

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 19, 2013

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

Provider #: 0513

Dear Ms. Alexander:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **May 22, 2013**. 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: ne

Enclosure



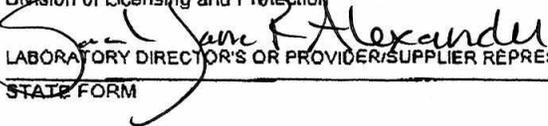
Division of Licensing and Protection

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 05/22/2013
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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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(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
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T 001	INITIAL COMMENTS An unannounced on-site re-licensing survey was conducted on 05/22/13 by The Licensing and Protection. The following are Therapeutic Community Residence regulatory violations.	T 001		
T 003	IV.A.2 Resident Care and Supervision Medication The Director shall assure that all medications and drugs are: a. used only as prescribed by the resident's physician b. 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 record review and confirmed by interview, the Residence failed to assure that all medications taken by 1 applicable resident were used only as prescribed by a physician (Resident #1). Findings include: 1. Per record review on 05/22/13 for Resident #1, a physician order dated 02/07/12 notes a dose reduction to the antipsychotic medication, Risperidone. The order states Risperidone 0.5 mg A.M. and 1 mg. P.M.. Per review of the medication administration record for February, March and April 2013 the medication was not documented as being given as ordered. Per the MAR of May 2013, the order had several hand written notations which made the MAR illegible and unclear as to dose. Per interview on 05/22/13 at 12:15 P.M. the Program Director confirmed that the medication was not given as ordered.	T 003	SEE PLAN OF CORRECTION FOR T003.	

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 STATE FORM 8999

TITLE
Operations Manager
 200811
 (X6) DATE
 24 June 2013
 If continuation sheet 1 of 4

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T 009	IV.B.1 Physical Environment General a. The residence must meet all appropriate provisions of local building codes and zoning ordinances and regulations of the Vermont State Fire Code. b. The residence shall provide a comfortable, sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the TCR failed to provide a safe environment for 1 of 3 applicable residents. (Resident #1) Findings include: 1. During the initial tour on 05/22/12 at 10:00 A.M. Resident #1 lives in a separate out-building, in which only a strobe light on the outside of the building is noted to alert staff of a fire. In addition, the resident has no access to a telephone or other method to alert staff, who sleep in another building, if help is needed. Per record review the resident had a recent seizure in which staff were unable to determine its duration because he was discovered after the event already started. Per interview during the tour, the Program Director stated that "staff make rounds at 8:00 P.M. and then again in the morning around 8 and staff wouldn't know if (Resident) needed help". The Program Director also stated that they were planning on moving the resident from that apartment so it would be safe for this resident.	T 009	SEE PLAN OF CORRECTION FOR T 009	
T 090	VI.2.B.3.b. Common Model Program Standards Treatment Components Process-- Treatment plan	T 090	SEE PLAN OF CORRECTION FOR T 090	

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T 090	Continued From page 2 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. This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 1 of 3 residents at the TCR that contains clear and concise statements of at least the short term goals the resident will be attempting to achieve or a time schedule for their fulfillment or reassessment. (Resident #1) Findings include: 1. Per record review on 05/22/13 for Resident #1, 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, nor time schedules for their fulfillment or reassessment. Per interview on 05/12/13 at 2:00 PM the Program Director Manager confirmed there was no treatment plan that identified goals or a time frame for completion.	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	T 101	SEE PLANS OF CORRECTION FOR T 101	

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T 101	<p>Continued From page 3</p> <p>dated.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the TCR failed to ensure all residents' records were safeguarded and protected from tampering or unauthorized disclosure of information for 3 of 3 residents and all entries in the resident record are signed and dated for 1 applicable resident. (Residents #1, 2 & 3) Findings include:</p> <p>1. a) During the initial tour on 05/22/13 at 10:00 A.M. the electric records [via computer] were noted to be in an office shared by staff and nursing, away from the main building. The building also shares space with a tool/machine shop that is used by others. The Program Director stated that when staff are not in this office the door is locked. During review of the medication reconciliation, in that office later in the morning, the nurse surveyor observed that the computer with an electronic record was visible on the screen. Although the door was locked, the outside window was not locked and additionally would be visible to residents or visitors who would enter the room.</p> <p>b) The record for Resident#2 contained a summary plan was not signed and dated.</p> <p>The Program Director confirmed at 2:00 P.M. that the computers were not password protected and that tampering or unauthorized disclosure of information would be possible, as well as confirmed the unsigned and undated summary report.</p>	T 101		

Plan of Correction

Eagle Eye Farm ID #0513

Pursuant to Survey: 05/22/2013

Report dated: 06/17/2013

T 003 IV.A.2 Resident Care and Supervision- Medication

Eagle Eye Farm (EEF) hired a part time Nurse Manager (RN) 8 hours per week for on-site duty. (Please see attached supporting documents for Job Description, Hiring Letter and Licensure information.) Program Director and Nurse Manager met with Practice Manager, Nurse Manager and other staff of Island Pond Health Center (IPHC), the Primary Care Provider for EEF clients, on Wednesday June 5, 2013 to discuss communication protocols regarding Dr. Orders and MAR reconciliation. EEF has ordered from Fairpoint Communications a dedicated fax line (802-723-4105) to be activated on 6/24/2013, for the purpose of the HIPPA protected transmission of Dr. Orders and visit summaries to EEF Nurse Manager. This procedure is a back-up to the paper in hand copy given to patient/caregiver at each visit. (See attached letter to IPHC regarding this procedure.) The fax machine will be in the same room as patient charts (staff office).

Monthly MAR format is being edited by Nurse Manager to align with current nursing standards, including a new PRN form. The revised MAR will be reconciled with Dr. Orders and signed by the Nurse Manager before being activated each month. Any changes to a client's medication regimen will be reported to Nurse Manager immediately, who will update MAR. The revised MAR and PRN record will be utilized beginning July 1, 2013 (see attached examples).

We have set up an email account for direct service staff and outside providers to contact Nurse Manager with non-HIPPA protected communications: eagleeyefarmnursing@gmail.com, as well as his cell phone number. The purpose of these lines of communication is for on-duty staff to alert Nurse Manager when any medical encounter has occurred or to ask any general questions. This change will be communicated to all staff in memo form at the next staff meetings, scheduled for 6/24/2013 and 6/28/2013. It will be put in permanent form in the next revision of the Staffing Handbook currently underway and due for completion by 8/1/2013.

Accepted PAC T.003
Susan Emman RN
7/17/13

As noted above, Nurse Manager will be on site each Tuesday and will verify each resident's weekly med tray, updated MAR, and Dr. Order reconciliation. The Nurse Manager will also have the opportunity that day to observe/examine clients for any health issues.

T 009 IV.B.1 Physical Environment

Resident #1 is to be moved to an apartment nearer to staff office during the week of 6/24-6/28/2013. This new apartment is on the ground level and has been inspected by the Fire Marshall. It has fire panel protection, including an outside horn/strobe. The system was tested and certified in May of this year. A land line phone is scheduled to be activated by Fairpoint Communications on 6/20/2013, for communication to staff office. Additionally, we have received verbal (and are in the process of getting written) permission from Resident #1's guardian to use electronic audio monitoring from the hours of 9pm to 7am, to detect possible seizure activity.

Accepted POC T-009
Susan L. Emmons RN
7/17/13

T 090 VI2.B.3.b Common Model Program Standards- Treatment Components Process, Treatment Plan

TBI Team Leader was tasked with developing a Treatment Plan format that would meet L+P standards, separate from TBI Waiver documents. A first draft has already been submitted to the Program Director. Program Director, TBI Team Leader, and Nurse Manager met on 6/21/2013 to review format and content of new Treatment Plans. Program Director and Nurse Manager will approve, sign and date Treatment Plan, upon satisfactory revision to L+P standards, by July 15, 2013. Treatment Plans may be amended as needed by Nurse Manager or Program Director to reflect change in status of a resident. Quarterly review of Treatment Plans and Monthly Progress Reports has been built into scheduled meeting structure (see attached) and will begin on Team Leader meeting of 7/19/2013.

Accepted POC T-090
Susan L. Emmons RN
7/17/13

T101 VI.B.6.a Common Model Program Standards- Treatment Components Process- Resident Records

1. a) The computer in question in staff office was configured to be password protected as of 5/28/2013. The outside window was verified to be locked by Program Director on 6/20/13. Residents are not allowed to be in staff office at any time as evidenced by signs posted at door. Additional signs will be installed on all doors as of 6/28/2013. Any visitor to the staff office will have previously signed the EEF confidentiality statement. A memo to this effect shall be posted in two locations of staff office by 6/28/2013, also restating the locked door policy. This policy will be made permanent by inclusion into the Staffing Handbook revision to be completed by 8/1/2013.

1. b) Summary plans and Treatment Plans will be signed and dated at the Quarterly Review, by the Nurse Manager and Program Director, starting July 19, 2013 and forward, per the schedule (see attached), and as needed as updates to the Treatment Plan occur.

Accepted POC T-101
Susan L. Emmons RN
7/17/13