

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

January 20, 2015

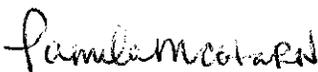
Ms. Lynn Pilcher, Administrator  
Spring Lake Ranch  
1169 Spring Lake Road, Po Box 310  
Cuttingsville, VT 05738-0310

Dear Ms. Pilcher:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 22, 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

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>12/22/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING LAKE RANCH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1169 SPRING LAKE ROAD, PO BOX 310 CUTTINGSVILLE, VT 05738</b>
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T 001	Initial Comments  An unannounced, on-site re-licensure survey was conducted by staff from the Division of Licensing and Protection on 12/22/14 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations and to review two self-reported incidents from intake #12102. There were no regulatory violations related to the self-reports. The following regulatory violations are from the licensing survey.	T 001	<b>T 009 Action to be taken:</b> A new admission form was created to inform residents of their right to formulate, or not formulate, an advance directive, with a space for resident to sign and date.  Should the resident wish to formulate an advance directive the staff will provide the Vermont Ethics Network advance directive form and assist the resident in filling it out, if necessary.	
T 009 SS=C	V.5.2.d Resident Care and Services  5.2 Admission Agreements  5.2.d On admission, the residence must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. The admission agreement shall include a space for the resident to sign and date to indicate that the residence has met this requirement.  This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility failed to assure that residents were informed of their right to formulate advance directives and to show written evidence it has met this requirement. Findings include:  Per interview with the Administrator on 12/22/14 at 11:30 AM, the residence has not yet implemented the Therapeutic Care Residence (TCR) requirement to inform new residents of their right to formulate advance directives and to	T 009	As a way to meet this requirement with our current population the Admissions Director will meet with all residents and have the residents sign off on the form stating they have been asked their wishes with regard to advance directives.  <b>T 009 Monitoring corrective action:</b> The Admissions Director and Program Administrator will periodically review client charts to make sure this requirement is being met.	T 009 pd accepted 1/16/15 Meg Bathman

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Lynn J. Pilcher</i>	TITLE  <i>Executive Director</i>	(X6) DATE  <i>1/16/15</i>
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T 009	Continued From page 1  have written evidence of this process, including the resident's signature on the document. The Administrator stated the home has completed a new policy that will be utilized for all subsequent admissions which will include the required documentation. The process has not been completed for all current residents of the home.	T 009		
T 037 SS=E	<p>V.5.8.c Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.c Staff shall not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's or other licensed health care provider's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the home failed to assure that all medications administered by staff had a health care provider's written signed order. All residents of the home have the potential to be affected. Findings include:  During observations of the medication administration process (including the PRN Medication Administration Manual) with the Administrator on 12/22/14 at 3 PM, it was noted that 'over the counter' PRN (as needed) medications are being administered to residents based on one generic copy of Standing Orders, signed by the psychiatrist, on 10/26/11. Per the Administrator, the Standing Orders are not</p>	T 037	<p><b>T 037 Action taken:</b></p> <p>The generic copy of Standing Orders was changed to an individualized PRN order sheet for OTC medications on 12/24/14 and each order has been signed by the physician. Each resident now has a personalized PRN order sheet for OTC medications.</p> <p><b>T 037 Monitoring Corrective Action</b></p> <p>The Nurse and Clinical Director will periodically spot check the PRN book to make sure that each resident has an individualized PRN order for OTC medications.</p>	<p><i>T037 PRN accepted 1/22/15 myj/eth/ew</i></p>

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T 037	Continued From page 2 completed for each resident, with names and dates of birth, and signed by the physician. TCR regulations require that all resident medications being administered have current signed physician orders and a corresponding diagnosis.	T 037		
T 040 SS=D	V.5.8.5 Resident Care and Services  5.8 Medication Management  5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.  This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the manager failed to assure that non nursing staff had the required written plan to direct them when administering a PRN psychoactive medication to residents of the home for 2 of 5 residents in the total sample. (Residents # 4 and #5). Findings include:  Per review of the medical records for Residents #4 and #5, each had physician orders for PRN psychoactive medication which are sometimes administered by non-licensed nursing staff and there was no PRN care plan that included the specified circumstances indicating the medication	T 040	<b>T 040 Action to be taken:</b>  The PRN form will be revised to include a description of behavior which would indicate that the PRN may be given; the behavior the PRN is intended to correct or address; the minimum time period between doses if more than one can be given; and the desired effect of the medication. There will also be a section on the form to educate lay staff about potential undesired side effects to look for. Per ongoing, the staff will sign, date, and mark the effectiveness of the medication.  Anticipated date of completion for all residents is 2/1/15.	

*T040 POC accepted 1/28/15 My father*

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T 040	Continued From page 3  may be given, the behaviors it is intended to correct and educated staff regarding the desired effects or undesired side effects that staff must monitor for. Resident #4 had physician orders for Seroquel (an antipsychotic), 12.5 mg, PO (by mouth), up to 2 times every day PRN anxiety/insomnia. The order did not include the minimum hours between doses. Resident #5 had physician orders for Hydroxyzine (an anxiolytic) 50 mg, PO every 4 hours PRN anxiety. The lack of required PRN care plans was confirmed during interview with the Administrator on 12/22/14 at 3:10 PM.	T 040		
T 052 SS=C	V.5.9.b.1.2.3.4.5.6.7-Resident Care and Services  5.9 Staff Services  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:  (1) Resident rights;  (2) Fire safety and emergency evacuation;  (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;  (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;	T 052	<b>T 052 Action to be taken:</b>  As a result of this survey the Human Resources Director established a new practice for orienting and training all new staff prior to their providing direct care to residents. As of 12/28/14 all new employees now begin employment on a Tuesday and have a full day of orientation and training with the HR Director.  In addition, the Program Administrator and the HR Director are developing an annual training schedule to cover all of the required training areas.  Anticipated implementation of new training schedule is 3/1/15.  The HR Director will maintain a binder documenting that each employee has completed the training requirements.	<i>T 052 POE accepted 1/20/15 My [signature]</i>

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T 052	Continued From page 4  (5) Respectful and effective interaction with residents;  (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and  (7) General supervision and care of residents  This REQUIREMENT is not met as evidenced by: Based on staff interview and record reviews, the facility failed to assure that all staff completed the annual training for all of the TCR required trainings. (Five of five staff training records reviewed were incomplete.) Findings include:  Per interview with the Director of Human Resources and the Administrator on 12/22/14 at 11:15 AM, the facility had not maintained written records of all staff training for the past year and failed to provide the staff trainings specified in the TCR regulations annually. Of the 5 staff records reviewed, none had completed all of the required trainings specified in the regulations.	T 052	<b>T 060 Action to be taken:</b>  During the admission process the resident will be offered an opportunity to complete an advance directive. If the resident declines it will be noted.  If completing an advance directive, which contains within it the instructions in case of death, does not occur the Clinical Team Leader will ask the resident his/her wishes in case of death during the intake and document that on the completed admission note and initial treatment plan.  This additional step to the intake process will take place with the next admission slated for 1/21/15.	
T 060 SS=C	V.5.10.b.1.2.i.ii.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:	T 060		

*T060 POC accepted 1/20/15 My [signature]*

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T 060	<p>Continued From page 5</p> <p>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;</p> <p>ii. The health care provider's name, address and telephone number;</p> <p>iii. Instructions in case of resident's death;</p> <p>iv. The resident's intake assessment summary, identification of problems and areas of successful life function;</p> <p>v. Data from other agencies;</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</p>	T 060		

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T 060	<p>Continued From page 6 another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that resident records included instructions in case of death for 5 of 5 resident records reviewed. ( Residents # 1 - 5). Findings include:</p> <p>Per interview with the Administrator on 12/22/14 at 11:25 AM, the facility had not yet implemented the required regulatory language in the resident admission paperwork to include written documentation of instructions in case of a resident's death. The facility planned to implement this process with the next resident admitted to the facility.</p>	T 060	<p><b>T 086 Action to be taken:</b></p> <p>The Resident Handbook will be amended to include a section regarding the rights and responsibilities of residents. During the admission process the resident will sign off on having been given the Resident Handbook and the admissions team will highlight the section on resident rights in their interview.</p>	
T 086 SS=C	<p>VI. 6.2 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.2 Each residence shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. Receipt of the rights by the resident shall be indicated by a signature and date by the resident on a line for that purpose on the admission agreement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility failed to assure that residents of the</p>	T 086	<p>Anticipated completion of the Resident Handbook revision is 2/1/15.</p> <p><b>T 086 Monitoring action taken:</b></p> <p>Periodic review by the Program Administrator of resident files.</p>	<p><i>T086 PCA accepted 1/20/15</i> <i>Mary [signature]</i></p>

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T 086	Continued From page 7  home were informed of their rights and verified by signature, receipt of a copy of the Resident Rights upon admission to the home. Findings include:  Per interview on 12/22/14 at 11 AM, the Administrator confirmed that current residents of the home had not been given a copy of their Resident Rights, and had not signed any documents indicating receipt of these rights. The Administrator stated that they had developed the policy to accomplish this but had not yet operationalized it.	T 086		
T 187 SS=E	IX.9.11.c Physical Plant  9.11 Disaster and Emergency Preparedness  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.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record reviews, the facility failed to assure that fire drills were carried out at the times prescribed in the TCR regulations. Findings include:	T 187	<p><b>T 187 Action to be taken:</b></p> <p>The Physical Plant Director updated the fire drill log on 1/15/15 to include a rotation of evening and night-time drills for each resident house. The form has lines for date, time, and staff present.</p> <p>The Program Administrator will periodically review with the PPD that the drills are being conducted at the required times of day and night.</p> <p>Drills will begin in the new rotation including evening and night-time hours beginning 2/1/15.</p>	<p><i>FOR JPPC accepted my fault, PW</i></p>

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T 187	Continued From page 8  Per review of the fire drill logs for 2014, the facility failed to conduct drills in the morning and at night time and also failed to document the list of staff in attendance at each drill. Morning drills are between 6 AM and 11:59 AM. Night time drills are between 12 midnight and 5:59 AM. During interview, the Administrator confirmed that although the times recorded failed to state whether AM or PM, he/she was certain per review of the log that most drills were in the afternoon.	T 187		