

Division of Licensing and Protection
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Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
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April 26, 2011

James Proctor, Administrator
Roy Mountain House
118 Mosquitoville Road
Barnet, VT 05821

Provider ID #:

Dear Mr. Proctor:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 24, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ APR 4 11 Licensing and Protection	(X3) DATE SURVEY COMPLETED 03/24/2011	
NAME OF PROVIDER OR SUPPLIER ROY MOUNTAIN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 118 MOSQUITOVILLE ROAD BARNET, VT 05821		
(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 licensing survey was conducted by the Division of Licensing and Protection on 3/16/11 and concluded after offsite review on 3/24/11. Findings include:	T 001		
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 record review and interview, the Director failed to assure appropriate supervision for 3 of 3 residents in the survey sample (Resident #1, Resident #2, and Resident #3) regarding medication delegation. Findings include: 1. Per record review on 3/16/11, Residents #1, #2, and #3 required medication administration by others. There was no documentation that the agency RN (Registered Nurse) had authorized medication administration through delegation to non-licensed staff. A type-written, unsigned, undated list (with 4 names crossed out and 3 handwritten names added) was produced by the Manager to indicate staff who currently administer medications. During interview that afternoon, the Manager confirmed that the list of staff preparing and dispensing medications to all residents was unsigned and undated by the Nurse.	T 002	— See attached POC.	
T 003	IV.A.2 Resident Care and Supervision	T 003	— See attached POC.	

Division of Licensing and Protection



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Director

(X6) DATE

4-15-11

Division of Licensing and Protection

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T 003	<p>Continued From page 1</p> <p>Medication</p> <p>The Director shall assure that all medications and drugs are:</p> <ul style="list-style-type: none"> 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. <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to assure that all medications and drugs were used only as prescribed for 1 of 3 residents (Resident #1) in the survey sample. Findings include:</p> <ol style="list-style-type: none"> 1. Per record review on 3/16/11, there were no signed physician orders in the record of Resident #1. Per review of the MAR (Medication Administration Record) Resident #1 receives Seroquel 100 mg (milligrams) daily, Seroquel 200 mg at 2 PM and at bedtime, Vitamin D3 daily, Fish Oil 2000 mg TID (three times daily), Magnesium 400 mg daily, and Seroquel 25 mg TID PRN (as needed) for anxiety / agitation. During interview at 1:12 PM, the Manager confirmed that there were no signed medication orders in the record. 	T 003		
T 004	<p>IV.A.3 Resident Care and Supervision</p> <p>Nutrition</p> <ul style="list-style-type: none"> a. Meals shall be attractively served, family style wherever possible, and shall be appropriate to individual needs as determined by age, activity, physical condition and personal preference. b. Each day's meals shall be nutritionally balanced by providing foods from the following 	T 004	- see attached POC.	

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T 004	Continued From page 2 groups: Milk group--Two or more eight-ounce cups (cheese and ice cream supply part of this need) Meat group--Two or more servings (includes meat, fish, poultry, eggs, cooked dried beans and peanut butter) Fruit & Vegetables--Four servings (including a serving of citrus fruit or tomatoes and a dark green or yellow vegetable) Bread & Cereal-- Four or more servings of whole or enriched kinds This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence failed to assure that each day's meals contained a nutritional balance. Findings include: 1. Per observation on 3/16/11, there was no posted menu available describing the daily / weekly menus for breakfast, lunch and/or dinner. Per record review, the home's policy requires the posting of a weekly menu. During interview that date, the Manager confirmed that there were no menus for meals and stated that residents prepared their own breakfast and lunch daily from the facilities' food supplies. Staff are to cook the evening meal. There are no guidelines provided to staff or residents to assure nutritionally balanced meals are offered daily.	T 004		
T 009	IV.B.1 Physical Environment General a. The residence must meet all appropriate provisions of local building codes and zoning	T 009	<i>See attached POC.</i>	

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T 009	<p>Continued From page 3</p> <p>ordinances and regulations of the Vermont State Fire Code.</p> <p>b. The residence shall provide a comfortable, sanitary and safe environment for residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence failed to assure a safe environment for 4 of 4 residents. Findings include:</p> <p>1. During the environmental tour on the morning of 3/16/11, a storage closet on the third level of the residence that contained various household chemicals, including bleach, was unlocked. The Manager confirmed that potentially harmful chemicals were in this closet, that the closet is usually locked and that it was unlocked at the time of the tour.</p> <p>2. Per observation on 3/16/11 at 10:20 AM, and confirmed by the Manager, the refrigerator temperature was 50 degrees Fahrenheit. A second thermometer was placed to verify the reading, both were checked at 2:45 PM and both readings were greater than 50 degrees. The Manager confirmed that no system of routine monitoring was occurring and that staff had no instruction requiring them to report temperatures outside safe food storage ranges.</p> <p>3. Per observation on 3/16/11 at 10:40 AM, the water temperature in the upper floor bathroom was 124.7 degrees Fahrenheit and fluctuated down to 118.2 over the course of approximately 2 minutes. This water temperature finding was confirmed by the Manager at the time of the observation.</p>	T 009		

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T 009	Continued From page 4 4. Per interview and record review on 3/16/11, the residence provides care to a resident (Resident #4) who lives in an adjacent structure. A review of the residence's staffing schedule clearly identifies providers assigned to Resident #4. During interview that morning, the Manager confirmed that Resident #4 is served by residence staff, is managed by the home and is in a living space that has not received life safety inspection nor licensing inspection prior to placement of the resident.	T 009		
T 028	IV.B.3.c. Physical Environment Sanitation : The water supply must be free of contamination and must have sufficient pressure to meet the sanitary needs of the residence at all times. If water is furnished privately by spring or shallow well, it shall be tested and approved yearly by the Vermont Health Department. In no case shall water from lead pipes be used for drinking or cooking. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that the residential water supply is free of contamination. Findings include: 1. Per record review on 3/16/11, there was no record of required water testing for bacterial contamination for licensed facilities with well or spring water. During interview that afternoon, the Manager confirmed that the residence is supplied with well water and that there was no record available that the water had been tested annually as required.	T 028	<i>see attached poc.</i>	

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T 037	IV.B.4.3. Physical Environment Safety: The Director shall ensure that fire drills are held periodically and shall cause residents to leave building(s) by alternate routes from time to time to familiarize them with each of means of egress. An emergency fire evacuation plan shall be developed and posted for each residence and shall be approved by the local or state fire prevention authorities. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to ensure that periodic fire drills were completed. Findings include: 1. Per record review on 3/16/11, there were no fire drill records available. Per review of the NKMHS Developmental Services Program Residential Program Policies, fire drills are required monthly. During interview that afternoon, the Manager stated that some drills had been completed and confirmed that there was no written documentation that any drills had been completed.	T 037	<i>See attached POC.</i>	
T 077	VI.1.C.8. Common Model Program Standards Structural Components Staff The residence shall have regular staff meetings. This STANDARD is not met as evidenced by: Based on record review and interview, the	T 077	<i>See attached POC.</i>	

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T 077	Continued From page 6 residence failed to assure that regular staff meetings are provided. Findings include: 1. Per record review on 3/16/11, there were no documented staff meetings for direct care providers of the residence. During interview at 11:30 AM, the Manager confirmed that staff meetings had not been regularly held and that only two undocumented meetings were offered during the prior year.	T 077		
T 098	VI.2.B.5.b. Common Model Program Standards Treatment Components Process--Supervision and Review A resident's progress and treatment plan shall be reviewed regularly by appropriate staff and where indicated, by the resident(s) concerned. This STANDARD is not met as evidenced by: Based on record review, the residence failed to assure that timely review of the progress and treatment of 1 of 3 residents (Resident #3) in the home was complete. Findings include: 1. Per record review on 3/16/11, the ISA (Individualized Service Agreement) for Resident #3 was significantly overdue. The most recent ISA in the record was dated 8/15/09 to 8/15/10. During interview that afternoon, the Manager confirmed that there was no current ISA in the record, that it was overdue by more than 6 months, and stated that this was being reviewed / revised at the Northeast Kingdom Services level.	T 098	<i>see attached p.c.</i>	
T 102	VI.2.B.6.b. Common Model Program Standards Treatment Components	T 102	<i>see attached p.c.</i>	

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T 102	<p>Continued From page 7</p> <p>Process--Resident Records Resident records shall include the following:</p> <ol style="list-style-type: none"> 1. intake assessment summary 2. identification of problems and areas of successful life function 3. data from other agencies 4. treatment plans and goals 5. regular progress notes 6. supervisory and review conclusions 7. aftercare plan and discharge summary 8. appropriate medical information 9. client information release form <p>This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to assure that the ISA treatment plan and goals of 2 of 3 residents in the survey sample (Resident #1 and Resident #3) was available in the resident's record. Additionally, the RAI (Resident Assessment Instrument) was not available for 2 of 3 residents (Resident #1 and Resident #2). Findings include:</p> <ol style="list-style-type: none"> 1. Per record review on 3/16/11, there was an ISA (Individualized Service Agreement) which includes treatment plans and goals dated 8/15/2009 to 8/15/2010 in the record of Resident #3. There was no updated version of the ISA available for staff instruction. During interview that afternoon, the Manager confirmed that the annual ISA review in the record was outdated and stated that this was currently being reviewed by agency staff. 2. Per record review on 3/16/11, there was an Emergency Fact Sheet for Resident #1 dated 4/16/10 but there was no ISA in the record. During interview at 2:40 PM, the Manager confirmed that the ISA was not in the record and 	T 102		

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T 102	Continued From page 8 stated that it was kept at the Northeast Kingdom Services offices. 3. Per record review on 3/16/11, there was no completed RAI (Resident Assessment Instrument) regarding the health assessment status for Resident #1 and Resident #2. There was no documentation regarding the admission date of either Resident #1 or Resident #2. During interview that afternoon, the Manager confirmed that the RAI's for Resident #1 and Resident #2 were not in the record and that the admission dates would be found in this assessment tool.	T 102		

Regarding T002:

The nursing department has been notified to provide a current, signed list of medication delegated staff.

This list will be reviewed and updated at every staff training for medication delegation.

The nurse will review the list at each of her weekly audits to assure accuracy.

T002 4-25-11 POC accepted as written. — C. Laraway, RN —

Regarding T003:

All charts will undergo a complete review and rebuild to assure accuracy and integrity.

The nurse will assure that all medication orders are in place and current during her weekly audit.

A residence staff member has been assigned to audit and update charts on a weekly basis. This staff will report to the Director/Manager any needs or deficiencies found and Director/Manager will assure that solutions are immediately put in place.

T003 4-25-11 POC accepted as written. — C. Laraway, RN —

Regarding T004:

A weekly menu of nutritionally balanced meals will be created with resident input. The menu will be in compliance with the nutritional guidelines set forth in the licensing regulations (7.1.b Meal Patterns) and will be posted in the kitchen for all to use. A house meeting will be held to inform residents of the menu and to offer guidance to assist residents in adhering to a nutritionally balanced diet.

A residence staff has been assigned to assure that menus are completed and to maintain a file for the past menus.

A separate staff has been assigned to audit the menu file and report any issues to the Director/Manager.

T004 4-25-11 POC accepted as written. — C. Laraway, RN —

Regarding T009:

- 1) All staff have been informed that this door must remain closed and locked at all times in order to assure resident safety and maintain compliance.

Spring loaded, self closing hinges will be installed along with a positive latching, store room type lock set with no interior locking mechanism. This lock set cannot be placed in an unlocked position. Should a problem arise that prevents the door from closing, all harmful substances contained therein will be relocated to a secure location.

All staff are directed to report any issues with the physical properties of the door that would affect closing to the Director/Manager immediately.

- 2) The refrigerator has been adjusted to a safe temperature and a new thermometer has been placed within. A log for recording temperatures with directions for reporting unsafe temperatures has been placed in the common area for all staff to use.

Staff have been informed of the log book and instructions requiring the reporting of unsafe temperatures. A residence staff has been assigned to check and record all refrigerator and freezer temperatures weekly at minimum.

The Director/Manager will monitor the log weekly and take whatever measure necessary to maintain safe temperatures.

- 3) The hot water has been adjusted to a safe temperature and a log for recording temperatures with directions for reporting unsafe temperatures has been placed in the common area for all staff to use.

Staff have been informed of the log book and instructions requiring the reporting of unsafe temperatures. A residence staff has been assigned to check and record water temperatures weekly at minimum.

The Director/Manager will monitor the log weekly and take whatever measures necessary to maintain safe temperatures.

- 4) Staff will no longer be shared by the separate facilities; they will be specifically scheduled for one facility or the other.

The adjacent structure has a dedicated team leader and is not served under the residence's license.

The Director/Manager will monitor scheduling and inspections to assure that the two facilities maintain separation.

T009 4-25-11 POC accepted as written. — C. Laraway, RD —

Regarding T028:

The water supply will be tested by an approved lab to assure that it meets the standards set by the Vermont Health Department.

The Northeast Kingdom Human Services Maintenance Department will coordinate the annual testing.

The Director/Manager will maintain a file containing results of these annual tests and assure that the tests are repeated annually.

T028 4-25-11 POC accepted as written. — C. Laraway, RD —

Regarding T037:

A residence staff has been assigned to assure that fire drills are conducted periodically on all three working shifts. A log has been placed in a common area for recording of all fire drills and evacuation times.

A separate residence staff has been assigned to audit the fire drill log and assure compliance. The auditing staff member will report to the Director/Manager any discrepancies.

Compliance of the fire drill requirement will be monitored through a combination or oversight by the Director/Manager, life safety inspections and yearly surveys by the Division of Licensing and Protection.

T037 4-25-11 POC accepted as written. — C. Laraway, RN —

Regarding T077:

Staff meetings will be scheduled quarterly at a minimum.

An agenda and notes from each meeting will be maintained in a file held by the director.

This file will be monitored by yearly survey of the Department of Licensing and Protection

T077 4-25-11 POC accepted as written. — C. Laraway, RN —

Regarding T098:

All charts will undergo a complete review and rebuild to assure accuracy and integrity. The current I.S.A. was already complete and has subsequently been added to the chart. A residence staff has been assigned to update charts as needed.

Service coordinators will check and update charts with current documentation during monthly visits.

A residence staff member has been assigned to audit and update charts on a weekly basis. This staff will report to the Director/Manager any needs or deficiencies found and Director/Manager will assure that solutions are immediately put in place.

T098 4-25-11 POC accepted as written. — C. Laraway, RN —

Regarding T102:

- 1) All charts will undergo a complete review and rebuild to assure accuracy and integrity. The current I.S.A. was already complete and has subsequently been added to the chart. A residence staff has been assigned to update charts as needed.

Service coordinators will check and update charts with current documentation during monthly visits.

A residence staff member has been assigned to audit and update charts on a weekly basis. This staff will report to the Director/Manager any needs or deficiencies found and Director/Manager will assure that solutions are immediately put in place.

- 2) All charts will undergo a complete review and rebuild to assure accuracy and integrity. The current I.S.A. was already complete and has subsequently been added to the chart. A residence staff has been assigned to update charts as needed.

Service coordinators will check and update charts with current documentation during monthly visits.

A residence staff member has been assigned to audit and update charts on a weekly basis. This staff will report to the Director/Manager any needs or deficiencies found and Director/Manager will assure that solutions are immediately put in place.

- 3) Our nurse has been notified to complete these assessments in conjunction with the Service Coordinator and include them in their respective chart.

The nurse and service coordinator will check and update the charts as needed during their periodic visits and or audits.

A residence staff member has been assigned to audit and update charts on a weekly basis. This staff will report to the Director/Manager any needs or deficiencies found and Director/Manager will assure that solutions are immediately put in place.

T 102 4-25-11 POC accepted as written. — C. Laraway, RN —