 & #2) Findings include:</p> <p>1. Per record review for Residents #1 & #2</p>	T 090		

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T 090	Continued From page 5 there was no treatment plan that identified clear and concise short-term goals nor time frames for completion. Although a TBI service plan was written, it did not identify specific goals, outcomes and steps needed for the treatment plan. Per interview on 06/27/11 at 4:20 PM the Administrator confirmed there was no treatment plan..	T 090		
T 101	VI.2.B.6.a. Common Model Program Standards Treatment Components Process--Resident Records A residence shall ensure: 1. its responsibility for safeguarding and protecting the resident record against loss, tampering or unauthorized disclosure of information; 2. Content and format of resident records are kept uniform; 3. entries in resident records are signed and dated. This STANDARD is not met as evidenced by: Based on record review and interview the residence failed to protected resident records from loss and keeping them in a uniformed content. Finding include; 1. Per record review of 3 resident's records, information regarding intake summaries was missing, medication lists were not updated, and treatment plans were not filed in the record and/or not accessible to the surveyor at the time of the review. Per interview on 06/27/11 at 4:20 PM the Administrator confirmed "the records are not in order... we need a better system and we lost some of the information due to a fire".	T 101		

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T 101	Continued From page 6 During a review of the facility's file, a written memorandum dated 12/3/2007 states that the Administrator informed this office that no original resident treatment records were lost in the fire that occurred in 2007.	T 101		
T 102	VI.2.B.6.b. Common Model Program Standards Treatment Components Process--Resident Records Resident records shall include the following: 1. intake assessment summary 2. identification of problems and areas of successful life function 3. data from other agencies 4. treatment plans and goals 5. regular progress notes 6. supervisory and review conclusions 7. aftercare plan and discharge summary 8. appropriate medical information 9. client information release form This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to assure that the treatment plan and goals of 2 of 3 residents in the survey sample (Resident #1 and Resident #2) was available in the resident's record. Findings include: 1. Per record review on 06/27/11, there was no treatment plan nor identification of problems and areas of successful life function in the hard copy chart for either resident #1 or #2. The electronic record was not available at the time of the survey, however per interview with the Operations Manager at 2:15 PM confirmed that only a copy of the TBI service plan, which contains Long term outcomes only, was in the electronic record. In addition, there was no intake assessment	T 102		

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T 102	Continued From page 7 summary as stated to surveyor "that was lost to a fire we had several years ago." The long term outcomes were both outdated for both residents #1 & #2's being greater than 1 year old. During interview that afternoon, the Administrator confirmed that the residents' records were outdated and not complete. During a review of the facility's file, a written memorandum dated 12/3/2007 states that the Administrator informed this office that no original resident treatment records were lost in the fire that occurred in 2007.	T 102		