

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

December 2, 2011

Mr. David Mosher, Administrator  
Spring Lake Ranch  
Spring Lake Road, Box 310  
Cuttingsville, VT 05738

Provider #: 0526

Dear Mr. Mosher:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 18, 2011**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0526</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/18/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING LAKE RANCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>SPRING LAKE ROAD, BOX 310 CUTTINGSVILLE, VT 05738</b>		
(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	(X5) COMPLETE DATE
T 001	INITIAL COMMENTS  An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 10/17/11 and 10/18/11 to determine regulatory compliance with Vermont Therapeutic Community Residences Licensing Regulations.	T 001	<p><b>T 002 Action to be taken:</b></p> <p>On November 14, 2011 Spring Lake Ranch hired a Registered Nurse to provide oversight of medication administration for all residents.</p> <p>Development of a MAR system is underway. In a meeting on 11/17/11 with our new Registered Nurse, the Assistant Director, and our pharmacy staff, several models of MAR were reviewed.</p> <p>Spring Lake Ranch will no longer have non-professionals pouring medications into med boxes. Starting immediately, with the hire of the RN, medications will be prepared by the nurse.</p> <p>Review of a new system of med packaging, called Meds on Time, is being discussed with the administrative staff for possible implementation. If this were to proceed, it would be done in concert with the nurse oversight of medication changes.</p>	E
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 observation, interview and record review, the Director failed to assure that the needs of all Residents of the home are met through the medication assistance / administration process. Findings include:  1. Per initial interview on 10/17/11 with the person in charge, all residents are capable of self medication, therefore there is no nursing supervision and oversight of the medication program for non-medical staff. Per observation of 11 Residents during morning medication pass of pre-poured medications on 10/18/11, two residents were unable to accurately identify the medications being administered (Resident #7 and Resident #8). Resident #7 believed that a medication was missing and Resident #8 was unable to correctly verbalize the proper dose of Lithium being taken. Two additional residents were identified by the staff administering medication as unable to properly identify all medications taken and anticipated side effects (Resident #1 and Resident #9). No resident was	T 002		

Division of Licensing and Protection

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

*Lynn J. Pilcher*

TITLE \_\_\_\_\_ (X6) DATE

*Asst. Director* 11/17/11

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T 002	Continued From page 1  asked to specifically identify medications at the time of administration, but all were asked if the number and type of medications 'looked right' either before or immediately following the resident taking the medications from the staff and placing in the mouth. The Medication Room Coordinator stated that there is no formal assessment process to determine each resident's ability to self administer medications. During interview that day, the staff person administering medications confirmed that Resident #7 and Resident #8 improperly identified their medication dosage and/or potential side effects, confirmed that there is no nursing oversight of the medication program, stated that unlicensed staff prepare medications in advance for other non-medical staff to administer, and confirmed that not all residents can properly identify their medications and/or side effects.  2. Per observation of medication assistance / administration for 11 residents on 10/18/11 (Residents #1 to #11), no medication was checked against a Medication Administration Record (MAR) or against the physician signed medication list maintained by the residence to assure that the correct number of pills was in the container before presentation to the resident. There was no MAR nor other document which staff signed to indicate the resident's ongoing medication needs and history of medication consumption. During interview that afternoon, the Medication Room Coordinator confirmed that there is no system in place to check pre-poured medications in containers for accurate medication content nor to document routine consumption of medication with the exception of PRN medication.	T 002	<b>T 002 Measures to prevent recurrence:</b> Spring Lake Ranch understands the importance of implementation of the above steps and has a commitment to continue the practice of professional staff preparing medications for residents.  <b>T 002 Monitoring corrective actions:</b> The Assistant Director will communicate to the management team the requirements of the state licensing division and ensure that SLR continues to have a RN providing oversight of resident medications.  The Nurse will continue to monitor on a regular basis the effectiveness of the new MAR system and make changes as necessary to ensure accuracy of medication administration.	
T 003	IV.A.2 Resident Care and Supervision	T 003		

See addendum.  
T0002 POC accepted with  
addendum 11/29/11  
Claraway RN / [Signature]

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T 003	<p>Continued From page 2</p> <p>Medication</p> <p>The Director shall assure that all medications and drugs are:</p> <ol style="list-style-type: none"> <li>used only as prescribed by the resident's physician</li> <li>properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to assure that all medication for 3 applicable residents (Resident #1, #2, and #6) were clearly written, transcribed, and/or used only as ordered by the residents physician. Findings include:</p> <ol style="list-style-type: none"> <li>Per record review on 10/17/11, Resident #1 had an order for 'Lorazepam 1 mg (milligram) 1 or 2 tabs QD (daily) PRN (as needed) - severe agitation'. There were no specific guidelines to direct unlicensed staff under what conditions to administer either 1 or 2 tablets of this medication. During interview on 10/18/11 at 12:25 PM, the Medication Room Coordinator confirmed that this order was unclear.</li> <li>Per record review on 10/17/11, Resident #2 had an order for 'Tramadol 50 mg (milligrams) up to QID (4 times daily) PRN (as needed) - pain, max 4 tabs Q (every) 24 hours'. There was no minimum safe dosing time specified and there was no Residence policy stating routine QID times for medication administration. During interview on 10/18/11 at 11:33 AM, the Medication Room Coordinator confirmed that the Residence has no routine QID times and that the order did not specify minimum safe dosing times,</li> </ol>	T 003	<p><b>T 003 Action to be taken:</b> Our new Nurse will work with the prescribing doctors to ensure that medication orders are clearly written, transcribed, and used only as ordered by the physician.</p> <p><b>T 003 Measures to prevent recurrence:</b> Spring Lake Ranch will periodically (2x/year) invite a risk management consultant to review practices in the med room for safety and oversight.</p> <p><b>T 003 Monitoring corrective actions:</b> The Assistant Director will be responsible for monitoring these changes through supervision of the Nurse and consultation with risk management expert.</p> <p><i>See addendum . T003 POC accepted with addendum 11/29/11 Claraway RN / Pincot RN</i></p>	

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T 003	Continued From page 3  and that the order as written was unclear. S/he stated that the resident had received this medication every 4 hours PRN for reported pain.  3. Per record review on 10/18/11, Resident #6 had a physician order dated 6/22/11 for 'Lorazepam 0.25 or 0.5 mg (milligram) up to 1 mg/day total with minimal dosing interval of one hour'. Per review of the Medication Record sheet the order was dated 6/16/11 and stated 'Lorazepam 0.5 mg, one tab 2 X day PRN anxiety'. Per review of the PRN Administration Record for this resident's Lorazepam order stated 'Lorazepam 0.5 mg 1/2 to 1 tab 2 X (times) day PRN anxiety. Total max dose: 1 mg daily'. There was a discrepancy between the most recent physician order, the Medication Record and the PRN Medication Administration record. During interview that afternoon, the Medication Room Coordinator confirmed that this order had been improperly transcribed to the PRN Medication Record and that the Medication Record had not been updated with the most recent order.	T 003		
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: Based on record review and interview, the Director failed to provide adequate staffing to meet the medication management goals of residents of the facility. Findings include:	T 069	<b>T 069 Action to be taken:</b> As noted previously, Spring Lake Ranch is committed to provide nursing oversight of medications, doctor's orders, and medication administration. The Registered Nurse began employment at SLR on November 14, 2011.  <b>T 069 Measures to prevent recurrence:</b> Spring Lake Ranch management understands the importance of nursing oversight and plans to maintain a nurse in this position.  <b>T 069 Monitoring corrective actions:</b> The Assistant Director will monitor the implementation of this staffing change as well as the other corrective actions noted above.	

T069 POC accepted 11/29/11  
Claraway RN/PN return

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T 069	Continued From page 4  1. Per observation and record review on 10/18/11, the home had no Licensed Nurse to provide oversight of medications managed for residents not capable of self-management. During initial interview on 10/17/11 with the Clinician in Charge and during follow up interview on 10/18/11, the Medication Room Coordinator both confirmed that not all residents are consistently capable of medication self-management and that the residence has no current nurse.	T 069	<p><b>TO78 Action to be taken:</b> All new Spring Lake Ranch employees shall provide consent and have background evaluation completed to include VT Adult Abuse Registry Check, VT Child Abuse Registry Check, 50 State Criminal Record Check, and State of Driving Licensure Dept of Motor Vehicles Driving Record Check.</p> <p>VT Adult and Child Registry checks will be conducted through applications to Vermont Agency of Human Services Adult Protective Services and Child Protective Registry Unit. Intellicorps, Inc. through contract with the Alliance of Nonprofits for Insurance (SLR insurer) will conduct 50 state criminal record check and State of Driving Licensure DMV Driving Record Check.</p> <p><b>TO78 Systemic measures to prevent reoccurrence:</b> Each new employee file will have a checklist of necessary documents including above</p>	
T 078	VI.1.C.9. Common Model Program Standards  Structural Components Staff All staff members shall meet all applicable federal, local, or state requirements for their positions.  This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to assure that all staff providing direct service had a background evaluation completed to include Adult Abuse Registry Check, Child Abuse Registry Check, Vermont Criminal Information Center check and a driving record for those transporting residents. Findings include:  1. Per record review on 10/18/11, 2 of 5 staff reviewed had Vermont Criminal Information Center (VCIC) checks in the personnel file. No staff had Child Abuse, Adult Abuse, or driving record checks on file. Per interview with the Human Resources representative at 3:30 PM on 10/18/11, staff routinely transport residents to various appointments / activities. S/he confirmed that the personnel records of each staff member	T 078		

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T 078	Continued From page 5 did not contain all required background checks.	T 078	<p>noted background checks and driving record. This file checklist shall be stabled on the inside of the file covering for easy viewing. The background check documents along with the driving record shall be stapled together into a packet which will have a colored cover page for easy identification within the file.</p> <p><b>T078 Monitoring of corrective action:</b> The Personnel Director shall review all new employee files monthly for complete documentation including the background check and driving record packet.</p> <p><i>T078 POC accepted 11/29/11 Claraway RN / Pincot RN</i></p>	

**Cota, Pamela**

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**Subject:** FW: Spring Lake Ranch Survey Acceptable POC

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**From:** Lynn Pilcher [REDACTED]

**Sent:** Tuesday, November 29, 2011 9:07 AM

**To:** [REDACTED]

**Subject:** Re: Spring Lake Ranch Survey

[REDACTED]

I give you permission to add in the following to Spring Lake Ranch's POC:

T 0002 Registered Nurse was hired November 14, 2011  
Implementation of new MAR by December 31, 2011  
Medication preparation done by a professional was begun November 14, 2011.

T 0003 Nurse to work with prescribing doctor to write clear orders is effective immediately as of her hiring  
November 14, 2011  
Invitation of Risk Management Consultant to take place prior to March 31, 2012

Thanks for your help.

Lynn

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