

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.state.vt.us>
Phone/TTY (802)-241-2345
To Report Adult Abuse: 800-564-1612
Fax (802)-241-2358

August 28, 2008

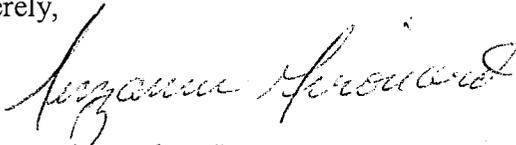
Ms. Mary Ellen O'Brien, Administrator
Serenity House
98 Church Street
Wallingford, VT 05773

Dear Ms. O'Brien:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 30, 2008**. 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,



Suzanne Girouard, RN
Licensing Chief



PRINTED: 08/11/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2008
NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 98 CHURCH STREET WALLINGFORD, VT 05773		
(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 A complaint investigation and state licensing survey were conducted at Serenity House on 7/30/08.	T 001		
T 003	IV.A.2 Resident Care and Supervision Medication The Director shall assure that all medications and drugs are: 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. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by interview, the Facility failed to assure that all medications taken by residents were used only as prescribed by a physician for 2 of 4 residents in the sample (Resident #1 and Resident #2). Findings include: 1. Per record review on 7/30/08, Resident #1's Medication Administration Record indicated that the Resident took a multivitamin daily, however, there was no physician's order for the medication in the Resident's medical record. 2. Per record review on 7/30/08, Resident #2's Medication Administration Record indicated that the Resident took an over-the-counter pain medication daily. There was no evidence in the medical record of a physician's order for the medication. Per interview on 7/30/08, the Licensed Practical	T 003	8-20-08 a. Obtain signed physician's order. b. Review all orders semi annually to ensure thorough compliance and updating. c. monitoring by R.N. review 8-20-08 a. Obtain signed phys. order b. Review all orders semi annually to ensure thorough compliance and updating c. monitoring by R.N. review	

Division of Licensing and Protection

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

STATE FORM

Mary Ella O'Brien

(Mary Ella O'Brien)

2U4511

TITLE CEO

(X6) DATE 8.20.08

If continuation sheet 1 of 2

POC accepted 8.26.08
[Signature]