

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

July 19, 2013

Mr. Richard Keane, Administrator
Serenity House
98 Church Street
Wallingford, VT 05773

Provider #: 0524

Dear Mr. Keane:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite complaint investigation conducted on **June 12, 2013**. 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:ne

Enclosure



Division of Licensing and Protection

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Division of
JUL 12 '13
Licensing and
Protection

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 C 06/12/2013
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 98 CHURCH STREET WALLINGFORD, VT 05773
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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
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T 001	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted on 06/12/13 by the Division of Licensing and Protection. The following are Therapeutic Community Residence regulatory findings.	T 001		
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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 interview, the Director failed to assure all medications were accounted for per acceptable professional standards of practice. Findings include: 1. Per interview on 06/12/13 at 11:38 AM the Nurse Director stated that per the TCR policy, 2 nurses are to count the controlled substances and narcotics between shifts, "as one nurse goes off and the other comes on, we count and hand off the keys". Per review of the Detox Count Book [which contains ativan, suboxone and librium] dated November 2012 to present, staff failed to consistently account for these medications as follows: Only one signature on 11/20/12 at 8:00 AM & 8:00 PM; on 11/21/12 one signature at 8:00 PM; one signature on 11/27/12 at 8:00 AM & 8:00 PM;	T 003		
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Division of Licensing and Protection <i>Richard W. Keane</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE CEO	(X6) DATE 07/10/2013
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PMC

Division of Licensing and Protection

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T 003	Continued From page 1 no signatures noted on 11/28/12; one signature on 11/29/12; one signature on 12/21/12 at 8:00 AM; and on 05/22/13 one signature for 8:00 AM & 8:00 PM.	T 003			
	Per the Maintenance of Controlled Substances/Record book on only one signature is noted for the following; on 02/05/13 - at 8:00 PM; 02/07/13 at 8:00 AM; on 05 /08/13, 5/13/13, and 05/15/13 at 8:00 PM. In addition, per review of the Maintenance of Controlled Substances/Record Book #5, which contains controlled substances and narcotics, no records were found previous to April 2012. The Nurse stated that controlled substances and narcotics had been given prior to April 2012 and "there should be Book 1-4 available for review". The Nursing Director confirmed at 3:06 PM that there was only one signature instead of two to show evidence that the counts were completed by 2 nurses and that without the Controlled Substances/Record (books #1-4) there was a failure to assure all medications were accounted for per acceptable professional standard of practice.				
T 069	VI.1.B.5. Common Model Program Standards Structural Components Director or Supervisor The director and/or supervisor shall assure that the number and type of staff is adequate to meet the treatment and management goals of the residence. This STANDARD is not met as evidenced by:	T 069			

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T 069	Continued From page 2 Based on interview and record review the Director assure that the number and type of staff is adequate to meet the treatment and management goals of the residence. Finding include: 1. Per review of the staffing pattern for September & October 2012 one nurse worked 11 twelve hours shifts in a 14 day period. Per interview on 06/12/13 at 11:38 AM the nurse stated that in September/October 2012 there were only 4 staff nurses. Per interview on 06/12/13 at 1:30 PM. the Director acknowledged that the TCR was recruiting for nurses but stated "they were willing to work [those number of hours]". The Director also stated the TCR "would've had to suspend the program [detox/suboxone]" which meant that they [nursing] would not get hours. The Director confirmed "In hind sight we should've had more staff".	T 069			
T 999	Substantial Compliance Statement THE RESIDENCE WAS FOUND TO BE IN SUBSTANTIAL COMPLIANCE WITH THE THERAPEUTIC COMMUNITY RESIDENCE REGULATIONS. From the NEW TCR regulations, effective 6/1/13: 4.13(c) The manager shall not leave the premises without delegating necessary authority to a competent staff person who is at least eighteen (18) years of age. Staff left in charge shall be qualified by experience to carry out the day to day responsibilities of the manager, including being sufficiently familiar with the needs of the residents to ensure that their care and personal needs are met in a safe environment. Staff left in charge shall be fully authorized to take necessary action to meet those needs or shall be able to contact the manager immediately if necessary.	T 999			

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T 999	Continued From page 3 This requirement is not met, as evidenced by: Based on interview the Director failed to designate a staff person in charge that is qualified by experience to carry out the day to day responsibilities of the manager. Findings include: Per interview during an unannounced on-site visit on 06/12/13 at 10:00 AM, the Administrative Assistant (AA) at the front desk stated that the Director was out of the building for the day. When asked who would be in charge when the Director is not available the AA stated that it would be "the CFO or the Clinical Supervisor but they are not here either...not sure who can help, maybe the nurse can help you". S/he further stated "no one is here that would be in charge but most likely we can try to reach (the Director)." The AA stated that the nurse and one counselor is in the building as well as maintenance. Per interview at mid-day, the nurse, maintenance and counselor were unable to help the nurse surveyor find either the missing Controlled Substances/records Book #1-4 and/or answer questions regarding day to day operations. Per interview via telephone at 1:30 PM, the Director stated "no one is in charge there because we're all here". S/he confirmed those staff left in the building were not experienced or qualified to carry out the day to day operations.	T 999			

**Plan of Correction
For Serenity House On-Site Survey
Conducted June 12, 2013 by the Division of Licensing and Protection**

Standard IV.A.2 – Residential Care and Supervision – Medication

Action to be taken – The director will assure that all medications are accounted for per acceptable professional standards of practice by enforcing the requirement that two signatures are needed for controlled substances count at the change of every shift and key exchange. The director will assure that the Narcotic Inventory Books are in a secured storage area for future reference.

Measure for change and Monitoring – All nursing staff will be educated and re-trained in the above professional standards of practice re: medications by the nurse manager. The nurse manager will perform weekly checks of the Narcotic Inventory Books to assure that the required professional standards are being adhered to. Additionally, the nurse manager will verify weekly that the above records are safely stored in the secured storage area.

Date of corrective action completion – August 16, 2013

Standard VI. 1. B.5. - Common Model Program Standards

Action to be taken – Serenity House has increased the number of full time nurses from 4 full time to 5 full time RN's. Additionally, Serenity now employs 1 per diem RN that has been fully oriented to the nursing duties at Serenity House. Serenity House will employ a second per diem nurse as of July 22, 2013. The second per diem nurse should be fully trained as of August 15, 2013. Both per diem nurses will be available to cover vacation and sick time that will occur with the full time nursing staff. Additionally, the full time nursing staff all work three 12 hour shifts per week or a total of 36 hours weekly. Therefore, if one of the current full time nurses occasionally volunteers to work an extra shift the total work week is 48 hours.

Measure for change and monitoring – With the availability of the two per diem nurses it is anticipated that the full time nursing staff will not be called in to work more than their normal work-week of 36 hours except on rare occasions. Any full time nurse that exceeds more than one additional shift per week will need to have the approval of the director before working any additional time. The nurse manager will keep track of the full-time nurses hours on a weekly basis and submit any requests for working more than 48 hours in a week to the director for approval.

Date of corrective action completion – August 16, 2013

*POC accepted for T-069
Susan J. Emmons RN 7/18/13*

*POC accepted for
T-005
Susan J. Emmons RN
7/18/13*

Substantial Compliance Statement 4.13(c) The manager shall not leave the premises without delegating necessary authority to a competent staff person who is at least 18 years of age.

Action to be taken – The CEO has developed a chain of command or list of positions that are capable of carrying out the day to day operations at Serenity House. (attached)

Measure for change and monitoring – The CEO will post the chain of command and make all staff aware of the location. The CEO, CFO, Clinical Supervisor and Nurse Manager will engage in cross-training and re-orientation for the above positions including the RN on duty to assure all are familiar with the day to day responsibilities of the manager to insure the needs of the residents are met in a safe environment. The CEO, CFO, Clinical Supervisor and Nurse Manager are also always available by phone usually within minutes.

Date of corrective action complete – August 16, 2013

POC accepted
T-999
Susan Emmerson PA

Serenity House

On- Site Chain of Command

August 16, 2013

The On-Site Chain of Command at Serenity House is as follows in descending order:

CEO/manager
CFO
Clinical Supervisor
Nurse Manager
RN on Duty

In the absence of the CEO the CFO is in charge in the absence of the CEO and CFO the Clinical Supervisor is in charge and so on.....

All of the above positions have received additional orientation and cross- training and are familiar with the day to day responsibilities of the manager to insure the needs of the residents are met in a safe environment.

The CEO, CFO, Clinical Supervisor, and Nurse Manager are also always available by phone usually within minutes.