

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

November 2, 2015

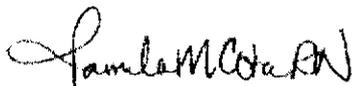
Ms. Celine Blondel, Manager
Next Door
847 Pine Street
Burlington, VT 05401-4924

Dear Ms. Blondel:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 5, 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: 0530	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/05/2015
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NAME OF PROVIDER OR SUPPLIER NEXT DOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 847 PINE STREET BURLINGTON, VT 05401
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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 complaint investigation was conducted on 10/05/15 by the Division of Licensing and Protection. The following is a regulatory finding.	T 001		
T 044 SS=A	V.5.8.g.1.2.3.4.5.6. Resident Care and Services 5.8 Medication Management 5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the residence; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration;	T 044		

Division of Licensing and Protection

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T 044	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the TCR failed to assure there is documentation that medications were administered as ordered and all instances of refusal of medications, including the reason why and the actions taken by the residence for 1 of 5 applicable residents in the sample. (Resident #1) Findings include:</p> <p>1. During review of Resident #1's chart, not all information regarding medication administration was documented. The Medication Administration Record (MAR) had one week [06/27/15 -07/02/15] in which there was no documentation that three prescribed pain medications had been given. In addition, on any given day from 06/05/15 - 07/28/15 shows the medications were usually administered twice a day. The orders were for Tramadol 50 mg 2 tabs three times a day [t.i.d.], Ibuprofen 500 mg 2 t.i.d., and Tylenol 500 mg 2 tabs t.i.d. while awake.</p> <p>Per interview at 1:15 PM, the nurse stated that the resident would often sleep in or decline the medication. The nurse acknowledged that the MAR and or the shift progress notes do not have documentation for the reason for refusals and/or missed medication administration. The Controlled Substance Count sheet, which is conducted on all three shifts by two staff, show that the above pain medications for the week of 06/27/15 - 07/02/15 were given at least twice daily. The nurse confirmed that the MAR for this week was not in the chart.</p> <p>Per interview later in the day the Administrator stated that when the chart is closed the record is</p>	T 044		

A. Blonciel 10/19/15
PROGRAM MANAGER

Division of Licensing and Protection

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T 044	Continued From page 2 pulled apart and then into a large manila envelope and 'maybe got misplaced'. S/he confirmed the above information at that time.	T 044			

NextDoor Program
Plan of Correction 2015

Resident Care and Services

T044 - 5.8 Medication Management -

Action Taken -

- 1) The Program Nurse has standardized a monthly MAR (vs weekly).
- 2) Education has been provided to staff regarding necessity for signatures on all MD ordered medications. If a resident refuses medication or is asleep, then initial will be circles with documentation reflected on the reverse side of the MAR for the reason not given.
- 3) Discharged resident charts will have a checklist to be completed by the staff closing the chart to ensure all paperwork is present and accounted for. Program manager and/ or Nurse will review and file.

Measures put in place to ensure the deficiency does not recur -

The Program Nurse will review all MAR on a weekly basis for 6 months and then monthly thereafter, for consistency and assurance that staff have signed for all scheduled MD ordered medications.

Monitoring -

The Program Manager will meet with the Program Nurse to review findings. Continued education and feedback will be provided to staff at weekly staff meetings.

Completion -

This has been completed

accepted POC T044
Susan S. Emmus RN
10/29/15