

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

October 5, 2015

Ladonna Hines, Manager  
Merry Meadow Farm, Inc - Main House  
2122 Lower Plain  
Bradford, VT 05033-8936

Dear Ms. Hines:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 29, 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

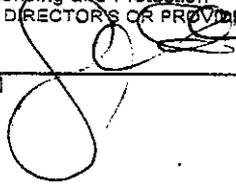


Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 06/29/2015
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NAME OF PROVIDER OR SUPPLIER  MERRY MEADOW FARM, INC - MAIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2122 LOWER PLAIN BRADFORD, VT 05033
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	Initial Comments  An unannounced on-site investigation of a self reported incident was conducted on 06/29/15 by the Division of Licensing and Protection. The following is a Therapeutic Community Residence regulatory finding.	T 001		
T 040 SS=D	V.5.8.5 Resident Care and Services  5.8 Medication Management  5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that staff other than a nurse who administer PRN (as needed) psychoactive medications have a specific written plan which describes the specific behaviors the medication is intended to treat or correct or the specific results of the medication use. This deficiency affected 1 of 2 residents in the total sample. (Resident #1). Findings include:  Per review of the physician orders for Resident #1, the resident had current orders for PRN (as needed) psychoactive medications, (Clonazepam) which were administered by	T 040	<i>See Attached</i>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Director</i>	(X6) DATE 7-16-15
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T040 POC accepted 10/2/15 SEMMUNIS RN/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/29/2015
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NAME OF PROVIDER OR SUPPLIER  MERRY MEADOW FARM, INC - MAIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2122 LOWER PLAIN BRADFORD, VT 05033
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T 040	Continued From page 1  non-licensed staff and there was no required PRN Psychoactive Care Plan to direct staff on the reasons for the use of this medication. The Care Plan must include the specific behaviors being treated or trying to correct and the desired effects. There was no specific behaviors identified nor specific results of the medications other than "anxiety" and "helped" [respectively] on the MAR (Medication Administration Record), during the month of March 2015. These findings were confirmed during interview with the Administrator and Manager for the home at 3:30 PM on 6/29/15.	T 040		

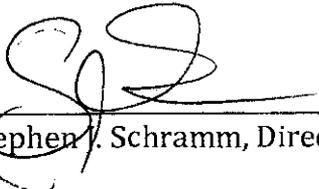
*[Handwritten Signature]*  
7-16-15



**Plan of Corrections per State Inspection dated 6/29/15  
Main Farm**

**V.5.8.5 - Resident Care Services (T001)**

Merry Meadow Farm will utilize a PRN information sheet (see enclosed), which will specify when, how and why psychiatric PRN medication will be utilized. This form will be signed by either the nurse or prescribing physician and tracked/monitored by the nurse. All Residents will have this form completed and in place for each psychiatric PRN medication by 7/24/15.

  
\_\_\_\_\_  
Stephen J. Schramm, Director

7-16-15  
\_\_\_\_\_  
Date

