

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 23, 2016

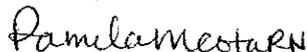
Mr. John Duffy, Administrator  
Valley Vista  
23 Upper Plain  
Bradford, VT 05033-9016

Dear Mr. Duffy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 4, 2016, for citations T044 - T146. Please post this document in a prominent place in your facility. **Please note that the licensing agency is still awaiting variance requests for T150, as there was no plan of correction submitted that states the facility will comply with regulatory requirements.**

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: 04/13/2016  
FORM APPROVED

Division of Licensing and Protection		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/04/2016
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0540	STREET ADDRESS, CITY, STATE, ZIP CODE 23 UPPER PLAIN BRADFORD, VT 05033	

NAME OF PROVIDER OR SUPPLIER  VALLEY VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 23 UPPER PLAIN BRADFORD, VT 05033
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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 by the Division of Licensing and Protection on 04/04/16. The following are Therapeutic Community Residence (TCR) regulatory findings.

T 001

*Please see attached plans of correction.*

T 044  
SS=D

V.5.8.g.1.2.3.4.5.6. Resident Care and Services

5.8 Medication Management

5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:

- (1) Documentation that medications were administered as ordered;
- (2) All instances of refusal of medications, including the reason why and the actions taken by the residence;
- (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;
- (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration;
- (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and

T 044

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

TITLE

*EXECUTIVE DIRECTOR*

(X6) DATE

STATE FORM

611V11

If continuation sheet

T044 - T146 POC's accepted 5/19/16 summons and pmc

\* T150 - licensing agency awaiting variance request

Division of Licensing and Protection

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T 060 SS=D	<p>V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b The following records shall be maintained and kept on file:</p> <p>(1) A resident register including all admissions to and discharges out of the residence.</p> <p>(2) A record for each resident which includes:</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>	T 060		

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T 060	<p>Continued From page 3</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: Based on record review and staff interview, the residence failed to assure that resident records for 2 of 3 TCR residents contained assessment/treatment summaries and physician's evaluation conclusions. (Resident #1 and #2) Findings include:</p> <p>1. Resident #1 was admitted on 03/28/16. Per record review on 04/04/14, there is no comprehensive treatment note (ASI) and the Individual Progress note was not completed. In addition, the psychiatric consult request dated 04/01/16 for an initial evaluation as noted by the acuity/urgency level as to be seen within 24 hours, was not found. Per interview at 12:15 PM the Men's Program Director acknowledged that the evaluations was not done timely and that the expectation would be that the comprehensive note (ASI) be done within 5 days. S/he confirmed the above findings.</p> <p>2. Resident #2 was admitted on 02/02/16. Per</p>	T 060	<p>We are unable to type in this format. Please See attached 2 page document</p>	
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T 060	Continued From page 4  record review on 04/04/16, notes that the resident was seen on 02/09/16 by the psychiatrist, however, no treatment summary or review conclusion was found in the resident's record. Per interview on 04/04/16 at 2:13 PM the psychiatrist stated that the summary was "in draft form in another operating system...just finished it now, and...will be scanned into the record". S/he confirmed the record didn't have the visit note from 02/02/16 at the time of the review.	T 060		
T 061 SS=D	V.5.10.b.3.i.ii.iii.iv. Resident Care and Services  5.10 Records/Reports  5.10.b.3.Progress notes that document a resident's progress and current status in meeting the goals set by the treatment plan, as well as efforts by staff members to help the resident achieve these stated goals, shall be made a part of the resident record.  i. All entries that involve subjective interpretation of a resident's progress should be supplemented with a description of actual behavioral observations supporting the interpretation.  ii. If a resident is receiving services at an outside resource, the residence shall attempt to secure a written copy of progress notes and resident records from that source. These shall be attached to the resident record.  iii. Summary progress reports shall be written regularly and made part of the resident record.	T 061		

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T 061	Continued From page 5  iv. Whenever possible residents should be encouraged to contribute to their own progress notes.  This REQUIREMENT is not met as evidenced by: Based on record review and interview a summary report was not written timely for 1 of 3 residents in the sample. (Resident #2) Findings include:  1. During record review on 04/04/16, Resident #2's physician's summary progress reports were not found as part of the resident record. A Psychiatric Consult Request dated 02/05/16 notes the acuity and urgency level as needing to be seen with in 72 hours (3 days). There was a notation that the resident was seen 4 days later on 02/9/16, however, no summary progress note was found. Per interview at 11:45 AM the medical records staff stated that "sometimes there are drafts in another [operating] system and when the physician completes it, it is then given to medical records and is scanned into the resident's record". During interview at 2:13 PM the physician stated that the draft "shouldn't have taken that long to complete, which was finished today". S/he acknowledged the resident's record didn't have a timely summary report, as would be expected.	T 061		
T 146 SS=E	IX.9.1.a Physical Plant  9.1 Environment	T 146	<i>We are unable to type in this format. Please see attached 2 page document.</i>	

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T 146	Continued From page 7 missing under the towel dispenser. Per interview at 3:07 PM the Maintenance Director (MD) stated "you're absolutely right about (the) needed repairs...". The MD confirmed the above findings.	T 146		
T 150 SS=D	IX.9.2.a Physical Plant 9.2 Residents ' Rooms 9.2.a Each bedroom shall provide a minimum of 100 square feet per bed.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the resident's rooms did not meet the required minimum of 100 square feet (sq. ft.) per bed. Findings include:  During the initial tour on 04/04/16 at 10:30 A.M. on the A wing, Rooms 2, 4, 5, 6, and 8 each had three beds per room, and room #3 had four beds. A walk through at 2:15 PM with the Maintenance Director verified that the rooms measured 227 sq. ft. except room #3, which measured 294 sq.ft. The TCR had requested and received a variance in June 2015 for one room on C wing and two rooms on the A wing, Room #3 and room #5 only, and only for part-time use for crisis situations. There were no variances for rooms 2, 4, 6, and 8.	T 150	We are unable to type in this format. Please see attached 2 page document.	

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T 044	Continued From page 1 (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the TCR failed to assure there is documentation that medications were administered as ordered and documentation of all instances of refusal of medications, including the reason why and the actions taken by the residence for 1 of 3 applicable residents in the sample. (Resident #2) Findings include:  1. During review of Resident #2's chart, not all information regarding medication administration was documented. The Medication Administration Record (MAR) during the month of February 2016 had no documentation that four prescribed medications had been given as ordered or refused. There were orders for daily doses of Naltrexone 50 mg, Vitamin D3 2,000 unit, and Fish Oil 2 caps. Medications were documented as not being given for two days, five days and 8 days, respectively. In addition, Probiotics 1 cap was ordered for three times daily but was documented as being given twice daily and then discontinued on 02/18/16. However, there are no physician's orders nor progress notes that the physician was aware of the changes or missed doses.  Per interview at 1:15 PM, the nurse stated that the resident at times would decline the medications. The nurse acknowledged that the MAR and/or the shift progress notes do not have documentation for refusals and/or reason for missed medication administration, as well as the physician's order for the discontinued medication.	T 044		
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T 146	<p>Continued From page 6</p> <p>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff and staff interview, the facility failed to assure that all areas of the home were maintained in a safe, functional and sanitary manner. Findings include:</p> <p>Per observations on 04/04/16 of A wing, the following areas were not maintained in a safe, functional and sanitary manner: Room 5's bathroom had approximately 4 feet of base cove pulled away from the wall and in several areas exposing wallboard as well as [near shower unit] sharp edges. The window was unable to stay in a closed position. A resident at that time stated "it has been that way for a few weeks and I did tell someone". Room 6 noted to have ripped base cove in bathroom. Room 3 demonstrated the light switch plate for the bathroom was smashed, exposing the inside wallboard. There was a hole in the wall near the window and chipped paint on the opposite wall, above the bed. The metal heating element had sharp edges and a bed was against it. Room 2's base cove in bathroom was peeling away and had masking-type tape on it. A resident who was in the room at that time stated "I taped it last week...I didn't want to trip". Room 8's base cove was pulling away from shower unit and there were streaks of paint</p>	T 146	<p><i>We are unable to type in this format. Please see attached 8 page document</i></p>	

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T 150 SS=D	IX.9.2.a Physical Plant  9.2 Residents ' Rooms  9.2.a Each bedroom shall provide a minimum of 100 square feet per bed.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the resident's rooms did not meet the required minimum of 100 square feet (sq. ft.) per bed. Findings include:  During the initial tour on 04/04/16 at 10:30 A.M. on the A wing, Rooms 2, 4, 5, 6, and 8 each had three beds per room, and room #3 had four beds. A walk through at 2:15 PM with the Maintenance Director verified that the rooms measured 227 sq. ft. except room #3, which measured 294 sq.ft. The TCR had requested and received a variance in June 2015 for one room on C wing and two rooms on the A wing, Room #3 and room #5 only, and only for part-time use for crisis situations. There were no variances for rooms 2, 4, 6, and 8.	T 150		

VALLEY VISTA, 23 Upper Plain, Bradford , VT 05033, (Provider ID # 0540)

Response to DAIL Survey of 4/04/16

**T 044 Medication Management**

1.

- The Director of Nursing (DON) will provide retraining on Valley Vista's Current Medication Administration and Documentation Policies and Procedures for all Nursing Staff.

Complete Date 4/29/2016

- The DON will assign staff to perform daily reviews of MARs and EMRs to ensure compliance with Valley Vista's Medication Administration and Documentation Policies and Procedures.

Complete Date 4/21/2016

- Reviews of MARs and EMRs will be monitored by the DON who will intervene with staff as necessary to ensure proper procedures are being followed.

Complete Date 4/21/2016

- A report on the effectiveness of these remedies will be presented at the next Executive Committee Meeting to be held in May 2016 and quarterly thereafter.

Complete Date 5/2016

**T 060 Records/Reports**

1 & 2

- The Clinical Director will ensure that all relevant staff receives retraining on Valley Vista's Policies on Documentation, Assessment, Referrals and Treatment Planning.

Complete Date 5/6/16

- The Clinical Director will instruct Program Directors to include documentation reviews as part of daily or thrice weekly treatment team meetings to ensure that all relevant material is included in the EMR or other operating system.

Complete Date: 5/6/2016

- Reviews of the EMR or other operating system reviews will be monitored by the Clinical Director who will instruct Program Directors to intervene with staff as necessary to ensure proper procedures are being followed.

Complete Date: 5/6/2016

- A report on the effectiveness of these remedies will be presented by the Clinical Director at the next Executive Committee Meeting to be held in May 2016 and quarterly thereafter.

Complete Date: 5//2016

VALLEY VISTA, 23 Upper Plain, Bradford , VT 05033, (Provider ID # 0540)

Response to DAIL Survey of 4/04/16

**T 061 Records/Reports**

- Policy and procedure covering Psychiatric Consults has been reviewed and will be updated to reflect current accepted standards of practice. All relevant staff will be trained in updated policy and procedures.

Complete Date: 5/6/2016

- Physician's documentation will be included in the reviews and actions indicated in T 060.

Complete Date: 5/6/2016

- Valley Vista Management will work with EMR provider to include psychiatric notes in the electronic record as soon as possible. This will increase all appropriate staff's accessibility to such notes.

Complete Date: 5/13/2016

**T 146 Physical Plant**

9.1. a

- An assessment of the workload of the Maintenance Director has determined the need for hiring an assistant. One will be hired.
- Repairs will be made to all areas noted.
- The Director of Maintenance will keep a record of repair requests, other needs and subsequent fixes.
- The Director of Maintenance and the Controller will perform bi-weekly building rounds to note problem areas and create schedules for addressing them.
- The Controller will monitor the records of repair requests, other needs and subsequent fixes.
- A report on the effectiveness of these remedies will be presented by the Controller at the next Executive Committee Meeting to be held in May 2016 and quarterly thereafter.

5/6/2016

**T 150 Physical Plant**

9.2.a

Since there is some confusion over this requirement, Valley Vista will discuss it during an "informal review" via conference call scheduled by DAIL to be held on Wednesday, April 27, 2016 at 10 AM. A response will be submitted following that review.

## T 150 Response

Valley Vista acknowledges that the rooms in question do not meet the requirements of the 2014 regulations, however, they did meet the requirements of the prior regulations that were in place when Valley Vista was licensed in 2004.

Since we have opened, approximately 25,000 patients have been treated at Valley Vista and complaints regarding physical accommodations have been extremely rare. In fact, this was the first complaint of this type that has been made to the Division. In fact, most patients prefer the rooms in question because they provide a bathroom that has not been shared and there is more security over their possessions.

We note that the current regulations would permit us to house patients in hallways, storeroom and unfinished attics for up to 72 hours. We believe that the alternative of a bed in a room that is slightly smaller than current regulations with an attached bathroom is a preferable solution for everyone.

There are no corrections to the physical plant that can be made without a significant financial hardship. In addition, with the current patient demand, the fact that Valley Vista is the only medically monitored detoxification facility in the state makes it a hardship for potential patients and the state if these beds are taken offline. Therefore we will be requesting a waiver for the rooms in question.

Assuming a waiver is granted, we will commit to measuring patient satisfaction with living quarters and room size for the next six months and updating the division on these results. As we have in the past, if any patient has a complaint regarding the number of people in their room, we will take measures to accommodate them with a room change to the extent that census enables.