

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

January 25, 2012

Mr. Matt Daly, Administrator
Merry Meadow Farm, Inc. - Gray House
366 Upper Plain
Bradford, VT 05033

Provider #: 0521

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 13, 2011**. 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, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

UNAPPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	RECEIVED Division of JAN 17 12	(X3) DATE SURVEY COMPLETED 09/13/2011
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NAME OF PROVIDER OR SUPPLIER MERRY MEADOW FARM, INC -GRAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 366 UPPER PLAIN BRADFORD, VT 05033	Licensing and Protection
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T 001	INITIAL COMMENTS An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection on 9/13/11. The following are regulatory violations:	T 001	See attached Plan of Correction (POC)	
T 002	IV.A.1 Resident Care and Supervision General The Director shall provide every resident with the personal care and supervision appropriate to his/her individual needs. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to assure the personal care and supervision needs for 3 of 3 residents in the survey sample (Resident #1, #2, & #3). Findings include: 1. Per record review on 9/13/11, Residents #1, #2, and #3 were identified as able to self manage their medications. Per initial interview, the Manager confirmed that the home does not employ a nurse for medication oversight stating that all residents self administer medications with staff assistance rather than administration. S/he stated that all residents were not always able to identify medications necessary at the correct times, doses and / or frequencies and could not always verbalize the unintended side effects of all medications which indicates that the residents require administration (nursing oversight) of medication. 2. Per record review on 9/13/11, Resident #1 (admitted 11/8/11) had a single recorded weight on 3/2011. There were no other recorded weights	T 002		

Division of Licensing and Protection

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

STATE FORM

6899

3FU111

TITLE

Director

(X6) DATE

1/2/12

If continuation sheet 1 of 7

AMC

Division of Licensing and Protection

FORM 7170-0102

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2011
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T 002	Continued From page 1 and there was no indication in the record that the resident had refused to be weighed. During interview, the Manager confirmed that the home routinely obtains monthly weights for residents and that this resident has been weighed once in 10 months.	T 002		
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 interview, the Director failed to assure that medication for 2 applicable residents (Resident #2, #3) was properly labeled and / or recorded in accordance with the ' 5 rights of medication safety ' (right drug, right dose, right time, right route, and right person). Findings include: 1. Per record review on 9/13/11, Resident #2 had a physician order for Lorazepam 0.5mg (milligram) - take 1-2 tabs BID (two times daily) PRN (as needed). There was no specific reason for the use of this medication and there was no instruction to guide staff under what circumstances to give either 1 tablet or 2 tablets. This medication was administered as 1 tablet (0.5mg) on 9/6/11 and 9/11/11 for ' sleep ' . During interview, the Manager confirmed that there was no indication for the administration of 1	T 003		

Division of Licensing and Protection

FORM 1100 REV 05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2011
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T 003	<p>Continued From page 2</p> <p>tablet versus 2 tablets nor was a specific reason identified to alert staff under what circumstances this medication should be provided.</p> <p>2. Per record review on 9/13/11, Resident #3 had a physician order for Zyprexa 5 mg tab QD (daily) PRN. This medication order did not indicate a reason for the use of this medication nor was this medication transcribed from the physician order to the MAR (Medication Administration Record). The record also contained a list of several over the counter (OTC) medications signed by the physician that contained no dose, frequency, or reason for administration. During interview, the Manager confirmed that there was no reason for use of the PRN Zyprexa order, that the OTC orders reviewed lacked specific dose, frequency and reason for use and that the PRN Zyprexa order had not been transcribed to the MAR.</p>	T 003		
T 071	<p>VI.1.C.1. Common Model Program Standards</p> <p>. Structural Components Staff</p> <p>The residence shall have written job descriptions for all positions, setting forth the qualifications, reporting supervisor, positions supervised, and duties.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to have developed job descriptions / duties available for review. Findings include:</p> <p>1. Per record review on 9/13/11, there was no written description detailing staff job descriptions / duties. During interview, the Manager confirmed</p>	T 071		

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FORM 1100

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T 071	Continued From page 3 that there are no written job descriptions / duties available at this residence.	T 071		
T 074	VI.1.C.5. Common Model Program Standards Structural Components Staff The residence shall provide training opportunities for each staff member, which might include in-service and formal training. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to provide training opportunities for staff during the prior year. Findings include: 1. Per record review on 9/13/11, there were no documented trainings provided to the staff at this residence. During interview, the Manager confirmed that provision of staff training opportunities had not been completed in the past year.	T 074		
T 076	VI.1.C.7. Common Model Program Standards Structural Components Staff The residence shall have written standards for the evaluation of staff performance. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to develop and/or utilize written standards for staff performance evaluation. Findings include: 1. Per record review on 9/13/11, there were no	T 076		

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T 076	Continued From page 4 policies and procedures available to the Manager regarding the evaluation of staff job performance. During interview, the Manager confirmed that there are no written standards for staff evaluation and that formalized evaluations are not completed.	T 076		
T 089	VI.2.B.3.a. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall reflect steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to develop and/or utilize written standards for staff performance evaluation. Findings include: 1. Per record review on 9/13/11, there were no policies and procedures available to the Manager regarding the evaluation of staff job performance. During interview, the Manager confirmed that there are no written standards for staff evaluation and that formalized evaluations are not completed.	T 089		
T 090	VI.2.B.3.b. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their	T 090		

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T 090	Continued From page 5 fulfillment or reassessment. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to develop specific, clear, concise, time limited treatment plan goals for 3 of 3 residents (Resident #1, #2, & #3) in the survey sample. Findings include: 1. Per record review on 9/13/11, the treatment plans (Direction Plans) for Residents # 1, #2, & #3 did not contain resident specific goals with timeframes for completion or review. During interview, the Manager confirmed that there is no uniform, formalized process that the home uses to evaluate and / or revise goals.	T 090		
T 102	VI.2.B.6.b. Common Model Program Standards Treatment Components Process--Resident Records Resident records shall include the following: 1. intake assessment summary 2. identification of problems and areas of successful life function 3. data from other agencies 4. treatment plans and goals 5. regular progress notes 6. supervisory and review conclusions 7. aftercare plan and discharge summary 8. appropriate medical information 9. client information release form This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to assure that 2 of 3 residents in the survey sample (Residents #2 & #3) had a complete intake summary in the record. Findings	T 102		

Division of Licensing and Protection

FORM 1107-01

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T 102	Continued From page 6 include: 1. Per record review on 9/13/11, there was no initial intake summary available for review for Resident #2. There was no definitive date of admission to the residence in the record. During interview, the Manager confirmed that there was no initial intake summary available in the resident 's record and that s/he was unsure of the original date of admission to the Gray House. 2. Per record review on 9/13/11, there was no initial intake summary available for review for Resident #3. There was not an exact date of admission to the residence in the record. During interview, the Manager confirmed that there was no initial intake summary available in the resident 's record and that s/he was unsure of the original date of admission to the Gray House.	T 102		

**Plan of Corrections per State Inspection dated 9/13/11
Gray House**

IV.A.1 - Resident Care and Supervision (Nursing overview) (T002)

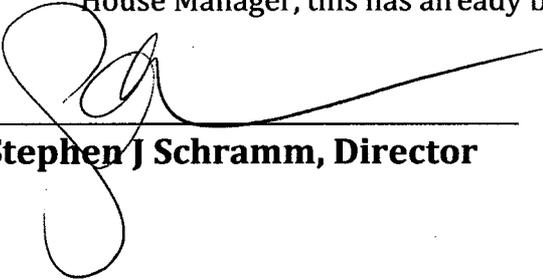
1. Merry Meadow Farm (MMF) has contracted with a private nurse for nursing overview services. June Manley, RN (License # 026.0021362) will provide MMF with medication training and management to satisfy all state medication regulations. Ms. Manley will provide an initial training of staff and monthly follow up visits. Ms. Manley will provide all new staff trainings as hired. Each House Manager will be responsible to review with the nurse monthly. Completion date will be Feb. 15th 2012.
2. All Resident's will be weighed monthly; weights will be recorded and kept in their file.

T002 POC accepted 1/20/12 *AMCoturn*

IV.A.2 - Resident Care and Supervision (Medication) (T003)

1 & 2. All Resident's PRN and over the counter medication orders will be accompanied by instructions on why/when to use it, how to use it and how often to use it. All MAR sheets will be reviewed for accuracy weekly by the House Manager, this has already been put into effect.

T003 POC accepted 1/20/12 *AMCoturn*



Stephen J Schramm, Director

1/2/12
Date

**VI.1.C.1 - Common Model Program Standards (job descriptions)
(T071)**

Job descriptions will be provided to all staff members that do not currently have one. This will be completed by 12/15/11. House managers will use this tool to evaluate employee performances annually.

T071 POC accepted 1/20/12 PmctarPN

**VI.1.C.5 - Common Model Program Standards (staff training)
(T074)**

MMF will set up a yearly schedule in advance for staff training. The first training on OCD and schizo affective disorder is set for November. We will have an outline for the next year in place by 1/1/12

T074 POC accepted 1/20/12 PmctarPN

VI.1.C.7 - Common Model Program Standards (evaluations) (T076)

An annual evaluation for all staff will be completed each year by the house manager with assistance from the program Director; evaluations for 2011 will be completed by December 15th, 2011.

T076 POC accepted 1/20/12 PmctarPN

VI.2.B.3.a. - Common Model Program Standards (treatment plans)

Not correct T#

**VI.2.B.3.b. - Common Model Program Standards (treatment plans)
(T090)**

MMF has amended our treatment plan to reflect time frames for each goal completion or re-evaluation. A new treatment plan will be completed on each Resident by 1/15/12. The House Manager will Monitor intake records for completeness following each admission for a period of 3 months.

T090 POC accepted 1/20/12 PmctarPN

**VI.2.B.6.b. - Common Model Program Standards (Resident Records)
(T102)**

MMF has completed an intake form for initial information, including date of admission for Residents #2 and #3. The intake form will be completed on all new Residents being admitted to MMF.

T102 POC accepted 1/20/12 PmctarPN