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

October 20, 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 **September 15, 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: 09/24/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0513	A. BUILDING _____ B. WING _____	R-C 09/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE EYE FARM	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 follow up survey was conducted by the Division of Licensing and Protection on 9/15/14. The following are regulatory deficiencies.	{T 001}	Please see attached Plans of Correction.	
{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 personal, nursing and medical care needs for 1 of 3 residents (Resident #2). {This is an uncorrected deficiency} Findings include: 1. Per record review on 09/15/14 Resident #2 was identified as having multiple neurological deficits as well as physical limitations, in which necessary services were not being provided. The nursing assessment dated 09/04/14 notes several safety concerns regarding the need for grab bars, railings, screens, cover plates for the shower drains, rug and ambulation concerns. The MAR/TAR [medication and treatment record] for	{T 023}		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sarah Jane F Alexander	Operations Manager	10-3-14

T023, T031, T036, T038, T044, T054, T060, T078, T079, T086, T105, T169 + T187 POC's accepted 10/20/14 PMcLaren

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{T 023}	Continued From page 1 September 2014 directs staff to provide footcare once weekly [on the weekend] offering assistance with setting up the basin and water, and to assure that the resident ambulates every morning and afternoon for [at least] 10 minutes. Per the MAR/TAR there is no documentation that any footcare had been provided in September 2014. Per observation and confirmed through interview on 09/15/14 at 11:30 AM the resident had not had a morning walk. Additionally, only seven times out of approximately 20 opportunities were identified that the resident went for a walk. Per interview, the case manager at 11:45 AM stated " I am pretty sure [resident] gets out and walks, [s/he] walks all the time". The case manger confirmed that there is no evidence that staff provided footcare or that all ambulation activities were noted by staff. Per observation at 12:00 PM the resident's room did not have screens for the windows, the large area rug had turned-up corners posing a potential accident hazard, the bathroom drains were exposed with no covers over the holes in the floor, and there were no grab bars or railings leading out of the apartment which had several stairs. Also noted was the resident's cane without the protective rubber tip on the bottom. Per interview at 2:00 PM the Maintenance supervisor stated that the list of noted items where given to [the office] and that [s/he] was also looking for some of the items in a storage barn. S/he was unable to find screens, drain covers, grab bars or railings. S/he stated "I might just have to make an executive decision and buy them" and confirmed the safety items were not provided.	{T 023}		
{T 031} SS=D	V.5.7.a Resident Care and Services 5.7 Treatment Plan	{T 031}		

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{T 031}	Continued From page 2 5.7.a The residence shall set forth in writing its treatment goals, approach, orientation, and methods for achieving goals. 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 1 of 3 residents in the sample (Resident # 2). {This is an uncorrected deficiency} Findings include: 1. Resident #2 has multiple diagnoses of medical as well as behavioral challenges, although only nursing interventions/recommendations were found in the record. Resident #2 was identified as having multiple deficits related to TBI [traumatic brain injury], personality disorder, cardiac risk, as well as physical ailments. There are no treatment plans for the identified behavior issues, such as self injury or wandering, that addresses the treatment goals, methods or approaches for achieving those goals. Per interview on 09/15/14 at 1:30 PM the case manager confirmed that the record did not contain the treatment plan other than nursing interventions.	{T 031}		
{T 036} SS=E	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	{T 036}		

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{T 036}	Continued From page 3 handled according to the residence's policies and that designated staff are fully trained in the policies and procedures. The manager shall assure that all medications and drugs are used only as prescribed by the resident's physician, properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the manager failed to assure that medications are handled according to policy and failed to assure that designated staff are fully trained for 2 of 3 residents in the sample. {This is an uncorrected deficiency} Findings include: Per interview on 9/15/14, the Manager stated that Residents #2 and #3 moved to the licensed Therapeutic Community Residence (TCR) on 8/30/14. Per review of the medication delegation binder and confirmed during interview with the RN on 9/15/14 at 1:05 PM, the Registered Nurse (RN) was not provided the opportunity to assess the new residents or train and delegate the unlicensed staff prior to the residents' moving to the TCR, until 9/3/14. Per review of the Medication Administration Records (MARs), unlicensed staff administered medications to Resident #2 and Resident #3 without proper assessment or delegation by the RN from 8/30/14 to 9/3/14.	{T 036}		
{T 038} SS=E	V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services 5.8 Medication Management	{T 038}		

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{T 038}	Continued From page 4 d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider's diagnosis and orders. (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.	{T 038}		

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{T 038}	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to assure that prior to unlicensed staff administering medications to residents, the RN was able to assess the residents and delegate the responsibility for administration of specific medications to designated staff for designated residents. {This is an uncorrected deficiency} Findings include: Per interview on 9/15/14, the Manager stated that Residents #2 and #3 moved to the licensed Therapeutic Community Residence (TCR) on 8/30/14. Per review of the medication delegation binder and confirmed during interview with the RN on 9/15/14 at 1:05 PM, the Registered Nurse (RN) was not provided the opportunity to assess the new residents or train and delegate the unlicensed staff prior to the residents' moving to the TCR, until 9/3/14. Per review of the Medication Administration Records (MARs), unlicensed staff administered medications to Resident #2 and Resident #3 without proper assessment or delegation by the RN from 8/30/14 to 9/3/14.	{T 038}		
{T 044} SS=D	V.5.8.g.1.2.3.4.5.6. Resident Care and Services 5.8 Medication Management 5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:	{T 044}		

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{T 044}	Continued From page 6 (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the residence; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, the TCR failed to assure there is a record of monitoring for side effects of psychoactive medications for 1 of 1 residents on psychoactive medications. {This is an uncorrected deficiency} Findings include: Per record review, Resident #1 takes psychoactive medications, including anti-psychotic medication daily. There was no evidence of a record of monitoring for side effects of these medications, like AIMS or DISCUS tools	{T 044}		

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{T 044}	Continued From page 7	{T 044}		
	in the resident's medical record.			
{T 054} SS=D	V.5.9.d Resident Care and Services	{T 054}		
	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 personnel file review and interview, the TCR failed to assure they do not have on staff a person who has been convicted of a crime. {This is an uncorrected deficiency} Findings include:			
	Per review of personnel files for all newly hired employees, the TCR hired a staff member with criminal convictions on his/her record. The TCR			

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{T 054}	Continued From page 8 failed to request a variance from the Licensing Agency to employ a person with criminal convictions. This was confirmed by the Manager in an interview on 9/15/14 at 11:15 AM.	{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 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	{T 060}		

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{T 060}	Continued From page 9 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 interview, the TCR failed to assure resident records include all required information for 2 of 2 residents. {This is an uncorrected deficiency} Findings include: 1. Per record review, the record for Resident #1 did not include a signed admission agreement, photograph or evidence the resident refused the photograph, nor instructions regarding the death of the resident. Per interview on 9/15/14 at 11:15 AM, the Manager confirmed the incomplete record and was not able to provide evidence of when the admission agreement for Resident #1 was sent out to the guardian. 2. Per record review, the record for Resident #2	{T 060}		

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{T 060}	Continued From page 10 did not include a signed admission agreement, photograph or evidence the resident refused the photograph, nor instructions regarding the death of the resident. In addition, there was no document granting legal authority to another (guardianship paperwork) nor were there supervisory and review conclusions present in the medical record.	{T 060}		
T 078 SS=D	V.5.16.a Resident Care and Services 5.16 Reporting of Abuse, Neglect or Exploitation 5.16.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within forty-eight (48) hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to report any case of suspected abuse of 1 applicable resident. Findings include: Per record review, a written statement from a direct care staff member indicated s/he witnessed another staff member yell at Resident #1, using profanities. Per the written statement, the staff member used a loud, scolding tone. Also per the written statement, Resident #1 became silent and appeared stunned after being yelled at by the staff member. Per interview with the Manager on 9/15/14 at 2:15 PM, she was aware of the	T 078		

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T 078	Continued From page 11 allegations and stated it was discussed with the employee. Per review of the personnel file of the alleged perpetrator, there was no evidence of the incident and no evidence of the action taken by management. The Manager confirmed they failed to report the alleged verbal abuse.	T 078		
T 079 SS=D	V.5.16.b Resident Care and Services 5.16 Reporting of Abuse, Neglect or Exploitation 5.16.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee ' s or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A residence may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to APS. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to report reported incidents of abuse. Findings include: Per record review, a written statement from a direct care staff member indicated s/he witnessed another staff member yell at Resident #1, using profanities. Per the written statement, the staff member used a loud, scolding tone. Also per the written statement, Resident #1 became silent and appeared stunned after being yelled at by the staff member. Per interview with the Manager on 9/15/14 at 2:15 PM, she was aware of the allegations and stated it was discussed with the	T 079		

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T 079	Continued From page 12 employee. Per review of the personnel file of the alleged perpetrator, there was no evidence of the incident and no evidence of the action taken by management. The Manager confirmed they failed to report the alleged verbal abuse.	T 079		
{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 and record review, the TCR failed to assure that receipt of the rights by the resident is indicated by a signature and date by the resident on a line for that purpose on the admission agreement. {This is an uncorrected deficiency} Findings include: Per record review, no signed admission agreements were present for Resident #1 or Resident #2. Per interview on 9/15/14 at 11:15 AM, the Manager confirmed there are no signed admission agreements in any of the records of the residents of the TCR.	{T 086}		
{T 105} SS=C	VI.6.21 Residents' Rights VI. Residents' Rights	{T 105}		

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{T 105}	Continued From page 13 6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the TCR failed to assure resident rights are posted in an accessible, prominent and public place on each floor of the residence and failed to assure the posting also states the residence's grievance procedure. {This is an uncorrected deficiency} Findings include: Per observation throughout the day on 9/15/14, there were no resident rights that included the TCR's grievance procedure posted on either floor of the TCR. Per interview on 9/15/14 at 2:15 PM, the Manager confirmed that the resident's rights and grievance procedure were not posted on each floor of the residence.	{T 105}		
T 169 SS=C	IX.9.5.a Physical Plant 9.5 Residence Requirements for Persons with Physical Disabilities 9.5.a Each residence shall be accessible to and functional for residents, personnel and members of the public with physical disabilities in compliance with the Americans with Disabilities Act of 1990, as amended.	T 169		

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		R-C 09/15/2014

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

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T 169	Continued From page 14	T 169		
	This REQUIREMENT is not met as evidenced by: Based on observation, the residence is not accessible to and functional for residents, personnel and members of the public with physical disabilities in compliance with the Americans with Disabilities Act. Findings include: Per observation on 9/15/14, there is no entrance to the building of TCR where residents live (the farm house) that is accessible to people with physical disabilities.			
{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.	{T 187}		
	This REQUIREMENT is not met as evidenced by: Based on interview, the TCR failed to conduct fire drills on at least a quarterly basis and rotate times of day among morning, afternoon, evening and			

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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{T 187}	Continued From page 15 night. The TCR failed to record the date and time of each drill and the names of participating staff members. {This is an uncorrected deficiency} Findings include: Upon entrance to the TCR, the Manager was asked for the record of fire drills. The Manager and Case Manager searched for the records but were unable to locate them, so there are no fire drills on record since April 2014. A nursing note in the record of Resident #1 stated "Nursing has raised concerns to management regarding fire drills that are needed....Also, have asked [Case Manager] to run basic fire drill right away with all staff..." During interview on 9/15/14 at 11:15 AM, the Manager confirmed there is no documentation of fire drills conducted since April 2014.	{T 187}		

Vermont Division of Licensing & Protection
Eagle Eye Farm
Plan of Correction # 2

T 023

Action: Resident # 2. The necessary items were purchased & installed e.g. drain covers & screens. The rug corners were double taped so there are no curling edges. A rubber base for the cane was also purchased & put on. The hand railings are being constructed the week of 10/06/2014.

System Change: The Case Manager put out a Memorandum reminding staff to document all walks & foot care. This will also be discussed at the next staff meeting 10/09/14. The maintenance individual will be making checks routinely to ensure the abovementioned concerns are in compliance.

Monitoring: The Case Manager along with our new RN will be checking all documentation to make sure it is complete on a weekly basis.

Dates of Corrective Action: The Memorandum was posted 9/26/14. The rug/drain covers were put in 9/16/14.

T 031

Action: Resident #2. The Treatment Plan was printed out & put in Resident #2's MAR. The Treatment Plan reflects the identified behavioral issues etc.

System Change: All Residents who fall under the TCR license will have appropriate Treatment Plans in tandem with the treatment goals.

Monitoring: The RN will routinely check all Treatment Plans to make certain they are up-to-date as well as complete.

Dates of Corrective Action: The Treatment Plans will all be complete/updated by 10/20/14.

T 036

Action: Medication Management. Fran Bourassa, RN, held medication authorization meetings to re-delegate all staff who work with Residents who fall under the TCR license.

System Change: The RN will be notified immediately of any change in census under the TCR license. There will be no undelegated staff giving medications. The RN will med authorize all staff.

Vermont Division of Licensing & Protection
Eagle Eye Farm
Plan of Correction # 2

Monitoring: Any/all new staff will be med trained & med authorized prior to administering medications by the RN on staff.

Dates of Corrective Action: The RN immediately re-delegated all staff who administer medications to the Residents living under the TCR license.

T 038

Action: The RN was given a two week notice prior to Residents #2 & #3 moving to the licensed facility. Due to the RN's other full-time job she was not able to assess these two Residents. We decided to hire a new RN in her place.

System Change: We hired an RN whose only employment is with EEF.

Monitoring: The RN will be informed of any new potential staff who will need to be med authorized.

Dates of Corrective Action: The RN has completed med authorizations on all staff who need to administer medications. The RN is holding a med training 10/09/14 for all new staff.

T 044

Action: The RN is in the process of implementing AIMS.

System Change: All Residents who take psychoactive medications will have an AIMS on file.

Monitoring: All Doctors orders will be reviewed by the RN who will then determine if AIMS is necessary. All AIMS will be in the Resident's MAR.

Dates of Corrective Action: The RN is currently working on this & will have them complete by 10/31/2014.

T 054

Action: The Manager requested a variance (9/16/14) & received a variance (9/18/14).

System Change: All positive background checks will be given to the Manager who will then request a variance if the employee should be hired.

Monitoring: The Manager will periodically go through all files to make sure there are variances if need be.

Dates of Corrective Action: 9/16/14

Vermont Division of Licensing & Protection
Eagle Eye Farm
Plan of Correction # 2

T 060

Action: Resident #1 now has an Admission Agreement in their respective file as well as a photograph. The instructions in case of death is included in Resident #1's file.

Resident #2 now has a signed Admission Agreement in their file as well as a photograph & instructions in case of death. Guardian has mailed Guardianship paperwork & we should receive same within a week. The Case Manager is working on the supervisory and review conclusions & when completed will put them in the MAR.

The Case Manager will be conducting quarterly reports for each resident which will include, but not limited to, the supervisory and review conclusions.

System Change: No Resident will be moved to the TCR licensed facility until all documentation is complete.

Monitoring: The Manager & RN will ensure that the MARs are all complete with all documentation.

Dates of Corrective Action: 9/18/2014 & 9/19/2014. Resident #1's Guardian will be here 10/06/14. The photos will be taken (if approved by the Residents/Guardians) 10/03/14. The supervisor and review conclusions will be complete by 10/31/14

T 078

Action: The Manager sent a report to both Licensing & Protection as well as APS on 9/16/14. The employee in question was brought in to the office to discuss the issue as well as train him on Resident Rights & the possible negative effects such bantering can have on Residents. We held a staff meeting & everyone who attended was given a copy of the Resident Rights in which we discussed & they signed off on their copy which was then filed.

System Change: If there is a report of abuse of any kind it will be reported immediately to Licensing & Protection as well as APS.

Monitoring: This has been discussed during a staff meeting & staff will be reminded of same. Any reports will be dealt with immediately.

Dates of Corrective Active: 9/16/14

Vermont Division of Licensing & Protection
Eagle Eye Farm
Plan of Correction # 2

T 079

Action: The Manager sent a report to both Licensing & Protection as well as APS on 9/16/14. The employee in question was brought in to the office to discuss the issue as well as train him on Resident Rights & the possible negative effects such bantering can have on Residents. We held a staff meeting & everyone who attended was given a copy of the Resident Rights in which we discussed & they signed off on their copy which was then filed.

System Change: If there is a report of abuse of any kind it will be reported immediately to Licensing & Protection as well as APS.

Monitoring: This has been discussed during a staff meeting & staff will be reminded of same. Any reports will be dealt with immediately.

Dates of Corrective Active: 9/16/14

T 086

Action: Resident #1's Guardian is coming 10/6/14 & will sign the Admission Agreement. Resident #2's Admission Agreement is now in their respective file.

System Change: Before a Resident is moved to the TCR facility all documentation to include the Admission Agreement will be filled out.

Monitoring: The RN & Manager will ensure Resident files are all complete.

Dates of Corrective Action: 9/18/14 & 10/06/14

T 105

Action: A copy of the Resident Rights was posted on all floors 9/15/14. The Grievance Procedure is included in the Resident Rights.

System Change: Before a Resident is moved the Resident Rights/Grievance Procedure will be posted on each floor of the residence.

Monitoring: We will check periodically to make certain the Resident Rights/Grievance Prodedures are still posted.

Dates of Corrective Action: 9/15/14

T 169

Vermont Division of Licensing & Protection
Eagle Eye Farm
Plan of Correction # 2

Action: Manager contacted Disability Rights VT to ask for direction. We hired two contractors who researched the ADA requirements & will begin the work starting 10/06/2014.

System Change: We will have a "Common Area" handicap accessible which complies to the rules of the ADA.

Monitoring: The facility will ensure that the "Common Area" is accessible at all times.

Dates of Corrective Action: 10/06/2014 in process.

T 187

Action: Case Manager spoke with an employee who will be conducting all future fire drills. Said employee will record all fire drills in an easy to find folder on the desk top clearly labeled.

System Change: Said employee will conduct fire drills in accordance with the TCR regulations.

Monitoring: Case Manager will check monthly to ensure that the fire drills are being conducted.

Dates of Corrective Action: Next schedtuled fire drill will be on 10/06/14