

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 25, 2014

Mr. William Young, Administrator
Maple Leaf Farm
10 Maple Leaf Road
Underhill, VT 05489

Dear Mr. Young:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 17, 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2014
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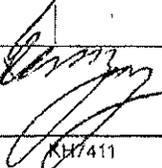
NAME OF PROVIDER OR SUPPLIER
MAPLE LEAF FARM

STREET ADDRESS, CITY, STATE, ZIP CODE
**10 MAPLE LEAF ROAD
UNDERHILL, VT 05489**

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T 001	Initial Comments An unannounced re-licensing survey and complaint investigation was conducted on 06/16/14 - 06/17/14 by the Division of Licensing and Protection. The following are Therapeutic Community Residence regulatory findings.	T 001		
T 035 SS=C	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	T 035		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

7/23/14

Division of Licensing and Protection

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T 035	Continued From page 1 administration. (6) Procedures for disposing of outdated or 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 procedures for assessing a resident's ability to self-administer and documentation of the assessment in the medical record. This has the potential to effect all residents Findings include: Per interview on 06/17/14 at 9:00 AM the nurse stated that all residents can self-administer their own medications with staff assistance. S/he 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 five residents in the sample, there were no assessments in their records of the ability to safely self-administer his/her own medications versus staff administering the medications. S/he confirmed at that time there was no procedure for assessing and no documentation of the assessments in the medical record.	T 035	V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services Action: Maple Leaf has instituted a policy to incorporate an assessment to evaluate an individuals ability to self administer their medications as part of the admission procedure. Each client will complete the assessment at the time of admission to determine ability to self administer medications. All staff that provide medication observation will be trained in administering the assessment and analyzing the data to determine each residents ability to self administer their medications. To compliment the assessment these staff members will also complete a training kit provided by "Care and Compliance" to provide education and training in <u>Assisted Living Medications</u> . Measure: Maple Leaf's Nurse Manager and Clinical Director will oversee both the training implementation and the implementation of the assessment used to evaluate ones ability to self administer medications. The Nurse Manager will work together with two RN's to continuously audit that assessments have been completed by all clients. The staff member administering and evaluating the assessment will determine the clients ability to perform "self administration" of medications. Additionally, a quality measure is set up in the EMR to trigger the event of providing the assessment. A task to administer the assessment will be linked to each client admitted to Maple Leaf.	Policy and Procedure Updated 7/14/14, Assessment Training begins 7/14/14, Assessment implementation begin 7/24/14. Training in Care and Compliance to begin 8/04/14

T035 POC accepted 7/24/14 pmcotarw

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T 052	Continued From page 2	T 052	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services	
T 052 SS=E	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services	T 052		
	5.9 Staff Services		Action: Maple Leaf utilizes E-Learning software to provide both comprehensive and consistent trainings for all employees. Maple Leaf has created a "course bundle" to assign the following courses upon hire and annually to meet this regulation: Abuse and Neglect, Resident Rights, emergency evacuation for staff and residents, infection control measures, supervision for residents, respectful and effective communication, and fire safety	The course bundle will be assigned to all staff July 2014 with a renewal every 364 days. Additionally the course bundle will be assigned to all direct service staff Upon hire.
	5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:			
	(1) Resident rights;			
	(2) Fire safety and emergency evacuation;			
	(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;			
	(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;			
	(5) Respectful and effective interaction with residents;			
	(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and			
	(7) General supervision and care of residents			
	This REQUIREMENT is not met as evidenced by: Based on record review and interviews the residence failed to have documented at least twelve (12) hours of training each year for each		Measures: The E-Learning software has a quality measure allowing the system to communicate with supervisors when deadlines are not met. Supervisors can also run reports and monitor progress at any time. Supervisors are asked to do this on a monthly basis beginning August 2014.	
			T052 ACC accepted 7/24/14 PmcaturRN	

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MAPLE LEAF FARM

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T 052	<p>Continued From page 3</p> <p>staff person providing direct care to residents for 3 of 5 staff reviewed.</p> <p>Based on staff interview and facility staff file review on 06/16/14, the residence failed to demonstrate by documentation that 3 of 5 staff members reviewed had received at least (12) hours of annual training specific to resident rights, fire and safety and emergency evacuation, resident emergency response, mandatory reporting, respectful and effective communication with residents, infection control measures, and general supervision of residents. The Staff Development Coordinator during interview at 3:45 PM stated that although staff have annual trainings "not all the pieces are in place" and supervisors should be checking that the trainings are being completed. S/he confirmed there may not be the 12 hours of the required [therapeutic community residence] trainings.</p>	T 052		
T 092 SS=C	<p>VI.6.8 Residents Rights</p> <p>VI. Residents Rights</p> <p>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</p>	T 092		

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T 092	<p>Continued From page 4</p> <p>alternative or in addition to the residence's grievance mechanism.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the residence failed to update a written grievance procedure that includes at a minimum, an alternative residence grievance mechanism. This has the potential to effect all residents. Findings include:</p> <p>Based on interview and record review, the TCR had a grievance procedure that contained the incorrect telephone number for how to contact the designated Vermont protection and advocacy organization as an alternative or in addition to the residence's grievance mechanism. The Quality Assurance Coordinator confirmed on 06/16/14 at 3:26 PM the the telephone number provided in the grievance procedure was incorrect.</p>	T 092	<p>VI.6.8 Resident Rights</p> <p>Action: Update the greivance procedure to include the upadated phone number for the Vermont Protection and advocacy organization.</p> <p>Measure: All notices posted around the facility and details provided in the Client handbook will be replaced with the updated information.</p> <p><i>T092 PDC accepted 7/24/14 PMC:starn</i></p>	July 2014-complete
T 130 SS=F	<p>VII.7.2.e Nutrition and Food Services</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility had damaged canned goods stored on the shelves. This has the potential to effect all residents. Findings include:</p>	T 130		

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T 130	Continued From page 5 Per observation on 06/16/14 at 10:15 AM during the initial tour, several dented cans were observed in the front of the shelves in the dry goods area. Upon further observation several more were found in the back of the shelves. The cook stated "I eventually send them back" but did not consistently take dented cans off the shelves when re-stocking. S/he confirmed that there were damaged canned goods on the shelves.	T 130	VII.7.2.e Nutrition and Food Services Action: All canned goods are inspected for dates and dents. Any item that is delivered to Maple Leaf food service that presents a potential hazard to health (dents, broken seal, missing labels, out dated products) will be removed from the premisis on that day. Those items will not remain on the shelves until the removal, they will be stored in a box in the kitchens office.	July 2014-complete
T 141 SS=C	VII.7.3.i Nutrition and Food Services 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to assure that poisonous compounds (such as cleaning products) are not stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. Findings include: During the initial tour of the residence on 06/16/14 at 10:30 AM, the main dining area area was found to have two bottles of disinfection cleaning products on the same shelf that stored bowls and utensils and immediately adjacent to the warm serving table. The CFO confirmed at that time that the shelf containing cleaning products was adjacent to resident food storage and was without a locking device.	T 141	Measure: The food service director will monitor the removal of items from the shelves and confirm the "discarded goods" box is emptied on a daily basis. T130 POC accepted 7/24/14 Pmestewen	
			VII.7.3.i. Nutrition and Food Services Action: Any cleaning products that are stored in the dining area will be removed from proximity of food. The cleaning products will be stored in the dishwashing area Measure: Signs will be placed in various locations/shelves that are located near the food and food serving stations to warn people not to place any cleaning products or other potentially hazardous items in those locations. The food service manager will oversee a process of visual inspection prior to food going out during meal service, and the maintenance crew will also have this detail added to their weekly inspections.	July 2014-complete

T141 POC accepted 7/24/14 Pmestewen

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T 142 SS=C	<p>VIII. 8.1 Laundry Services</p> <p>VIII. Laundry Services</p> <p>8.1 The residence shall provide laundered bed and bath linens at least once a week.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the facility does not provide laundered bed and bath linens at least once a week.</p> <p>Per interview on 6/16/14 at 1:45 PM, the Chief Financial Officer (CFO) confirmed that residents are encouraged to do their own laundry.</p>	T 142	<p>VIII. 8.1 Laundry Services</p> <p>Action: Maple Leaf has added to its policy that fresh linens and towels will be provided to residents on a weekly basis.</p> <p>Measure: Ensuring this process is the responsibility of the housekeeping team. New policy states that each Monday all beds will be stripped and fresh linens provided, arrangements have been made with our linen delivery company to increase delivery amounts on Friday in preparation for Monday's turn-over service.</p>	7/23- towels were provided to current residents and new admissions. 7/28 begins the first turn-over service
T999 SS=C	<p>Final Comments</p> <p>This REQUIREMENT is not met as evidenced by: 4.14 (f) The residence shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individual wishing to examine the results do not have to ask to see them the residence shall post a notice of the availability of such written reports in a prominent place. If a copy is requested and the residence does not have copy machine, the resident shall inform the resident or member of the public that they may request a copy from the licensing agency and shall provide the address and telephone number of the licensing agency.</p>	T999	T142 PDC accepted 7/31/14 AMSTAR	

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T999

Continued From page 7

Based on observation and interviews the TCR did not have written reports from the recent inspections readily available nor posted in a prominent area. Finding include:

1. Per observation during the initial tour on 06/16/14 at 9:45 AM the recent inspection report was not available or found in a prominent area. Per interview at that time, the CFO confirmed the above information was not posted in a prominent area or readily available.

T999

4.14 (f)

Action: Maple Leaf has created a binder to contain the survey reports as required by this measure. This Binder will be easily accessible by remaining in the Admissions office, a location that all residents have access to immediately upon arrival. The binder will contain the surveys and a notice that a copy can be made available upon request. Additionally, a notice will be posted in the lobby outside of the admissions office indicating that the reports are available for the public to review. Said lobby is the waiting area for new admissions and their families.

projected
08/15/14

Measure: Assuring that the notice remains visible in the lobby and the binder is available in the admissions office is a detail that will be monitored within the weekly maintenance log.

T999 POC accepted 7/24/14 [signature]