

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

December 12, 2014

Ms. Cindy Blanchard, Administrator
Safe Haven
4 Highland Avenue
Randolph, VT 05060

Dear Ms. Blanchard:

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

PRINTED: 11/26/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER
SAFE HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE
**4 HIGHLAND AVENUE
RANDOLPH, VT 05080**

(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 re-licensing survey was conducted on 11/14/14 by the Division of Licensing and Protection. The following are Therapeutic Community Residence (TCR) findings.	T 001		
T 022 SS=A	<p>V.5.4.c Resident Care and Services</p> <p>5.4 Discharge Requirements</p> <p>5.4.c A summary of the resident's stay at the facility shall be added to the resident record within two weeks of his or her leaving. The summary shall include the reason for leaving, areas in which progress, no progress, or regression was observed, and the medication the resident was prescribed at the time of leaving.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, there was no discharge summary for one applicable discharged resident in the sample. (Resident #3) Finding include</p> <p>1. Per record review, Resident #3 was admitted on 12/07/13 and was discharged on 08/01/13. The last progress note states "moved out successfully". Per the Departure Action Plan, which was identified as the discharge summary, it notes future planning for jobs, therapies and communications. However, the discharge summary did not have the reason for leaving, areas of progress/no progress or regression and the medication the resident was prescribed at the time of leaving. The Project Manager at 1:00 PM</p>	T 022	<p>T.022/V.5.4.c Resident Care and Services Discharge Requirements</p> <p>Safe Haven will modify/enhance the current discharge summary to include the missing elements identified in 5.4.c.</p> <p>Resident chart reviews will be completed within two weeks of resident discharge for compliance</p> <p><i>POC T-022 accepted 12/11/14</i> <i>Sara J. Emmons RN</i></p>	<p><i>1/20/15</i></p>

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

C18811

If continuation sheet 1 of 10

Christina Yum, LICSW

Director, Access + Acute Care Services

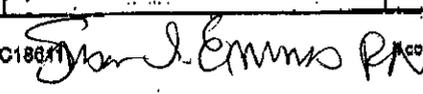
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NAME OF PROVIDER OR SUPPLIER SAFE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 4 HIGHLAND AVENUE RANDOLPH, VT 05060
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T 022	Continued From page 1 confirmed that the discharge summary did not have all the required elements documented.	T 022		
T 035 SS=C	V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services 5.8 Medication Management 5.8.a Each therapeutic community residence must have written policies and procedures describing the residence's medication practices. The policies must cover at least the following: (1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse. (2) Who will provide the professional nursing delegation if the residence administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the residence. (3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or	T 035	T 035/V5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services Medication Management As Safe Haven is not a treatment facility, the Safe Haven Project does not provide medication management. All residents are required to be capable of self-administering medications. An assessment of resident capability for this is completed during the assessment of appropriateness for admission. Safe Haven will modify/enhance the current assessment of resident ability to self-administer medications to further assess resident capability/understanding of currently prescribed medications.	1/20/15

POC T035 accepted 12/11/14


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T 035	<p>Continued From page 2</p> <p>unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>(8) Procedures for assessing a resident's ability to self-administer and documentation of the assessment in the medical record</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to provide written procedures for assessing a resident's ability to self-administer medications for 2 of 3 residents in the total sample. (Residents #1 & #2). Findings include:</p> <p>Per record reviews, the home's "Medication Policy" failed to include any written procedure for assessing a resident's ability to self-administer medications. The policy Safe Haven 9.10 Medication Policy states that the resident should have access to medications that are prescribed by their physician and/or mental health care provider, are expected to be able to self administer prescribed medications while living at Safe Haven. There is no information as to how staff will consistently assess the resident's ability to self administer medications. Although there was an assessment for self administration form in Resident #1's record, the reason for taking one narcotic medication was not given and not all the questions had a reply. Resident #2's assessment did not show a clear understanding of the purpose of the medications but had wording such as 'numbing med' for Haldol and not all the questions about use, safety and effects were</p>	T 035	<p>9.10 Safe Haven Medication policy will be amended to address process of how staff will consistently assess resident's ability to self administer medications.</p> <p>If new medication is prescribed to a resident from a treatment provider outside the facility, a new assessment will be completed at that time to assess resident's understanding of identified medication and ability to self administer.</p> <p><i>POC T-035 accepted 12/11/14</i> <i>Sharon J. Emmons RN</i></p>		

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NAME OF PROVIDER OR SUPPLIER SAFE HAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 4 HIGHLAND AVENUE RANDOLPH, VT 05060		
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T 036	Continued From page 3 consistently answered. The Manager stated during interview at 10:30 AM, that "the physician goes over the meds too" but confirmed there is no documentation that has happened. S/he confirmed that the Policy and Procedure is not clear regarding assessment for resident self administration.	T 035	T.050/V.5.8.h.5 Resident Care and Services Medication Management All residents at Safe Haven must be able to self-administer medications. As Safe Haven is not a treatment facility, if a resident is prescribed a narcotic or other controlled drug, the resident will comply with the monitoring plan developed with the prescriber, which staff will be aware of. Narcotic medications will be secured in the facility by the resident under double lock Residents will complete a daily count of their prescribed narcotics/weekly count of their prescribed controlled medications with staff present to verify pill counts, and a log will be created to verify/monitor counts signed off by resident and staff. Any discrepancies in medication counts found will be discussed between Safe Haven staff and resident's prescriber as outlined in Safe Haven Medication policy.	1/20/15
T 050 SS=D	V.5.8.h.5 Resident Care and Services 5.8 Medication Management 5.8.h.5 Narcotics and other controlled drugs must be kept in a locked cabinet in a locked room. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the TCR failed to assure Resident's medications, especially narcotics, for 1 of 3 residents reviewed were accounted for on a daily basis. (Resident#1) Findings include: 1. Review of Resident #1's chart presents that Oxycodone 5mg, 1 tab every 8 hours can be taken. A progress note of 08/05/14 states that the resident had taken more than what was prescribed and "was completely out of it" and staff "had to do random counts with the client". Per review of the Safe Haven Medication Policy 9.10 (7) states "all guest prescribed controlled medication must have a plan that includes having the use monitored, which can be shared with the Project or House Manager." Per interview on 11/14/24 at 1:30 PM the Manager stated that residents are able to take their own medications	T 050		

Division of Licensing and Protection
STATE FORM

POC T-050
accepted 12/11/14
Sharon D. Emmert RN

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T 050	Continued From page 4 and are kept locked in their rooms and that the physician or other health professionals from other programs will review the medications with the resident. However there is no evidence that the controlled drugs are accounted for or a plan for monitoring the narcotics. The Manager confirmed the above finding.	T 060		
T 060 SS=C	V.5.10.b.1.2.III.III.IV.v.vi.vii.viii.I Resident Care and Services 5.10 Records/Reports 5.10.b The following records shall be maintained and kept on file: (1) A resident register including all admissions to and discharges out of the residence. (2) A record for each resident which includes: 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; II. The health care provider's name, address and telephone number; III. Instructions in case of resident's death; IV. The resident's intake assessment summary, identification of problems and areas of successful life function; V. Data from other agencies;	T 060	<p>T.060/V.5.10.b.1.2.I.II.III.IV.V. VI.VII.VIII Resident Care and Services Records/Reports</p> <p>Safe Haven has kept a closed chart/paper record of each current and former resident at the facility that was reviewed with the reviewer at the time of the visit. A master Admission/Discharge registry will be created. Registry will be updated at the time of each admission and discharge from the facility.</p> <p>Admission paperwork will be modified/enhanced to include the missing elements identified in 5.10.b (2).</p> <p>Chart reviews will be completed within two weeks of resident admission for compliance.</p>	<p><i>B/2014</i></p>

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T 060	<p>Continued From page 5</p> <p>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;</p> <p>vii. A signed admission agreement;</p> <p>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);</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	T 060	<p>Safe Haven will have the capability to obtain a photograph of each resident to be included in their record at the time of admission, or documentation of client's refusal of photograph in the record.</p> <p>Current admission agreement will be enhanced to show room rates/financial expectations at time of admission.</p> <p><i>POC T-060 accepted 12/11/14 Sharon J. Emmons RA</i></p>	
	<p>Based on record review and interview, the TCR failed to assure resident records include all required information for 3 of 3 residents. (Resident #1, #2 and #3) Findings include:</p> <p>1. Per review of the resident's records during the survey on 11/14/14 the following information was not found:</p> <p>a) A resident register including all admissions to and discharges out of the residence (this does not need to be in individual charts, but maintained</p>			

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RANDOLPH, VT 05060**

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T 060	Continued From page 6 by the TCR); b) All residents (#1, #2 & #3) failed to have photos in the chart and/or documentation of any such refusals; c) Completed signed admission agreements which show room rate for all three residents reviewed; d) Data from other agencies and/or health care providers I.E.; physician information, treatment plans or other program services. Per interview on 11/14/14 at 1:45 PM, the Program Director, Manager and Director of Service confirmed that the above information was not in the charts.	T 060		
T 062 SS=C	V.6.10.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. The TCR is required to have on file, onsite, at least the criminal background check results, the Adult Abuse Registry check results, and the Child abuse registry check results. Findings include: 1. On 11/14/14 at 9:00 AM, the nurse surveyor requested information regarding staffing and background checks. The Manager stated that	T 062	T.062/V.6.10.b.4 Resident Care and Services Records/Reports Updated background checks have been completed on each staff member at the facility. Results will be kept on file at the facility and/or electronic access will be available on demand. The agency will develop a process to recheck all staff on a routine basis.	12/2014 Poc T-062 accepted 12/11/14 [Signature]

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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0828	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER SAFE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 4 HIGHLAND AVENUE RANDOLPH, VT 05060
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T 082	Continued From page 7 background checks are not on site and handled off-site by VPS (Vermont Psychiatric Survivors) or the Clara Martin Center, which also provides staffing. The Nurse Surveyor requested five personnel files to be reviewed. Two of the staff's background checks were complete. One staff's background checks was not complete with a missing abuse check. One staff hired in November 2007 had a APS (Adult abuse) check completed in June 08 and a VCIC (Vermont Criminal) date 2009. One staff, hired in August 2012, background checks were not found. In addition, The Manager stated at 1:30 PM there is no process to review background checks for employees who have worked for a number of years. S/he confirmed at that time the above findings.	T 082		
T 121 SS=C	VII.7.1.c.1 Nutrition and Food Services 7.1 Food Services 7.1.c Meal Service 7.1.c.1 Each residence shall offer meals three times a day in accordance with the guide (above). Meals shall be served at appropriate temperature and at normal meal hours. Texture modifications will be accommodated as needed. This REQUIREMENT is not met as evidenced by: The TCR did not offer each resident meals three times a day in accordance with the USDA food	T 121	T.121/VII.7.1.c.1 Nutrition and Food Services Food Services Safe Haven will modify currently posted monthly meal calendars to include specific breakfast and lunch options available to residents in accordance with the USDA food guide. Menus will be reviewed monthly as completed to monitor compliance.	12/20/14

POC accepted T-121
12/14/14 Susan E. [Signature]

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NAME OF PROVIDER OR SUPPLIER: **SAFE HAVEN**
STREET ADDRESS, CITY, STATE, ZIP CODE: **4 HIGHLAND AVENUE RANDOLPH, VT 05060**

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T 121	Continued From page 8 guide. This has the potential to effect all residents. Findings include: Per observation, record review and interviews, the TCR, although providing food during the day and serving an evening meal, did not present or propose meals for breakfast or lunch. Per interview at 10:30 AM on 11/14/14 the Manger stated "the residents are on their own for breakfast and lunch but we cook the evening meal." The menu had only the evening meal posted. Per observations, many canned and packaged food items were stored in the pantry and refrigerator. The Manager, at that time confirmed, that although food for all meals and snacks are available, the TCR did not offer or propose what food items in accordance with USDA guidelines are available for the meals.	T 121		
T 188 SS=D	IX.9.11.d Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the residence, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and interview there was no telephone on the second floor nor was there a list of emergency telephone numbers. This has the potential to effect residents on the second floor. Findings include: 1. During the Initial tour on 10/13/14 at 9:30 AM	T 188	T.188/IX.9.11.d Physical Plant Disaster and Emergency Management A phone will be installed on the second floor that remains accessible to all residents and staff at all times. Emergency numbers will be posted by each phone that is currently missing them. <i>POC T-188 accepted 12/11/14</i> <i>John J. Emme RN</i>	2/2015

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T 188	Continued From page 9 no telephone was noted on the second floor which housed three residents. There was one telephone noted near the front hallway, on the first floor. Per interview, at 1:45 PM the Program Director stated that there used to be a phone upstairs but that space is now an office, which residents are not able to have access to. S/he confirmed there is no phone on the second floor for emergency use.	T 188		