

Division of Licensing and Protection
103 South Main Street
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

February 9, 2015

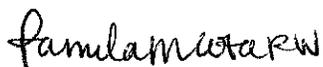
Mr. Matt Daly, Administrator
Merry Meadow Farm, Inc - Gray House
366 Upper Plain
Bradford, VT 05033

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 8, 2015**. 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: 0521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/08/2015	
NAME OF PROVIDER OR SUPPLIER MERRY MEADOW FARM, INC - GRAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 366 UPPER PLAIN BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	Initial Comments An unannounced onsite re-licensing survey and self-report investigation was conducted by the Division of Licensing and Protection on 01/05/15 and completed on 01/08/15. The following are regulatory findings for the Therapeutic Community Residence (TCR).	T 001	Please see attached Plans of correction.	
T 038 SS=E	V.5.8.d.1,2,3,iii,iii.iv. Resident Care and Services 5.8 Medication Management d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider's diagnosis and orders. (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the	T 038		

Division of Licensing and Protection
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____
 TATE FORM _____ JSEB11 _____ 2-3-15
 If continuation sheet 1 of 5

T038-T107 POC's accepted 2/16/15 summons Ref/pme

Division of Licensing and Protection

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T 038	<p>Continued From page 1</p> <p>resident's condition and the effect of medications, as well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the TCR failed to assure that, prior to unlicensed staff administering medications to residents, the RN assess the residents care needs for three applicable residents in the sample. (Residents #1, #2, & #3) Findings include:</p> <p>1. During record review on 01/05/15 of three applicable resident charts (Resident #1, #2 and #3) there was no evidence that an assessment was conducted by the Registered Nurse (RN) for the care needs consistent with the health care provider's diagnosis and orders. During a telephone interview on 01/08/15 at 8:25 AM, the RN stated that assessments were not done and was "not aware that they needed to be done but it makes sense". The RN confirmed that assessments for all care needs consistent with diagnosis and orders were not conducted.</p>	T 038		
T 052 SS=C	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services	T 052		

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T 052	<p>Continued From page 2</p> <p>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:</p> <ul style="list-style-type: none"> (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 <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record reviews, the facility failed to assure that all staff completed the annual training for all of the TCR required trainings. (Five of five staff training records reviewed were incomplete.) Findings include: Per review of staff personnel file, the facility had</p>	T 052		
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T 052	Continued From page 3 not demonstrated 12 hours of staff training for the past year of the trainings specified in the TCR regulations annually. Of the 5 staff records reviewed, none had completed all of the required training specified in the TCR regulations. Per interview on 01/05/15 at 12:45 PM, the Manager acknowledged that "the record-keeping was cumbersome" and confirmed not all the information was found.	T 052		
T 187 SS=E	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the residence failed to ensure fire drills rotate times of day and failed to record the names of participating staff members. Per review of fire drill records on 01/05/15, the fire drills recorded lacked evening and overnight drills. The documentation for the last 12 months	T 187		

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T 187	Continued From page 4 shows mostly afternoon and a morning fire. The evening drill which would consist of hours after dinner and the overnight were not noted. Per interview at 11:45 AM the Manager confirmed the above findings.	T 187		

Helping You Live Your Life



**Plan of Corrections per State Inspection completed on 1/8/2015
Gray House**

**V.5.b.d -Resident Care and Services (Medication Management)
(T038)**

1. A meeting has been scheduled with June Manly, (Nurse), for Feb 4th at 6pm to review new regulations, survey results and to institute a new policy to satisfy current regulations. This was discussed with inspector at time of inspection and authorized. The new policy will be forwarded upon completion, no later than February 11th 2015. Inspector and June Manly have been in direct contact.

See attachment

V.5.b.d - Resident Care and Services (Staff Services) (T052)

MMF has instituted a training schedule (see accompanied) to assure that all staff complete required and additional trainings. See also, training attendance log as tool to track.

IX.9.11c (Physical Plant) (T187)

Gray House Fire drill schedule will consist of drills on the following days at the following times.

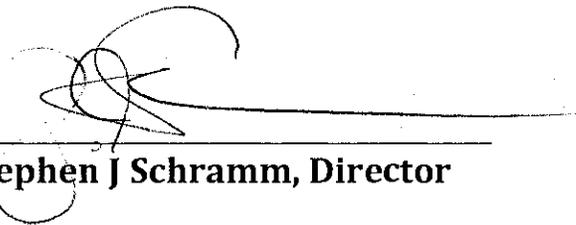
March 20th @ 10am

June 26th @ 6am (overnight shift)

September 24th @ 7pm

December 18th @ 1pm

All 2014 fire drills included staff names as well as Resident names. Copies are available if needed.



Stephen J Schramm, Director

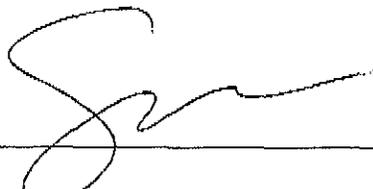
1/27/15

Date

**Plan of Corrections per State Inspection completed on 1/14/2015
Merry Meadow Farm – Gray House**

**V.5.b.d -Resident Care and Services (Medication Management)
(T038)**

1. Upon admission, a nursing care plan will be developed, implemented, and monitored by the RN.
2. RN will be notified by email of any medication additions. Residential staff will monitor for and report any observed side-effects.
3. RN will be notified by email within 24 hours of any significant change in resident status.



Stephen J Schramm, Director

2-9-15

Date