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

March 20, 2014

Ms. Deborah Betts, Administrator
Hundred Acre Homestead
171 Gould Hill Road
Worcester, VT 05682

Provider #547

Dear Ms. Betts:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site complaint investigation conducted on **February 18, 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:ne

Enclosure

Division of Licensing and Protection

RECEIVED Division of MAR 19 14 Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	547	A. BUILDING: _____ B. WING _____	C 02/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNDRED ACRE HOMESTEAD	171 GOULD HILL ROAD WORCESTER, VT 05682

(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 This REQUIREMENT is not met as evidenced by: An unannounced on-site complaint investigation was conducted by the Division of Licensing on 02/18/14. The following are Therapeutic Community Residence (TCR) regulatory violations.	T 001		
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 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 staff interview and on record review the residence failed to determine in 3 of 3 records reviewed if the resident had any form of advance directive and to explain to the residents that they have a right to formulate, or not to formulate an advance directive.(Residents #1, #2, #3) Findings include: During record review on 02/18/2014 it was discovered that the resident admission agreement for three residents, Resident #1, Resident #2 and Resident #3 did not include	T 009	ID PREFIX TAG T 009 PLEASE SEE ATTACHED SUMMARY PLAN OF CORRECTION	July, 2013

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah W. Bentz — TITLE: DIRECTOR — (X6) DATE: 3/15/14

Plans of Correction accepted 3/20/14 SEmmons RN/PMC

PMC

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T 009	Continued From page 1 information whether the residents had an advance directive, or include information offering an explanation to the residents regarding their right to formulate or not to formulate an advance directive. Per interview on 02/18/2014 @ 2:20 PM the Program Director confirmed that the information was not documented and that the admission agreement does not contain information regarding advance directives. Also see T0060	T 009		
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 staff interview and on record review the residence failed to have, in 3 of 3 records reviewed, a copy of the grievance policy in the admissions agreement.(Residents #1, #2, #3) Findings include: During record review on 02/18/2014 it was discovered that the resident admission agreement for three residents, Resident #1, Resident #2 and Resident #3 did not include information on the TCR's grievance policy. Per interview on 02/18/2014 @ 2:20 PM the Program Director confirmed that the information in the admission agreement does not contain the grievance policy.	T 011	ID PREFIX TAG T011 PLEASE SEE ATTACHED SUMMARY PLAN OF CORRECTION March, 2014	

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T 011	Continued From page 2 Also see T0092	T 011		
T 035 SS=D	V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services 5.8 Medication Management 5.8.a Each therapeutic community residence must have written policies and procedures describing the residence ' s medication practices. The policies must cover at least the following: (1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse. (2) Who will provide the professional nursing delegation if the residence administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the residence. (3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or	T 035		

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T 035	Continued From page 3 unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. (8) Procedures for assessing a resident ' s ability to self-administer and documentation of the assessment in the medical record This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to have policies and procedures describing all the residence's medications practices. This has the potential to effect all residents Findings include: Per interview on 02/18/14 at 8:45 AM the Therapeutic mentor stated that all residents can self-administer their own medications with staff assistance, therefore there is no nursing delegation. S/he also stated that some of the residents are taking psychoactive medications however, was not aware of procedures for monitoring side effects for this type of medications. S/he acknowledged there is no formal procedures for monitoring side effects of psychoactive medications such as an AIMS [abnormal involuntary movement scale] tool. Per interview at 9:38 PM the Director stated that as part of the admissions process staff go over the medications and the residents know what they are, what the medications are for and the side effects. Per record review of three residents in the sample, Resident #1 was identified as not	T 035	I.D PREFIX TAG T 035 PLEASE SEE ATTACHED Summary PLAN OF CORRECTION	TBA in 2014

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T 035	Continued From page 4 being able to safely self-administer his/her own medications. However, there was no assessment in Resident #1's record of the ability to safely self-administer his/her own medications versus staff administering the medications. S/he confirmed there is no nursing staff to delegate medication administration if a resident is unable to safely self-administer and there is no documentation of assessments to see if residents are able to self-administer. The Director confirmed that there is no Policy and Procedures for nursing delegation, assessments for self-administration and procedures for monitoring psychoactive medications. Also see T0042	T 035		
T 042 SS=D	V.5.8.e.1.2.3.4.5. Resident Care and Services 5.8 Medication Management 5.8.e. Staff responsible for assisting residents with medications must receive training in all of the following areas before assisting with any medications from the registered nurse: (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident ' s own care, including the right to refuse medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication,	T 042	ID PREFIX TAG T042 INCLUDED IN ID PREFIX TAG T035	

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T 042	Continued From page 5 dose, time, and route. (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives. (5) The residence ' s policies and procedures for assistance with medications. This REQUIREMENT is not met as evidenced by: Based on record review and interviews staff failed to receive training in all areas of medication management before administering medications for 1 of 3 residents in the sample. (Resident #1) Findings include: 1. Per interview on 02/18/14 at 9:38 AM the Director identified Resident #1 as self-administering his/her own medications with staff assistance. S/he stated as part of the admissions process, staff go over the medications with the residents and they know what they are, what they're for and side effects. The residents ask for their medications but they do not have independent access to their own medications. S/he acknowledged there is no policy or procedures for the basis for determining "assistance" versus "administration" of medications. Per record review, Resident #1's admission treatment plan dated 02/13/13 states "[Resident #1] truly lacks education and understanding of medications/dosing". Per the short term goals states "[Resident#1] needs to develop insight and awareness around identifying and managing the onset of his symptoms and remain medication compliant but gain education around medications and gain an understanding of the proper use	T 042		

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T 042	Continued From page 6 when experiencing emergent symptoms of depression/mania". Additionally, there was no assessment that the resident was able to self administer medications. Per interview at 1:55 PM Director confirmed the lack of policy and procedures for the basis for determining assistance versus administration. Also see T0035	T 042		
T 059 SS=C	V.5.10.a Resident Care and Services 5.10 Records/Reports 5.10.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available on site at the licensed facility for review at any time by authorized representatives of the licensing agency. This REQUIREMENT is not met as evidenced by: Based on interview the TCR failed to have all required records on-site at the TCR. Findings include: Per request at 8:45 AM for the resident's discharged records, the Therapeutic mentor stated that s/he was unable to obtain the discharged records as the records are not kept at the TCR and the Director, who was not on site or available, would have to get them. At 9:38 AM the Director stated that the discharged records were kept at an adjacent building. S/he confirmed at that time that not all records are kept on site and not readily available for review at any	T 059	ID PREFIX TAG T059 PLEASE SEE ATTACHED Summary PLAN OF CORRECTION	March 2014

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T 059	Continued From page 7 time by the licensing agency. Also see T0060	T 059		
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 plan and discharge summary,	T 060		

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T 060	Continued From page 8 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 have a register of admitted or discharged residents, photos of residents and/or advance directives for 3 of 3 residents in the sample. (Residents #1 -#3) Findings include: Per initial interview at 8:45 AM on 02/18/14 the Therapeutic mentor stated that there was no Resident register that includes all admissions to and discharges out of the residence. During record review on 02/18/2014 it was discovered that the residence did not have recent photographs of the residents or documentation of refusals for taking the photographs. Additionally, there was no information whether the residents have advance directives or received information offering an explanation to the residents regarding	T 060	ID PREFIX TAG T060 PLEASE SEE ATTACHED SUMMARY PLAN OF CORRECTION	March 2014

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T 060	Continued From page 9 their right to formulate or not to formulate an advance directive. Per interview of the Director on 02/18/2014 at 2:30 PM confirmed that the residents' records did not have recent photographs of their residents on file, advance directive information nor did the TCR have a register of all admitted and discharged residents. Also see T0009	T 060		
T 085 SS=D	VI. 6.1 Residents' Rights VI. Resident Rights 6.1 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to treat one of three residents in the sample with with considerations and full recognition of the resident's privacy without reprisal. (Resident #1) Findings include: Per review of Resident #1's chart the resident was unable to exercise his/her full rights without reprisal. The Resident was admitted on 02/13/13 however, the Release of Information form allowing the staff to speak with parents and/or the current psychiatrist was dated 12/13/13, eight months after admission. Per a progress note dated 11/6/13 "[Resident] had a satisfying talk... with [Director] about what [s/he] had felt was a violation of [his/her] privacy". Per a weekly	T 085		

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T 085	Continued From page 10 summary note dated 11/13/13/- 11/09/13 "[s/he] felt good about a meeting [with the Director and staff] about a meeting in which [s/he] felt a violation of [his/her] privacy had taken place... [s/he] feels a disconnect and not able to feel safe because of a meeting that took place with HAH staff and [the] parents. Per the Discharged Summary dated 12/14/13 to 12/17/13 states "(Resident #1) expressed great concern about the role the third parties were playing in [his/her] relationship with [the] psychiatrist and [the] decisions regarding medications, this concern prompted (Resident) to revoke the Hundred Acre Home (HAH) Release of Information Form regarding that [s/he] signed allowing other people to talk to [the doctor]." The summary further states " [Director] said that [resident] must sign a new release or [resident] would not be able to stay at HAH...The [Director] advised [resident] [s/he] would have to leave HAH immediately if [s/he] would not sign a new release". Per interview on 02/18/14 at 1:44 PM the Clinical Manager stated that the resident was mad and ripped up the the Release Form that allowed staff to talk to the parents. S/he said that the Release Form was the original and not in the chart but confirmed the current psychiatrist did not have a Release form also. S/he stated that the 12/14/13 Release of Information Form was signed after the Resident was told that one had to be signed or [s/he] would have to leave. Per interview at 1:50 PM the Director confirmed the resident's full rights including privacy and individual consideration were not exercised without reprisal.	T 085		

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T 092	Continued From page 11	T 092		
T 092 SS=C	VI.6.8 Residents Rights VI. Residents Rights 6.8 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the residence failed to have accessible, a written grievance procedure that includes at a minimum, time frames, a process for responding to residents in writing within ten (10) days or alternative residence grievance mechanism. This has the potential to effect all residents. Findings include: During record review on 02/18/14 it was discovered that the resident admission agreement for three residents, Resident #1, Resident #2 and Resident #3 did not include information on the TCR's grievance policy that include at a minimum, time frames and a process for responding to residents in writing within ten	T 092		

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T 092	Continued From page 12 (10) days. Per observation during the tour on 02/18/14 at 9:15 AM no grievance procedures as listed above were displayed in a prominent public place. Per interview on 02/18/2014 @ 2:20 PM the Director confirmed that the information in the admission agreement does not contain the grievance policy as required. Also see T0011	T 092		
T 094 SS=D	VI. 6.10 Residents' Rights VI. Residents' Rights 6.10 Residents have the right to obtain the opinion of a consultant at the resident ' s own expense. 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to protect personal information for 1 of 3 residents in the sample (Resident #1) Findings include: Per record review there was no signed Release	T 094		

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T 094	Continued From page 13 of Information Form from Resident #1 allowing the TCR to speak to the Psychiatrist. There was a Release of Information Form dated 12/14/13 allowing the TCR to speak to the parents, however, there were emails dated 11/06/13, a month prior, to the parents and doctor from the TCR. Per a progress note dated 11/6/13 "[Resident] had a satisfying talk... with [Director] about what [s/he] had felt was a violation of [his/her] privacy". Per a weekly summary note dated 11/13/13/-11/09/13 "[s/]he felt good about a meeting [with the Director and staff] about a meeting in which[s/he] felt a violation of [his/her] privacy had taken place. ...[s/he] feels a disconnect and not able to feel safe because of a meeting that took place with HAH staff and [the] parents. Per the Progress note dated 12/07/13 states "[resident] felt betrayed by [the] doctor this week when the doctor met with third parties to discuss [the resident] without [his/her] prior knowledge or consent". Per interview on 02/18/14 at 1:44 PM the Clinical Manager stated that the resident was mad and ripped up the the Release Form that allowed staff to talk to the parents. S/he said that the original Release Form was not in the chart and confirmed the current psychiatrist did not have a Release form. S/he stated that the 12/14/13 Release of Information Form was signed after the Resident was told that one had to be signed or [s/he] would have to leave and acknowledged that the resident's rights to privacy was not allowed. Per interview at 1:55 PM the Director confirmed the resident's full rights including privacy and individual consideration were not allowed. Also see T0085	T 094		

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
	547	A. BUILDING: _____ B. WING _____	C 02/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNDRED ACRE HOMESTEAD	171 GOULD HILL ROAD WORCESTER, VT 05682

(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

ID Prefix Tag: T 009

6. ADVANCE DIRECTIVE

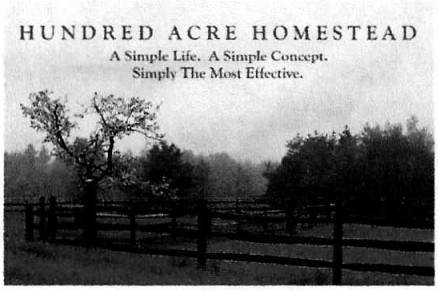
An Advance Directive is a document that contains specific instructions that guide physicians and health care providers. It informs physicians and health care providers of treatment preferences in the event that an individual loses the ability to communicate for themselves.

Please note that under state law, Residents have the right to formulate, or not to formulate, an advance directive; please notify HAH if the Resident has an advanced directive in place. A copy of the Advance Directive is required upon intake, if applicable.

Dated this _____ day of _____, year of _____.

_____	_____
Resident Signature	Responsible Party Signature
_____	_____
Print Name	Print Name
_____	_____
Date	Date

ID Prefix Tag: TOII



171 Gould Hill Road
Worcester VT 05682
802-225-1327

GRIEVANCE PROCEDURE FOR RESIDENTS

If you believe you are not being treated properly by the Director or staff, you are encouraged to express that grievance to the Director of Hundred Acre Homestead. Please record the grievance in writing.

The Director will listen to the grievance and suggest a resolution. The Director will respond to the grievance in writing within a week's time. If you are not comfortable bringing the grievance to the director, please contact one of the principal owners, Jamie or Todd Murphy. You have a right to have an advocate present on your behalf at any stage of the procedure.

In addition to, or as an alternative to, The Homestead's Grievance Procedure, Residents have access to Disability Rights Vermont: 141 Main Street STE #7, Montpelier, VT 05602; (802)229-1355. Or the Office of the Long Term Care Ombudsman at 7 Court Street, Montpelier, VT, 05601; (800)889-2047.

_____
Signature of applicant

_____
Date

Hundred Acre Homestead (HAH)
Plan of Correction
To isolated deficiencies found during an on-site complaint investigation on 2/18/2014

T 009 V.5.2.d Resident Care and Services

5.2 **Admission Agreement** ***Advance Directive***
Plan of Correction Complete date: July, 2013

Mention of a Resident's Advance Directive was added to The Homestead's Admission Agreement in July of 2013, following the state's educational meeting on 7/24/13 about the new TCR regulations. * A new, separate paragraph noting an Advance Directive was added to The Homestead's Admissions Agreement on 3/2014 as a ***plan of correction*** to reemphasize a Resident's right to an Advance Directive as per ID Prefix Tag T 009. Please see example attached: page 8 of The Homestead's Admission Agreement.

T 011 V.5.2.f Resident Care and Services

5.2.f **Admission Agreement** ***Grievance Policy***

The Homestead always includes a copy of the Grievance Procedure as part of the initial admission paper work. In July of 2013, after the State's informational meeting, The Homestead updated the Grievance Procedure to include a specific time frame of one week, The Director will respond to the grievance in writing and it further offers additional information as an alternative to, The Homestead's Grievance Procedure:
Please see example attached: The Homestead's Grievance Procedure.

Plan of Correction to deficiency 5.2.f. Complete date: March, 2014

This document will now be included in ***Admission Agreement*** rather than a separate document the individual signs during their intake.

T 035 V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services
T 042 V.5.8.e.1.2.3.4.5

5.8 **Medication Management**

Plan of Correction Complete date: TBA in 2014

Items 1-3: The Director has recently contacted the VT VNA to explore the financial cost and contract to hire a Register Nurse who would come on site 2-4 hrs/week

to oversee medication administration for those residents who take medications. This will include training of all staff in the proper overseeing of medication to residents at scheduled times, documentation of such overseeing, and supervision. The RN will also handle overseeing and assisting residents each week to restock their med trays and manage prescription refills. In addition, this RN will train and delegate HAH staff to be able to provide medication administration assistance to any resident who is unable to self-administer. That delegation will be up to the RN's discretion.

Item 4: HAH recommends that each new resident use the local Rite-Aid in Montpelier for obtaining their prescriptions. The reason for this is location and hours: they are open 7 days/week and until 9 PM on 6 of those days. However, if any resident chooses to receive their medications through the mail or prefers a pharmacy different from Rite Aid, HAH has always complied with their request and will continue to do so.

Item 5: Please see attached MAR (***Medication Attendance Record***) forms: They include: 1. Main sign off form. 2. The double check form. 3. The med notes form. 4. The communications with their Psychiatrist form. 5. The PRN record. 6. The off-site PRN form. These forms support documentation of medication.

Item 6: HAH's House Manager has been the delegated staff member who has disposed of unused and expired medications. The last drop off date was summer of 2013; designated "drop off" location was The Kinney Drug Store in Berlin, Vermont with a Police officer monitoring the drop off. Moving forward: ***The RN will be responsible for the disposal of the unused/expired medications or, under their supervision, delegate appropriate HAH employee***.

Item 7: HAH shall put together ***a binder (supervised by RN) that lists side effects of psychoactive medication*** taken by the Residents. The binder will be updated and new information will be added as they come in, to function as a quick reference guide and knowledge center. This supports residents in their own discernment of side effects if/when experiencing them, and gives staff a foundation for understanding and monitoring them. It will also support communication with the RN, Psychiatrist or other medical practitioner when called upon in regard to side effects any Resident may be experiencing or staff may be observing.

Item 8: HAH first assesses a resident's ability to self-administer their meds through history provided by the family or the individual, as well as their Psychiatrist and other clinical assessments we receive before we schedule a personal interview. The HAH Application docs also asks about the individual's experience with meds: The Needs Assessment list includes "***Accept medications as prescribed***" as a line item to be rated as either Satisfactory, Unsatisfactory or Needs Improvement.

In addition, as the result of the TCR informational meeting held on July 24, 2013, HAH added to the ***Admissions Agreement*** , page 3, a sample of the state's data collection tool to determine if a resident is "capable of self-adminstration" of medication.

Plan of Correction Complete Date: July, 2013

Please see attached copy of our Admissions Agreement, page 3: e. Medication Supervision
ID prefix Tag T 035

Once a Resident is accepted into The Homestead, their ability to self-administer is monitored at the regularly scheduled times for the taking of their prescribed medications. If a Resident refuses their medications as prescribed, we ask that they fill out a Medication Refusal form and a larger discussion ensues as to the cause of their refusal and the effect it may have on their ability to manage their symptoms while at The Homestead. The Psychiatrist is also consulted for recommendations, and may prescribe a different med or a different delivery format (e.g. dissolving vs. swallowing).

All this is documented through various forms: attached:

1. Medication Refusal form. 2. Medication Notes. 3. Psychiatrist Communication. 4. And, if a change is made by the Psychiatrist it is faxed over and also put in the individual's section of the Medication Administration Record Binder.

T 059 V.5.10.a Resident Care and Services

5.10 **Records/Reports**

5.10.a **Plan of Correction** Complete date: 3/2014

Resident Discharge Records will be moved out of the Administrative Office Building and kept on site at the TCR. For confidentiality purposes they will be double locked; securely stored in a locked storage room and securely locked in filing cabinets. Duplicate keys will be stored in the TCR office; another set in the Administrative Office of the Director.

T 060 V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services

5.10 Records/Reports

(1) Resident Register
Plan of Correction Complete date: 3/2014

The Director will move the ***Resident Register*** Binder (which

includes admissions to and discharges out of the residence) from the Administrative office building to the TCR office which is locked.
Plan of Correction Complete date: 3/2014

(2) viii: A ***current photograph*** of each Resident will be taken (with permission) this month. Moving forward, this will be The Homestead's protocol at the time of Intake. A Photography Refusal form will be signed, dated and respected.
Please see attached Photography Release Complete date: 3/2014

ix. An ***Advance Directive*** Complete date: 7/2013
Refer to ID Prefix Tag T 009 page 1 of 15 revised date: 3/2014

T 085 VI. 6.1 Residents' Rights

6.1 Hundred Acre Homestead (HAH) was specifically founded on a philosophy and mission that promotes individuality, wholeness and a healing path to recovery. Absolutely, under no circumstances whatsoever, would HAH deny, jeopardize, compromise or disrespect an individual's rights to their dignity, individuality, privacy or the ability to exercise their freedom.

A very important part of The Homestead's initial application process is a personal interview with the applicant. During this interview, we clearly define our "team" approach. We explicitly describe our dynamic wrap around support network that most often will include HAH's staff, the psychiatrist and in most cases, the family as the responsible party. Others may be included. Upon Intake ~ all Release of Information for these parties are signed.

- Under no circumstances would HAH call a meeting with anyone's parents, without a release and/or their presence during a meeting. Resident #1's parents were asking for an "***Intervention Meeting***" that would include Resident #1, the parents, the psychiatrist and the HAH team. Before this meeting was set up, HAH's Director was informed by the psychiatrist that he would like a preliminary meeting beforehand with the parents alone. HAH's Director assumed that the psychiatrist would communicate this preliminary meeting to his patient, Resident #1. HAH's Director was not involved in the preliminary meeting with Resident #1, the parents and the psychiatrist.
- On the day of the meeting, HAH's Clinical Director informed Resident #1 of the meeting, assuming that Resident #1 was aware of it. Resident #1 had not been informed by the psychiatrist or the parents and did attend the meeting.
- On the morning of 12/14/13, the Director was notified that Resident #1 shredded The Homestead's releases. The Director came on site and clearly stated to Resident #1 that this would lead to Resident #1's discharge. Resident #1 left the office and returned shortly thereafter. He asked to sign a new release and decided to stay in the program and honor the 30 day written notice he had written earlier that morning.

Plan of Correction ID Prefix T 085 complete date: 3/2014

Please see attached ***new*** forms:

1. ***HAH Revocation of Signed Release Form***
   The following two forms will be added to our Admissions Agreement:
2. ***The HAH Team Approach and Your Private Information***
3. ***HAH Guidelines for Residents who take Psychotropic Medication***

T 092 VI.6.8 Residents' Rights and T 094

6.8 Residents Rights

Plan of Correction ID Prefix T 011 complete date: 7/2013
Revised date: 3/2014

Note: Laminated copies of the ***Residents' Rights*** revised (7/2013) ***Grievance Procedure*** are posted on the Information Board in the entryway of the TCR's building. At the time of the complaint investigation, the ***Grievance Procedure*** was covered up by a "mask" that had been made in art.

As part of HAH's initial application paperwork, ***Residents' Rights*** and ***Grievance Procedure*** are signed and dated on intake and they are filed under separate cover in their binder labeled "Signed Docs". Also included under this label is the signed "Participation in Overall HAH Program Agreement", a copy of the House Rules and a signed "Admissions Agreement".

ID Prefix Tag T 092 VI.6.8 Residents Rights

Plan of Correction: Residents' Rights and Grievance Procedure will be included in HAH's Admission Agreements. Complete date 3/2014

T035 item 5 : # 1

MEDICATION RECORD

MONTH: March 2014 **PAGE:** 1 of 1

Name: Sample **DOB:** **Allergies:**

DATE			TIME	Sa 1	S 2	M 3	T 4	W 5	Th 6	F 7	Sa 8	S 9	M 10	T 11	W 12	Th 13	F 14	Sa 15	S 16	M 17	T 18	W 19	Th 20	F 21	Sa 22	S 23	M 24	T 25	W 26	Th 27	F 28	Sa 29	S 30	M 31
START	11-26-13	Risperidone 1 mg Take 1 tab PO QAM Take 2 tabs PO QHS TOTAL: 3 mg	9A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
STOP			9P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START	9-13-13	Divalproex SOD DR 500 mg (Depakote) Take 3 tabs PO QHS TOTAL: 1500 mg																																
STOP			9P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START	7-26-13	Lorazepam 1 mg **PRN** (Ativan) *(antianxiety)* Take 1 tab up to 4x/day MAX: 4 mg	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
			2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
			3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
STOP			4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START	9-3-13	Risperidone 1 mg **PRN** Take 1 tab as needed for severe agitation MAX: 1 mg																																
STOP																																
START	7-26-13	Zyrtex as needed during allergy season No more than 1 every 24 hours																																
STOP																																
START																																
STOP																																
START																																
STOP																																
START																																
STOP																																
START																																
STOP																																

T 035 Item 5: #2

Staff who administers meds initials under 1st (staff) for every resident. The second staff person on is REQUIRED to double check that every resident was administered his/her medication and must initial under 2nd (staff). Double Check means: check the med tray and make sure that all medications were taken. Open the MAR book and make sure that ALL appropriate boxes were checked off by staff who administered medications.

Example: Kathryn administered PR's AM meds as the 1st staff, and Jason checked that PR was given his meds and the MAR book was filled out as the 2nd staff person.

Friday		
	1st	2nd
PR	KL	JY

WEEK OF:

AM MEDS

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	1st	2nd.	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd

PM MEDS

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd

T035 ITEM 5: #3

MEDICATION NOTES

DATE: _____ **STAFF:** _____ **Re:** ☐ **AM Meds** ☐ **PM Meds** ☐ **Other** _____

DATE: _____ **STAFF:** _____ **Re:** ☐ **AM Meds** ☐ **PM Meds** ☐ **Other** _____

DATE: _____ **STAFF:** _____ **Re:** ☐ **AM Meds** ☐ **PM Meds** ☐ **Other** _____

DATE: _____ **STAFF:** _____ **Re:** ☐ **AM Meds** ☐ **PM Meds** ☐ **Other** _____

DATE: _____ **STAFF:** _____ **Re:** ☐ **AM Meds** ☐ **PM Meds** ☐ **Other** _____

DATE: _____ **STAFF:** _____ **Re:** ☐ **AM Meds** ☐ **PM Meds** ☐ **Other** _____

DATE: _____ **STAFF:** _____ **Re:** ☐ **AM Meds** ☐ **PM Meds** ☐ **Other** _____

T035 ITEM 5: # 4

PSYCHIATRIST COMMUNICATION LOG

DATE/TIME: _____ **STAFF:** _____ **By:** ☐ **Email** *(print and attach)* ☐ **Phone**

Psychiatrist: Dr. Caper • **Resident this concerns:** _____

Summary of Communication:

RESPONSE RECEIVED

DATE/TIME: _____ **STAFF:** _____ **By:** ☐ **Email** *(print and attach)* ☐ **Phone**
☐ **Fax** (*attach)*

Summary of Response:

T035 ITEM 5: #5

PRN RECORD

NAME:____

Date / Time	Medication	Dose	Reason for taking	Initial	Result

T035 ITEM 5 # 6

OFF-SITE AND SLEEP-TIME PRN CHECK IN/CHECK OUT SHEET

NAME	DATE	TIME	PRN	REASON	TAKEN	STAFF INITIAL	RETURNED	STAFF INITIAL

T 035

OVER-THE-COUNTER MEDICATION LIST

NAME _____

Please identify common OTC medications that you take. Once they are approved by Dr. Caper you can continue to use them as needed at The Homestead.

Analgesics:

❑ Tylenol (Acetaminophen) ❑ Advil (Ibuprofen) ❑ Aspirin

Decongestants:

❑ Sudafed ❑ Dayquil/Nyquil ❑ Other_____

Cough Medicine:

❑ Robitussin ❑ Other_____

Stomach Medicine:

❑ Pepto Bismol ❑ Tums ❑ Pepcid ❑ Other_____

Antidiarrheal:

❑ Kaopectate ❑ Imodium AD ❑ Other_____

Seasonal Allergies:

❑ Claritin ❑ Benadryl ❑ Zyrtec ❑ Allegra ❑ Alavert ❑ Other_____

Herbal or "Natural" (Please List):

Approved by_____ Date_____

T 035

Name _____ Tray Fill Date _____ Enough for full tray? ○ yes ○ no
(If no, List refills needed below)

○ Medication ○ Supplement: _____ If supplement where purchased? _____

No. of Refills remaining _____ Expiration Date _____ Times per day _____ No. needed for tray _____

○ Courtesy Refill from Rite Aid ○ Fresh Scrip needed ○ Dr. Caper notified | RA call in by _____ date _____

Needs to be Picked Up By: _____ ○ Rite-Aid Confirmation ○ Dr. Caper Confirmation | Picked up by _____ date _____

○ Medication ○ Supplement: _____ If supplement where purchased? _____

No. of Refills remaining _____ Expiration Date _____ Times per day _____ No. needed for tray _____

○ Courtesy Refill from Rite Aid ○ Fresh Scrip needed ○ Dr. Caper notified | RA call in by _____ date _____

Needs to be Picked Up By: _____ ○ Rite-Aid Confirmation ○ Dr. Caper Confirmation | Picked up by _____ date _____

○ Medication ○ Supplement: _____ If supplement where purchased? _____

No. of Refills remaining _____ Expiration Date _____ Times per day _____ No. needed for tray _____

○ Courtesy Refill from Rite Aid ○ Fresh Scrip needed ○ Dr. Caper notified | RA call in by _____ date _____

Needs to be Picked Up By: _____ ○ Rite-Aid Confirmation ○ Dr. Caper Confirmation | Picked up by _____ date _____

○ Medication ○ Supplement: _____ If supplement where purchased? _____

No. of Refills remaining _____ Expiration Date _____ Times per day _____ No. needed for tray _____

○ Courtesy Refill from Rite Aid ○ Fresh Scrip needed ○ Dr. Caper notified | RA call in by _____ date _____

Needs to be Picked Up By: _____ ○ Rite-Aid Confirmation ○ Dr. Caper Confirmation | Picked up by _____ date _____

The resident and/or responsible party understands that injuries may occur in connection with growth enhancing skills and activities. The resident and/or responsible party acknowledge the inherent risks of these activities.

Initial: _____ (Responsible Party) _____ (Resident)

e. Medication Supervision

Staff will oversee the distribution of prescribed medication at the prescribed time. All medication, including over the counter medications, will be double locked for safety.

State regulations require that we determine if an individual is capable of self administration of their medications. Upon intake The Homestead's Clinical Director will sit with the Resident to review his/her medications.

Please have the Resident complete the following questions:

1. What medications do you currently take, what dose, how often, and for what reason?

Medication	Dose	Frequency	What Reason?

2. Please describe when you would choose NOT to take any of the above medication?

_____

_____

_____

3. Please describe any potential side effects that you know to look out for with your medications.

_____

_____

_____

4. Do you know to let your doctor know if any of the above medications are not working or not adequately managing your symptoms? Yes No

(Resident Initials): _____

ID Prefix Tag T035 page 3
item # 1.

HUNDRED ACRE HOMESTEAD

171 Gould Hill Road
Worcester, Vermont 05682
(802) 223-9122

Date:____/____/____ *Time:_____AM/PM*

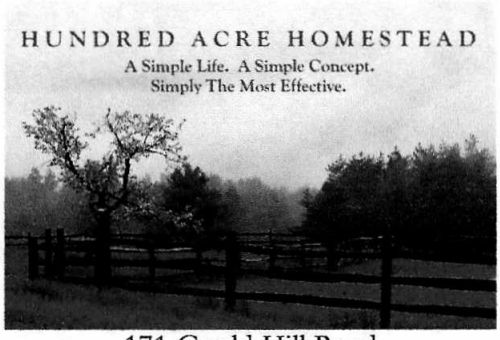
MEDICATION REFUSAL

I, _____, have made a personal decision to Refuse the prescribed medication (s) by Dr. _____. I am entirely aware that this decision is against the medical advice of this Doctor. The medication I am refusing at this time is: _____, in the amount of _____, _____times/day for a total of _____mg per day. I am also aware and I understand there may be consequences to this decision. Therefore, I will not hold Dr. _____or Hundred Acre Homestead responsible for anything that may occur or happen to me or others as a Result of my decision. I understand that this refusal could, in fact, lead to my dismissal from Hundred Acre Homestead

_____ _____

Resident's Signature *Staff Involved (please print)*

ID PREFIX TAG T060
(2) viii.



171 Gould Hill Road
Worcester VT 05682
(802) 223-9122

PHOTOGRAPHY RELEASE

I, _____,

☐ Grant Hundred Acre Homestead, LLC the right to take a photograph of me upon intake, as requested by the State of Vermont: Department of Licensing and Protection, and use it on my cover sheet for identification purposes, as needed.

☐ Grant Hundred Acre Homestead, LLC the right to take and publish photographs of me, or photographs of which I may be included, for advertising, marketing and/ or promotional purposes.

☐ Am exercising my right to refuse any and all photographs of me.

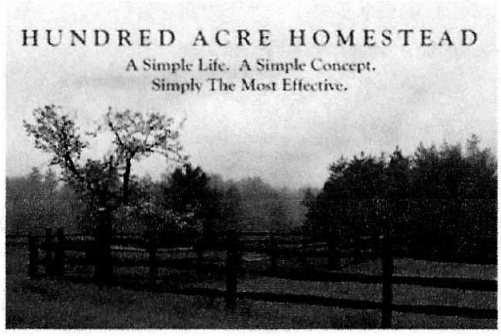
_____ _____

Resident Signature Date

_____

Printed Name

ID PREFIX TAG T085 #1



HAH Revocation of Signed Release Form

I, _____, *(print name)* hereby revoke my permission for HAH to discuss with or release my private information to:

_____.

as of this day _____.

My reasons are as follows:

_____

_____

_____

_____

HAH supports your right to revoke permission for us to discuss your private information with any individual previously released as a member (or members) of your support team. However, it is important to consider the following:

a. if the individual(s) is/are your parent(s) or other family member(s), a further discussion may be necessary to review how this affects their continued support of you at HAH, especially if they are financially responsible for your HAH tuition and have previously desired progress updates from HAH.

b. if the individual named above is your psychiatrist or other prescriber, it adversely impacts our ability to support your medication regimen.

c. if the individual named above is your Primary Care Physician or other medical practitioner, it adversely impacts our ability to support your medical needs.

❑ I have read and understood the above and agree to discuss this Revocation of Release with the Director of HAH. Furthermore, I recognize that if by revoking this permission HAH feels it cannot effectively support me, it could indicate a need for my discharge from HAH.

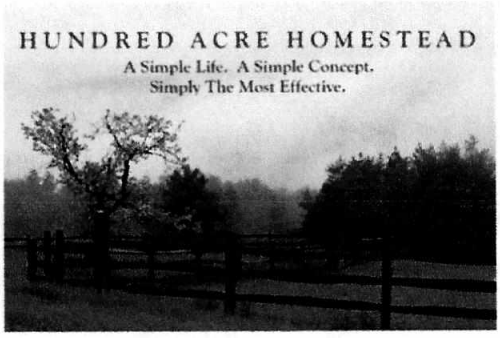
_____ _____

Resident Witness

_____ _____

Director Clinical Director

ID PREFIX TAG T085 #2



The HAH Team Approach and Your Private Information

HAH will only discuss your private information with the members of the team you have identified and for whom you have provided signed releases. If at any time you want to add a new member (e.g. additional family member or outside practitioner), an additional signed release will be required.

If at any time you choose to revoke a signed release for any member of your team, you are required to fill out the HAH Revocation of Release Form. This will then be stapled to the original release showing that you have revoked it. HAH will abide by your decision; however, please consider the following:

a. if the individual(s) is/are your parent(s) or other family member(s), a further discussion may be necessary to review how this affects their continued support of you at HAH, especially if they are financially responsible for your HAH tuition and have previously desired progress updates from HAH.

b. if the individual named above is your psychiatrist or other prescriber, it adversely impacts our ability to support your medication regimen.

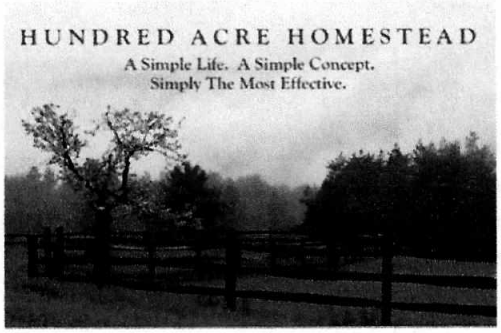
c. if the individual named above is your Primary Care Physician or other medical practitioner, it adversely impacts our ability to support your medical needs.

❑ I have read and understood the above and agree to discuss any Revocation of Release with the Director of HAH. Furthermore, I recognize that if by revoking any permission HAH feels it cannot effectively support me, it could indicate a need for my discharge from HAH.

_____ _____

Resident Witness

ID PREFIX TAC T085
#3



HAH Guidelines for Residents who take Psychotropic Medication

If you are an individual for whom medication is a proven tool for symptom management, we recommend the following guidelines to support your success in our program.

1. We expect that therapeutic dosages have been established prior to your admission to HAH and that you are coming to the program from a point of at least baseline stability, in regard to your experience with medication.
2. We ask that you not engage in medication changes during your first 3 months at HAH, while you are getting to know us and we are getting to know you, and the psychiatrist has the time he or she needs to get to know you and your history with medication.
3. While it may be a personal goal to either drastically reduce or go off your medication entirely, HAH cannot see you through medication changes that have the potential to result in acutely symptomatic behavior. This is especially true if there is a history of instability on lowered dosages. HAH is not an acute care facility and cannot effectively support individuals who desire to radically decrease or discontinue their medication. While we support your right to do this, we recommend you do this away from HAH, at a place where this goal can be more adequately supported. Returning to HAH afterward is certainly an option.
4. The way medication changes can happen at HAH is through slow incremental tapers conducted in agreement with the psychiatrist and monitored closely by HAH staff under the supervision of the RN.
5. We also ask that medication changes not be made in the last 3 months of your time at HAH, when the focus becomes how to apply and practice the stability gained from all your work—in preparation for your upcoming launch into renewed independence.
6. This policy also pertains to those choosing to go into our After Care program, where the foundation of stability achieved at HAH is now being applied actively out in the world to support your continued independence.
7. We recognize that any medication can at some point become a health risk for any individual, especially those that require regular blood or other tests to monitor their impact on body systems. When it is determined by the psychiatrist that reductions in dosage or discontinued usage of a

medication becomes necessary, we will certainly support that without question. We will then work with you and the psychiatrist to monitor the introduction of new medication.

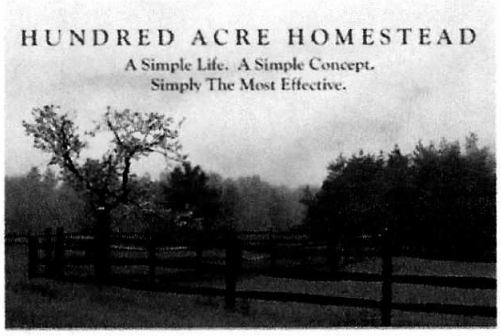
I, _____, have read and understood the above information regarding HAH and changes in my medication. I agree to follow these guidelines while at HAH. If at anytime I no longer feel aligned with these guidelines, I agree to a discussion regarding the best course of action going forward, which may include discharge from the HAH program.

_____

Resident

_____ _____

Director Clinical Director



Hundred Acre Homestead • 171 Gould Hill Road • Worcester, VT 05682 • 802-223-0793

MEDICAL APPOINTMENT FORM

Resident's Name _____ Date _____

Transporting Staff _____

Does this staff person have permission to accompany the resident into the appointment? ❒ yes ❒ no

Reason: ❒ Resident requested it ❒ Service Provider requested it

Resident signature for this permission _____

Service Provider Name _____

Location _____

Symptoms or reason for visit _____

_____

_____

_____

_____

TO BE FILLED OUT BY DOCTOR OR OTHER SERVICE PROVIDER

Summary of today's appointment _____

_____

_____

_____

Special Instructions _____

_____

_____

Follow up Appointment? ❒ yes ❒ no Date _____ Time _____

Signature _____

Please note: It is helpful to us if you can fill this out at the time of the appointment. However, we understand this is not always possible. If that is the case today, please mail it to us at the above address at your earliest convenience, attn: Ceylan Onor. Thank you.