

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

March 20, 2014

Ms. Debra Olivetti, Administrator
Middlesex Secure Residential Program
1076 Us Route 2
Middlesex, VT 05602-8840

Provider #0610

Dear Ms. Olivetti:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site State Licensure Survey, as well as a complaint investigation conducted on February 24, 2014 and completed on **February 25, 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:ne

Enclosure

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0810 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/25/2014 |
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| NAME OF PROVIDER OR SUPPLIER MIDDLESEX SECURE RESIDENTIAL PROGRAM | STREET ADDRESS, CITY, STATE, ZIP CODE 1076 US ROUTE 2 MIDDLESEX, VT 05602 |
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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 |
|--------------------|--|---------------|---|--------------------|
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| T 001 | Initial Comments An unannounced on-site State Licensure Survey as well as a complaint investigation was conducted on 02/24/14 by the Division of Licensing and Protection and completed on 02/25/14. The following are violations under the Licensing and Operating Regulations for Therapeutic Community Residences (TCR). | T 001 | | |
| T 006 SS=C | V.5.2.a Resident Care and Services 5.2 Admission Agreements 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. The agreement must be written in a format that is accessible, linguistically appropriate, and available in large font. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews the TCR failed to provide for 3 of 3 residents in the sample, a written admission agreement which describes the daily, weekly, or monthly rate to be | T 006 | * See attachment (sent with FAX) ID Prefix TAG# T006 | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Debra Olivetti* TITLE *Director* (X6) DATE *3/18/14*

Plans of Correction accepted 3/20/14 Semmons RN/PMC

PMC

Division of Licensing and Protection

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| T 006 | Continued From page 1 charged. (Residents #1, #2, #3) Findings include: 1. Per record review on 02/24/14, Resident #1, #2, and #3's admission agreements did not contain information that clearly states the daily, weekly, or monthly charges. Resident #1 was admitted on 12/23/13 and the signed admission agreement has a blank space where the amount of room and board was to be noted. Resident #2 was admitted on 01/27/14 and the amount of room and board on the signed admission agreement was left blank. Resident #3 was admitted on 06/19/13 and the signed admission agreement states "monthly rate TBD [to be determined]". Per interview at 11:25 PM the Administrator stated that the amount is not put in until the financial office figures the amount of social security/medicaid payments or other sources of assets/resources. S/he also stated that the admission agreement has been revised last month. S/he confirmed that the signed admission agreements did not contain the daily, weekly, or monthly rate that would be charged. | T 006 | | |
| T 025 SS=E | V.5.5.c Resident Care and Services 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: | T 025 | <i>* See Attachment 10 Prefix TAG # T025 (sent w/ FAX)</i> | |

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| T 025 | <p>Continued From page 2</p> <p>Based on record review and interview the TCR failed to assure that 2 of 3 residents received care and services consistent with physician's orders. (Resident #2 & Resident #3) Findings include:</p> <ol style="list-style-type: none"> 1. Per record review on 02/24/14, Resident #2 was admitted on 01/27/14 and the intake physician's orders dated 01/12/14 states "weekly weights" and the vital signs "blood pressure and pulse QD [every day]". Per review of the treatment administration record [TAR], weekly weights were not taken on 02/01, 02/08 and 02/15/2014. The vital signs were not taken on 01/28 and 01/20/2014 plus 02/03, 02/04, 02/05, 02/06, or 02/15/2014. Per interview at 4:10 PM, the Nursing Manager confirmed that treatments were completed as ordered. 2. Per record review on 02/24/14, Resident #3 did not receive ordered blood work and medications. A 06/12/13 physician order for Zoloft 150 mg QD [every day] was not documented as being given per the Medication Administration Record {MAR} on 07/4, 07/5, 07/6, 07/7, & 07/8/2013. There is no further documentation as to refusal and/or physician notification. A physician order dated 06/28/13 states "Glucose HBA1C and Fasting Lipids". Per the MAR the lab work was to be in conjunction with other ordered bloodwork (CBC with differential) on 10/28/13. Per review of the MAR and lab slip, only the CBC with differential was drawn and reported. There was no Glucose HBA1C or Fasting Lipids found nor marked as being drawn. Per interview the Nurse Manager confirmed the medications as not being given and the ordered blood work not obtained. | T 025 | | |

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| T 062 T 062 SS=F | <p>Continued From page 3</p> <p>V.5.10.b.4 Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b.4 The results of the criminal record and abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to maintain and have on site the results of the criminal record and abuse registry checks for all staff. This has the potential to effect all residents. Findings include:</p> <p>1. During the initial tour on 02/24/14, the nurse surveyor requested information regarding staffing and background checks. The Administrator stated at 10:00 AM that staffing is handled off-site by another office, "which we share personnel". S/he further stated that the Nurse Manager would be able to view the week schedule however there is no weekly posting only the daily schedule which comes over from that other office the night before. Additionally, the background checks are also off site. The nurse surveyor requested a list of staff with hire dates. The TCR was unable to produce this list. The Administrator stated that "most of these staff were hired and work at the old Vermont State Hospital, I am sure background checks were done". S/he confirmed at that time there is no procedure for assuring staff who were hired prior to working at this facility, current and/or newly hired staff have background checks completed prior to working at this facility.</p> | T 062 T 062 | <p><i>*see Attachment 10 Prefix TAG# T062</i></p> | |

ID Prefix Tag # T 006
V.5.2a Resident Care and Services

5.2 Admission Agreements

1) What action we are taking to correct the deficiency;

The attached Admission Agreement has been revised and an Admission Agreement Addendum has been created to verify and document that the exact daily rate has been determined, discussed and agreed to by the resident.

Admission Agreement Addendums are being created for the current residents with their specific daily rates. These Addendums will be reviewed with the residents, signed and placed in their files.

The current residents have also received letters from the Financial Administrator II at the Department of Mental Health informing them and or their representative of the daily rate.

2) What measures will be put into place or what systemic changes we are making to ensure that the deficient practice does not recur;

The revised Admission Agreement and the Admission Agreement Addendum are now included in the Admission Packet and will be reviewed with admitting residents as part of the admission process.

3) How the corrective actions will be monitored;

The corrective actions will be monitored as part of the admission process and included in regular chart reviews to insure compliance.

4) Date Corrective action will be completed.

Corrective actions will be complete by 3/18/14.

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| Facility Name: Middlesex Therapeutic Community Residence (MTCR) | |
| Procedure: Admission Agreement | |
| Replaces Version Dated: 1/3/14 | Effective Date: 03/12/14 |

This is an agreement between _____ and the MTCR. The purpose of this agreement is to explain what services MTCR provides, how they are paid for, and the rights and responsibilities of each resident.

A daily rate will be calculated as your financial responsibility for your stay at the Middlesex Therapeutic Community Residence (MTCR). The **actual charge** for care and treatment is **based on your ability to pay**, which is determined by the Commissioner for the Department of Mental Health or his/her delegate.

Once your individual rate is calculated, we will meet with you again, explain and inform you what you will be charged per day for your care and treatment while at the MTCR, and request that you sign an addendum to the Admission Agreement that includes the exact amount of the daily rate that you will be charged.

Residents who are recipients of Supplemental Security Income (SSI) shall retain \$85.00 from their monthly income to meet their personal needs exclusive of all other rates, fees or charges by the residence. This amount may be used to meet such personal needs as clothing and incidental items, reading material, small gifts, toiletries, occasional foods not provided by the residence and other such items.

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| Facility Name: Middlesex Therapeutic Community Residence (MTCR) | |
| Procedure: Addendum to Admission Agreement | |
| Replaces Version Dated: 1/3/14 | Effective Date: 03/12/14 |

Re: _____

A daily rate of \$_____ has been calculated as your financial responsibility for your stay at the Middlesex Therapeutic Community Residence. This was calculated using financial information provided by yourself, or your representative, as part of your admission process.

I have read and agree to this Addendum to the Admission Agreement

Resident, Payee, or Authorized Legal Representative

Date

ID Prefix Tag # T025**V.5.5.c Resident Care and Services****5.5 General Care****5.5 c**Item 1:

- 1) The treatment records for all current residents were reviewed with physician for medical necessity, for frequency of refusal, and proper completion of documentation. Treatments that were deemed unnecessary by the treating physician were discontinued.
- 2) All labs that are to be obtained will be written as a one-time order and obtained on the day of the order or as soon as possible. If not obtained, MD will be notified for possible change order.
- 3) All vital signs will be recorded on the Treatment Administration Record (TAR) as taken or refused. Refused vital signs will be monitored by the nurse manager and reported to the physician weekly.

Item 2:

- 1) A documentation format has been initiated in the resident progress notes for refusals of medication and treatments, and reasons for refusal. The new format has been reviewed with all staff.
- 2) Current Policy states that the Physician is notified of a refusal or partial dose if the order is written to have immediate notification. Nurse Manger will review all refusals and notify physician weekly.

5.10 Records/ReportsItem 1:

- 1) The two week staffing schedule is e-mailed to the nurse manager on a bi-monthly basis by the off-site staffing office.
- 2) This schedule will be kept in a paper file in the nurse manager's office. The electronic file is accessible by all administrative staff and the facility clerk. The daily schedule (all three shifts) is faxed to each night shift.

ID Prefix Tag # T062
V.5.10.b.4 Resident Care and Services
5.10 Records/Reports

5.10. b.4 The results of the criminal record and abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by:

Based on record review and interview the TCR failed to maintain and have on site the results of the criminal record and abuse registry checks for all staff.

1) What action we are taking to correct the deficiency;

The Middlesex Therapeutic Community Residence will maintain an electronic file that is shared with the Green Mountain Psychiatric Care Center/Vermont State Psychiatric Hospital, which indicates the names of all staff and their hire date. It will also include information as to whether the criminal record and abuse registry check was completed. If no check has been completed, the reason why not completed, if the check has been completed we will include a verification of the date and when it was submitted to Human Resources.

2) What measures will be put into place or what systemic changes we are making to ensure that the deficient practice does not recur;

Employee names, dates of hire, and confirmation of criminal record and abuse registry checks will be maintained and regularly updated for new hires and all staff.

3) How the corrective actions will be monitored;

The electronic file will be monitored by the Director of the Middlesex Therapeutic Community Residence to ensure information is accurate, updated and complete for existing employees and for new hires.

4) Date Corrective action will be completed;

Corrective action will be completed by 4/2/14.