

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

Ms. Ladonna Hines, Administrator
Merry Meadow Farm, Inc - Main House
2122 Lower Plain
Bradford, VT 05033

Provider #: 0520

Dear Ms. Hines:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 14, 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

FORM 1100-1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ RECEIVED Division of JAN 17 12	(X3) DATE SURVEY COMPLETED 09/14/2011
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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 Licensing and Protection
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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 onsite re-licensing survey was completed by the Division of Licensing and Protection on 9/14/11. The following are regulatory findings:	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 observation, record review and interview, the Director failed to assure that residents requiring medication administration received required nursing oversight. (Resident #1, #3, & #4) Findings include: 1. Per record review on 9/14/11, Resident #1 and Resident #3 were assessed as requiring medication administration versus assistance. Per initial interview, the Manager confirmed that the home does not employ a nurse for medication oversight stating that all residents self administer medications. Per observation of the noon medication pass, Resident #3 and Resident #4 did not correctly identify medications prior to receiving and/or consuming them from an unlicensed staff member. During interview that afternoon, the Manager stated that the home's procedure is to hand the medication to the resident who will read the label and verbalize the contents to the staff person. The resident is not required to identify medications desired in advance. S/he stated that residents were not always able to identify medications necessary at	T 002		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Director</i>	(X6) DATE <i>1/2/12</i>
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STATE FORM 6899 TCD311 If continuation sheet 1 of 6

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Division of Licensing and Protection

FORM 7107-01

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 09/14/2011
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 002	Continued From page 1 the correct times, doses and / or frequencies and could not always verbalize the unintended side effects of all medications at all times. S/he confirmed that Residents #1 and #3 were assessed as unable to identify unintended side effects of their medications and required medication administration (nursing oversight / supervision).	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 all medication and drugs for 3 applicable residents (Resident #1, #2, and #3) were clearly written, transcribed, and/or used only as ordered by the residents physician. Findings include: 1. Per record review on 9/14/11, the most recent orders in the record for medications for Resident #2 were dated 7/6/10 and had expired as an annual renewal is required. The resident continued to receive medications based on the pharmacy delivery rather than confirmed through receipt of physician orders. During interview that afternoon, the Manager confirmed that the record did not include the most recent orders, that the current orders were outdated and that pharmacy	T 003		

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FORM 1107-01

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T 003	<p>Continued From page 2</p> <p>deliveries were being provided to the resident according to the pharmacy label instruction.</p> <p>2. Per record review on 9/14/11, Resident #1 had a new order dated 8/29/11 for Latuda 40mg daily. This medication was not on the medication record and there was no indication that the resident had received this medication from 9/1/11 to the present date (9/14/11). During interview, the Manager confirmed that Latuda was ordered and that it had not been transcribed to the resident ' s medication record to alert staff that this medication should be available to the resident, nor had documentation been completed to indicate that the resident had received this ordered medication.</p> <p>3. Per record review on 9/14/11, the medication record for Resident #1 indicated Clozapine 200mg (milligrams) was to be taken each morning and 600mg at bedtime. The physician order, dated 8/29/11, indicated that Clozapine 100mg was to be taken each morning and 700mg at bedtime. During interview that afternoon, the Manager confirmed that the physician order had not been transcribed to the MAR to alert staff and residents to the change in dose.</p> <p>4. Per record review on 9/14/11, Resident #3 had physician orders for Ibuprofen 400mg every 6 hours PRN (as needed), Tylenol 500mg QID (4 times daily) PRN, Imitrex 100mg ' as directed ' , Soma 350mg daily PRN, and Milk of Magnesia 10ml (milliliters) daily PRN. The orders for Ibuprofen, Tylenol, Imitrex, Soma, and Milk of Magnesia did not indicate reasons for use of these medications. The Imitrex order did not indicate frequency for use. During interview that afternoon, the Manager confirmed that these orders were incomplete and that clarification had</p>	T 003		

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T 003	Continued From page 3 not been sought from the prescribing physician. 5. Per record review on 9/14/11, Resident #2 had an order for Ibuprofen 400mg every 6 hours PRN. The resident ' s medication record indicated that on 8/8/11, 9/2/11, 9/7/11, and 9/8/11 the resident received 600mg of this medication. The medication record also indicated that on 9/8/11 Resident #2 received 2 tablets of Gas Ex. There was no physician order for this medication. During interview that afternoon, the Manager confirmed that the record indicated Resident had received 600mg of Ibuprofen on these dates and that the physician order indicated 400mg should be given. S/he also confirmed that this resident was given Gas Ex without a physician order. 5. Per record review on 9/14/11, the controlled substance record for Resident #5 indicated a gap of 26 days for Lorazepam (a schedule IV medication) reconciliation. Recommended reconciliation of this medication class is weekly. During interview that afternoon, a staff member identified self as the person who usually reconciles controlled medication for this residence and stated that s/he performs controlled substance counts ' when able ' . The staff member was unaware of a regularly scheduled timeframe to reconcile controlled medications. During interview, the Manager confirmed that Resident #5 ' s Lorazepam had not been regularly reconciled and that there was a gap of 26 days between the two most recent reconciliations.	T 003		
T 074	VI.1.C.5. Common Model Program Standards Structural Components Staff The residence shall provide training opportunities	T 074		

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T 074	Continued From page 4 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 9/14/11, 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 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		

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T 089	Continued From page 5	T 089		
T 089	<p>VI.2.B.3.a. Common Model Program Standards</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the residence did not develop comprehensive treatment plans for 2 of 3 residents in the survey sample (Residents#2, & #3) that identified specific steps taken by residence staff to assist the residents with identified needs. Findings include:</p> <p>1. Per record review, each resident (Resident #2, & #3) had identified problem areas that had no specific goals and interventions on the treatment plan (Direction Plan). Resident #2 was identified to have an active, life threatening condition for which treatment was refused; however the Direction Plan contained no information to guide staff around this issue. Resident #3 experiences chronic pain, and a sleep disorder. There was no planned intervention outlined in the Directing Plan regarding these issues. During interview, the Manager confirmed that each of these residents Direction Plans did not identify all necessary care areas and specific staff interventions that might be employed to meet the resident ' s needs.</p>	T 089		

**Plan of Corrections per State Inspection dated 9/14/11
Main Farm**

**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.

T002 POC accepted 1/20/12 JManleyRN

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

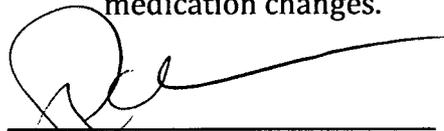
1. Resident # 2 did not have a current order in the book, the order had expired.

MMF procured the proper order while surveyor was doing the inspection. A monthly check of all orders will be done to assure all orders are current.

2. Resident # 1 did not have proper documentation for a medication.

Medication has been properly added to the MAR sheet, MMF is procuring online access from the pharmacy to print off new MAR sheets upon medication changes.

T003 POC accepted 1/20/12 JManleyRN



Stephen J Schramm, Director

1/2/12
Date

3. Resident #1 order for change in Clozaril was not transcribed to the MAR and started.

Medication cannot be started until it is received by the pharmacy. We will ask our Physicians to add, "start order when received from pharmacy", on each prescription.

4. Over the Counter Medications

MMF has procured all new orders for Resident # 3's and #2's over the counter medications. Each Resident will have an over the counter sheet listing all over the counter medications, what they are used for, and at what dosages, and how often. This list will be approved and signed by their physician or have accompanying orders for each.

5. Controlled medications:

MMF will perform a daily controlled drug count for each controlled medication.

T003 POC accepted 1/20/12 P.McotaRN

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 schizoaffective disorder is set for November. We will have an outline for the next year in place by January 1, 2012.

T074 POC accepted 1/20/12 P.McotaRN

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 P.McotaRN

VI.2.B.3.a - Common Model Program Standards (treatment plans) (T089)

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. The House Manager will Monitor intake records for completeness following each admission for a period of 3 months.

T089 POC accepted 1/20/12 P.McotaRN