VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

August 27, 2014

Mr. William Gilding, Administrator
Roy Mountain House
118 Mosquitoville Road
Barnet, VT 05821-9534

Dear Mr. Gilding:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 17, 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:jl

PRINTED: 07/31/2014
FORM APPROVED

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 546 | | C 07/17/2014 |

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 |
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| T 001 | Initial Comments<br><br>An unannounced onsite re-licerising survey and an investigation of self reports and a complaint were conducted from 07/14/14 through 07/17/14 by the Division of Licensing and Protection. The following are regulatory deficiencies as a result of the survey of the Therapeutic Community Residence (TCR). | T 001 | | |
| T 028 SS=D | V.5.6.c Resident Care and Services<br><br>5.6 Health Care Provider Services<br><br>5.6.c The resident's health care provider shall be notified whenever the resident has refused medical care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview the TCR failed to notify the Resident #3's health care provider of the refusal for medical care. Findings include:<br><br>Per review of the Critical Incident Report (CIR) dated 06/20/14 at 8:52 PM, Resident #3 was engaged in a verbal altercation with a housemate [Resident #1] which led to the housemate choking Resident #3. Support workers were able to disengage the two residents. The CIR notes Resident #3 was unable to breathe and took some time to become cognizant of surroundings. Resident #3 refused medical attention. The report also notes bruising about the neck and abrasions on the arm. There is no documentation that Resident #3's health care provider was notified of the incident and the refusal for medical care. Per interview on 07/15/14 at 2:51 PM the, DRS (Director of Resident Services) stated the | T 028 | See attached P.O.C. | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director of Residential and Risk Management — (X6) DATE: 8/22/14



T028 - T099 POC's accepted 8/25/14 Simmons RN/ame

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| T 028 | Continued From page 1<br><br>guardian said it was ok to refuse medical care but confirmed the health care provider was not notified.<br><br>Also see Tag T-0080 | T 028 | | |
| T 038 SS=E | V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services<br><br>5.8 Medication Management<br><br>d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:<br><br>(1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider's diagnosis and orders.<br><br>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.<br><br>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:<br><br>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;<br><br>ii. Establishing a process for routine communication with designated staff about the resident's | T 038 | See attached P.O.C. | |

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| T 038 | Continued From page 2<br>condition and the effect of medications, as well as changes in medications;<br><br>iii. Assessing the resident's condition and the need for any changes in medications; and<br><br>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, interviews and observation the TCR did not follow some of the required elements for medication administration by unlicensed staff. Findings include:<br><br>During the initial tour on 07/14/14 at 10:30 AM, the Licensed Practical Nurse (LPN) stated that unlicensed staff have been delegated to pass medication to the residents and staff will call for any issues related to resident's conditions and medication questions. However, the following were noted:<br><br>a). Per review of the medication delegation list and interview with the Registered Nurse (RN) at 12:05 PM, it was acknowledged the delegation of medication administration was performed by the LPN. The RN stated that s/he checks a [written] test while [the LPN] will watch the actual passing of medications. The RN confirmed that the registered nurse did not delegate the responsibility for the administration of specific medications to designated staff for designated residents.<br><br>b) Per review of one resident's chart (#1) the | T 038 | | |

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| T 038 | Continued From page 3<br><br>resident did not receive PRN medications as ordered. Per an 'Incident Documentation' note dated 07/12/14, it states that the resident became angry after being told by staff that "it would be against policy and illegal" to provide additional pain medication for foot pain. The physician orders dated 04/29/14 state "Tylenol 325 mg , 2 tabs up to 3 in 24 hours. Ibuprofen 200-400 mg every 6-8 hours -not to be given concurrently with Tylenol, space at least 2 hours apart". Per review of the Medication Administration Record (MAR) shows the resident received Ibuprofen on 07/12/14 at 7:00 A.M. and no Tylenol. However, the Ibuprofen order on the MAR was written incorrectly which reads as 'Ibuprofen 400 mg 2 tabs PRN oral' there are no further instructions as noted by the physician's order.<br><br>Per interview with support staff on 07/15/14 at 4:00 PM confirmed that the MAR was incorrectly written. Per interview on 07/17/14 at 10:25 AM the staff person who wrote the incident documentation and administered the medication stated "I gave [resident #1] some Ibuprofen at 7 AM and around 9:30-10 AM [S/he] asked again for some pain medication, I told [resident] that [S/he] can get more around 1:00 PM. I go by the med sheet and I was not aware [S/he] could get Tylenol in between... I didn't see that information on the MAR". Per interview on 07/17/14 at 11:15 AM the RN stated "I do ask that they call with any concerns and that doesn't always happen and I do see that the MAR was transcribed incorrectly and I would have directed staff to give the medication [Tylenol] at that time." The RN confirmed staff did not follow physician's orders, did not call about the resident's condition and the MAR was not transcribed correctly. | T 038 | | |

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| T 052 | Continued From page 4 | T 052 | | |
| T 052 SS=E | V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services<br><br>5.9 Staff Services<br><br>5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:<br><br>(1) Resident rights;<br><br>(2) Fire safety and emergency evacuation;<br><br>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;<br><br>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;<br><br>(5) Respectful and effective interaction with residents;<br><br>(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and<br><br>(7) General supervision and care of residents<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interviews, the residence failed to document at least twelve (12) hours of training each year for each staff person | T 052 | See attached P.O.C. | |

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| T 052 | Continued From page 5<br><br>providing direct care to residents for 6 of 6 staff reviewed.<br><br>Based on staff interview and facility staff file review on 07/15/14, the residence failed to demonstrate by documentation that 6 of 6 support staff reviewed had received at least (12) hours of annual training specific to resident rights, fire and safety and emergency evacuation, resident emergency response, mandatory reporting, respectful and effective communication with residents, infection control measures, and general supervision of residents. The Director of Resident Services (DRS) during interview at 3:45 PM stated that although staff have annual trainings "not all the required subjects are tracked." The DRS confirmed " there may not be the 12 hours of the required [therapeutic community residence] trainings". | T 052 | | |
| T 060 SS=C | V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services<br><br>5.10 Records/Reports<br><br>5.10.b The following records shall be maintained and kept on file:<br><br>(1) A resident register including all admissions to and discharges out of the residence.<br><br>(2) A record for each resident which includes:<br><br>i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin; | T 060 | See attached P.O.C | |

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| T 060 | Continued From page 6<br><br>ii. The health care provider ' s name, address and telephone number;<br><br>iii. Instructions in case of resident's death;<br><br>iv. The resident ' s intake assessment summary, identification of problems and areas of successful life function;<br><br>v. Data from other agencies;<br><br>vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;<br><br>vii. A signed admission agreement;<br><br>viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);<br><br>ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview, the | T 060 | | |

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| T 060 | Continued From page 7<br><br>residence failed to assure that resident records for 3 of 3 TCR residents contained a recent photograph or declination.. Findings include:<br><br>1. Per record review, the records for Resident #1, #2 and #3 did not contain a photograph, or documentation of the resident's refusal to have his or her picture taken.<br>This was confirmed by the DRS on 07/15/14 at 11:38 AM. | T 060 | | |
| T 078 SS=D | V.5.16.a Resident Care and Services<br><br>5.16 Reporting of Abuse, Neglect or Exploitation<br><br>5.16.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within forty-eight (48) hours of learning of the suspected, reported or alleged incident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interviews and record reviews, the TCR failed to report to the APS within forty-eight (48) hours of learning of a suspected, reported or alleged incident. (Resident #3) Findings include:<br><br>A report of an allegation of employee to resident abuse was reported to Adult Protective Services (APS) on 04/30/14, 5 days after the alleged incident on 04/25/14. Per review on 07/15/14, the TCR's Critical Incident Report (CIR) states that on 04/25/14 the employee reported at end of | T 078 | See attached P.O.C. | |

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| T 078 | Continued From page 8<br><br>shift (8AM) to the Manager about Resident #3's behavior and a physical altercation that morning. The manager then spoke to another support staff who also saw the incident and explained "a significant amount of aggression from both client and support worker". The manager then spoke to Resident #3 in the early afternoon and was shown a small abrasion on the right forearm. The manager further wrote in the CIR "the feedback I received from staff warranted me to call supervisor next day 04/26 and reviewed tape and gathered more information, (DRS) came to house on 04/28/14 and warranted enough that an APS report and critical incident report on 04/30/14 then completed an incident report and APS report that morning". Per review of the TCR's policy and training information, it instructs staff to call immediately regarding reporting abuse, which has some examples of abuse as 'grabbing, hitting, slapping' as possible types of abuse. It also directs staff to report these types of behaviors to the supervisors within 48 hours and that abuse is 'may be an act whereby injury is inflicted upon the consumer by other than accidental means'. The reporting manager was not available for interview at this time. Per interview on 07/15/14 at 11:24 AM the DRS stated "the level of force by the employee was very disturbing and we saw this on the video... the employee is no longer employed...we reported as soon as we realized it was abuse".<br><br>Also see T-0080 | T 078 | | |
| T 080 SS=D | V.5.16.c Resident Care and Services<br><br>5.16 Reporting of Abuse, Neglect and Exploitation | T 080 | See attached P.O.C. | |

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| T 080 | Continued From page 9<br><br>5.16.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring medical intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interviews, the TCR failed to report to the licensing agency (DLP) an incident of a resident-to-resident abuse. (Resident#1 and Resident #3) Findings include:<br><br>Per review of the TCR's Critical Incident Report (CIR), there was an altercation between Resident #1 & #3, which resulted in one resident sustaining abrasions and bruising, and was not reported to DLP. Per review of the CIR dated 06/20/14 at 8:52 PM, Resident #3 was engaged in a verbal altercation with a housemate [Resident #1] which led to the housemate choking Resident #3. Support workers were able to disengage the two residents. The CIR notes "(Resident #3) was unable to breathe and took some time to become cognizant of surroundings, (Resident #3) refused medical attention". The report also notes bruising about the neck and abrasions.<br><br>A report was made to the Department of Developmental Services (DDS) later that same evening, which states that "evidently there is some on-going tension between (Resident #1 & #3) with (Resident #1)"mouthing off" about (Resident #3)'s lack of participating in household | T 080 | | |

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| T 080 | Continued From page 10 | T 080 | | |
| | chores. Things began to escalate. Despite staff efforts to aid the 2 (residents) in staying in different parts of the house a physical altercation ensued with (Resident#1) going through both staff and after (Resident #3) and choking (him/her)." The report also notes that Resident #1 remained in (his/her) room for the evening but continued to make distinct threats against (Resident #3) until they went to bed. No further incidents occurred that evening. The manager noted that extra support staff was added for safety. | | | |
| | Per interview on 07/15/14 at 12:53 PM the DRS stated the guardian, and DAIL [Department of Aging and Independent Living] were notified and stated that DLP was not notified because staff didn't view the incident as abuse and the residents didn't need medical attention. | | | |
| | Also see T-0028 and T-0078 | | See attached P.O.C. | |
| T 092 SS=C | VI.6.8 Residents Rights | T 092 | | |
| | VI. Residents Rights | | | |
| | 6.8 A resident may file a complaint or voice a grievance without interference, coercion or reprisal. Each residence shall establish an accessible written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission and posted in a prominent, public place on each floor of the residence. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing within ten (10) days, and a method by which each resident filing a complaint or grievance will be | | | |

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| T 092 | Continued From page 11<br><br>made aware of the designated Vermont protection and advocacy organization as an alternative or in addition to the residence's grievance mechanism.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the residence failed to have a written grievance procedure posted in a prominent, public place on each floor of the residence. Findings include:<br><br>Based on observation during the two days [07/14 -07/15/14] on site, the grievance procedure was not posted in a public place. Per interview on 07/15/14 at 12:01 PM support staff stated that they remember seeing it but were not sure where it was currently posted. The Director of Resident Services (DRS) confirmed during interview on 07/15/14 at 5:09 PM the grievance procedure was not posted in a prominent, public place on each floor of the residence. | T 092 | | |
| T 113 SS=E | VII.7.1.a.1 Nutrition and Food Services<br><br>7.1 Food Services<br><br>7.1.a Menus and Nutritional Standards<br><br>7.1.a.1 Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the residence failed to plan and write menus for residents' meals at least one week in advance. | T 113 | See attached P.O.C. | |

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Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 546 | | C 07/17/2014 |

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 |
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| T 113 | Continued From page 12<br>Findings include:<br><br>Per observation during the initial tour on 07/14/14, there were no menus observed in the large kitchen/ dining area that specified what meals were planned for the coming week. A list shows that items are available for breakfast, lunch and dinner, such as beef, chicken, pork or fish as well as vegetable and starch however there is no evidence that a meal plan was written one week in advance. Per interview on 07/14/14 at 10:50 AM, the Director of Resident Services (DRS) confirmed they don't plan menus because "TCR residents make their own choices". S/he further stated that they record 'retro-actively' what the residents had eaten. However, upon further review of the past month there was no documentation, on numerous occasions for all three meals, as to what the residents had eaten. S/he confirmed "I agree it is not showing all the meals". | T 113 | | |
| T 146 SS=C | IX.9.1.a Physical Plant<br><br>9.1 Environment<br><br>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and interviews the TCR failed to provide a clean and safe environment. | T 146 | See attached P.O.C. | |

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| T 146 | Continued From page 13<br><br>This has the potential to affect all residents in the home. Findings include:<br><br>1. During the initial tour on 07/14/14 at 10:30 AM -11:30 AM with the Director of Resident Services (DRS), the following were observed:<br><br>a) The metal end cap for the heating element near the slider door to the deck was missing, exposing sharp edges.<br>b) ripped carpet on the stairs with colored duct tape on the top stair.<br>c) torn armrests on the couch, with ripped cushions as well.<br>d) broken and/or missing wood on three Kitchen drawers.<br>e) various blanket/sheets used as window shades through out the dining and common living room<br><br>Per interview during the tour the DRS stated "we need new furniture...."we're working with the landlord on the other stuff" and confirmed the above findings. | T 146 | | |
| T 176 SS=F | IX.9.7.b Physical Plant<br><br>9.7 Water Supply<br><br>9.7.b If a residence uses a private water supply, said supply shall conform to the construction, operation and sanitation standards published by the Department of Health. Private water supplies shall be tested annually for contamination, and copies of results shall be kept on premises.<br><br>This REQUIREMENT is not met as evidenced by: | T 176 | See attached P.O.C. | |

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| T 176 | Continued From page 14<br><br>Based on record review and staff interview, the residence failed to show evidence that the private water supply had been tested annually for contamination. Findings include:<br><br>During the re-licensing on site survey from 07/14/14 -07/15/17 , the residence failed to provide copies of results of annual testing for contamination of the private water supply which supplies all resident dwellings on the property. The Director of Resident Services (DRS) confirmed that there was no evidence that the annual water test had been conducted recently. S/he stated on 07/15/14 at 5:09 PM that no records of the annual test could be found. | T 176 | | |
| T 187 SS=E | IX.9.11.c Physical Plant<br><br>9.11 Disaster and Emergency Preparedness<br><br>9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the residence failed to ensure fire drills rotate times | T 187 | See attached P.O.C. | |

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| T 187 | Continued From page 15<br>of day and include night drills. Findings include:<br><br>Per review of fire drill records with the Director of Resident Services on 07/15/15 at 12:24 PM, fire drills from July 2013 - July 2014 shows only morning and afternoons. The Director of Resident Services (DRS) stated "we are not meeting the regulation" and confirmed the failure to ensure fire drills rotate times of day among morning, afternoon, evening, and night. | T 187 | | |
| T999 SS=C | Final Comments<br><br>This REQUIREMENT is not met as evidenced by:<br>4.14 (f) The residence shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individual wishing to examine the results do not have to ask to see them the residence shall post a notice of the availability of such written reports in a prominent place. If a copy is requested and the residence does not have copy machine, the resident shall inform the resident or member of the public that they may request a copy from the licensing agency and shall provide the address and telephone number of the licensing agency.<br>---<br><br>Based on observation and interviews the TCR did not have written reports from the recent inspections readily available nor posted in a prominent area. Finding include: | T999 | See attached P.O.C | |

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| T999 | Continued From page 16<br><br>1. Per observation during the initial tour on 07/14/14 at 9:45 AM the recent inspection report was not available or found in a prominent area. Per interview at that time, the Director of Resident Services confirmed the above information was not posted in a prominent area or readily available. | T999 | | |

**Facility:** Roy Mountain House
**Date of Survey:** 7/17/2014
**Survey Report Date Received:** 8/8/2014
**Plan of Correction Date:** 8/22/2014

**V.5.6.c –RESIDENT CARE AND SERVICES**
**5.6 Health Care Provider Services**
*** An informal review has been requested by the licensee***
Plan of Correction:

- A resident's primary health care provider will be notified when the resident refuses medical care. The Residential Manager will be responsible for ensuring that the notification is made in accordance with the regulation
- The licensee will provide additional oversight when reviewing applicable Incident Reports
- Date corrective action implemented: Immediate

**V.5.8.d.1.2.3.i.ii.iii.iv. –RESIDENT CARE AND SERVICES**
**5.8 Medication Management**
*** An informal review has been requested by the licensee***
Plan of Correction:

- The Registered Nurse will continue to delegate staff to administer medications in accordance with the applicable regulations and the Vermont State Board of Nursing Scope of Practice and relevant Position Statements.
- When a Medication Administration Record (MAR) is initially completed, or modified in response to a medication change, a second staff member will review it to ensure its' accuracy.
- The Residential Manager and/or nursing staff will provide additional oversight by reviewing each MAR on a regular basis (at least weekly)
- The Residential Manager and facility nursing staff will provide additional training to all Residential staff regarding protocols for contacting the nurse.

**V.5.9.b.1.2.3.4.5.6.7 –RESIDENT CARE AND SERVICES**
**5.9 Staff Services**
*** An informal review has been requested by the licensee***
Plan of Correction:

- All Residential staff will complete a minimum of twelve hours of training, to include those areas mandated under the regulation
- The Residential Manager will conduct individual staff audits to identify current staff training needs and will ensure that any deficiencies are corrected within 45 days
- The Residential Manager will track and monitor individual staff training hours monthly and will ensure that all active staff are in compliance with the regulation
- The Licensee will conduct unannounced audits of staff training hours on an annual basis to ensure compliance with the regulation
- Date corrective action to be implemented: Immediate, with efforts ongoing

**V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i –RESIDENT CARE AND SERVICES**
**5.10 Records/Reports**
*** An informal review has been requested by the licensee***
Plan of Correction:

- The Residential Manager will ensure that a recent photograph of the resident is included in their record. Any instances of resident refusal will be adequately documented
- The Licensee will complete additional informal reviews to ensure ongoing compliance
- Date corrective action to be implemented: To be implemented by 9/1/14

**V.5.16.a –RESIDENT CARE AND SERVICES**
**5.16 Reporting of Abuse, Neglect or Exploitation**
*** An informal review has been requested by the licensee***
Plan of Correction:

- Residential staff will continue to report all incidents of suspected abuse, neglect and exploitation in accordance with the regulation and relevant statute

**V.5.16.c –RESIDENT CARE AND SERVICES**
**5.16 Reporting of Abuse, Neglect or Exploitation**
*** An informal review has been requested by the licensee***
Plan of Correction:

- Any significant incidents of resident-to-resident physically assaultive behavior will be reported to the licensing agency
- The Residential Manager or designee will review all significant incidents within 24 hours and will ensure that applicable events are reported within 48 hours
- The Licensee will review all Critical Incident Reports to provide continued to oversight of ongoing regulatory compliance
- Date corrective action to be implemented: Immediate

**VI.6.8.RESIDENT RIGHTS**
**VI. Residents Rights**
Plan of Correction:

- The grievance procedure will be posted prominently in a 'public place' on the main floor of the split-level facility
- The Residential Manager will ensure that the posting is maintained on a monthly basis
- The Licensee will complete annual audits to ensure compliance
- Date corrective action to be implemented: Immediate

**VII.7.1.a.1 NUTRITION AND FOOD SERVICES**
**7.1 Food Services**
*** An informal review has been requested by the licensee***
Plan of Correction:

- Menus will be planned and posted in the kitchen at least one week in advance. The menus will include general food items that will be available for each meal in accordance

with USDA food patterns (i.e. generally stating the type of meat, vegetable, etc that will be available). To encourage resident choice and skill acquisition, Residential staff will support residents daily in deciding what they would like to prepare using the food items identified on the menu. (i.e. deciding on, and preparing 'barbeque chicken, steamed carrots, and rice pilaf' using the planned 'chicken, vegetable, and starch').

- Residential staff will accurately and consistently document the specific food items served during each meal on the posted menu.
- The Residential Manager will review the menu and staff documentation at least weekly to ensure ongoing compliance and accurate accounting of the specific meals served
- The Licensee will complete additional informal reviews to ensure ongoing compliance.
- Date corrective action to be implemented: Immediate

**IX.9.1a Physical Plant**
**9.1 Environment**
*** An informal review has been requested by the licensee***
Plan of Correction:

- All specific concerns noted in the survey report (items a-e) have been corrected or will be corrected by 9/5/14
- The Residential Manager will inspect the facility weekly and address any future environmental safety issues as necessary
- The Licensee will complete informal periodic inspections to ensure ongoing regulatory compliance

**IX.9.1b Physical Plant**
**9.7 Water Supply**
*** An informal review has been requested by the licensee***
Plan of Correction:

- The facility's water test has been completed since the date of the survey and is now in compliance with the regulation
- The Residential Manager will ensure that the water quality tests are completed annually in accordance with the regulation
- The Licensee will complete informal periodic inspections to ensure ongoing regulatory compliance

**IX.9.11.c Physical Plant**
**9.11 Disaster and Emergency Preparedness**
Plan of Correction:

- The Residential Manager will ensure that a fire drill is completed during the nighttime shift prior to 9/5/14
- The Residential manager will ensure that future fire drills are completed during varying times (morning, afternoon, evening, night) in accordance with the regulation
- The Licensee will complete informal periodic reviews to ensure ongoing regulatory compliance

**FINAL COMMENTS**

*** An informal review has been requested by the licensee***

Plan of Correction:

- A copy of the most recent survey report will be made readily available with in the home
- A notice will be posted in a prominent area, notifying individuals regarding the report's availability both at the home and on the DLP website
- The Residential Manager will ensure that the posting is maintained on a monthly basis
- The Licensee will complete periodic inspections to ensure compliance
- Date corrective action to be implemented: 9/5/14