

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

November 28, 2011

Ms. Melanie Feddersen, Administrator  
Woodstock TCR  
476 Woodstock Road  
West Woodstock, VT 05091

Provider #: 0114

Dear Ms. Feddersen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 24, 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



**Initial Comments:**

An unannounced, onsite re-licensing survey was completed on 8/24/11 by the Division of Licensing and Protection. The following are regulatory violations:

**T-0002: General**

**The Director shall provide every resident with the personal care and supervision appropriate to his / her individual needs.**

Based on staff interview and record review, the Director failed to assure that all staff are fully trained and delegated by the RN (Registered Nurse) prior to medication administration and that the medication needs for 3 of 3 residents in the survey sample (Resident #1, #2, & #3) were clearly identified and met. Findings include:

1. Per record review on 8/23/11, there was a discrepancy between the most recent physician orders and the Medication Administration Record (MAR). The most current signed physician orders (dated 8/1/11) for Resident #1 contained no reason for the use of Morphine Sulfate liquid 1 ml (milliliter) every 4 hours PRN (as needed) and Tramadol 50 mg (milligrams) every 8 hours PRN. Each of these medications was identified to be used for pain on the MAR. Carafate 10 ml every 6 hours PRN was written as a routinely administered medication on this resident's MAR while the physician orders indicated this medication should be given as needed. During interview that afternoon, the Director confirmed that the physician orders lacked a reason for administration for the Morphine and the Tramadol. S/he confirmed that the Carafate order transcribed to the MAR as a scheduled order was actually written as a PRN order on the most recent physician order sheet and should have been clarified as this had historically been a scheduled medication. moved out 8/27/11
2. Per record review on 8/23/11, there was a discrepancy between the most recent physician orders and the MAR. The most recent signed physician orders (dated 8/10/11) for Resident #2 contained no reason for Hydroxyzine 25 mg (2 tabs) as needed, up to 4 times daily. During interview at 3:55 PM, the Director confirmed that there was no reason indicated on the physician orders for the administration of the Hydroxyzine. PRN reason
3. Per record review on 8/23/11, there was no reason for Lorazepam 1 mg every 3 hours PRN (as needed) up to 4 times a day per the most recent physician orders (dated 6/2/11). There was also no minimum safe dosing frequency indicated in this order. During interview that afternoon, the Director confirmed that this order did not indicate a reason or timing of dosing for the Lorazepam. PRN reason  
minimum dose
4. Per record review on 8/23/11, the standing orders for Resident #2 contained several medications with ranges for dose and time of administration including; "Benadryl 25mg 1-2 tabs Q 4-6 hours (for rash). Do not exceed 6 doses in 24 hours", "Ibuprofen 200 mg tab 1-2 tabs every 4-6 hours (for headache). Do not exceed 6 tabs in 24 hours", and "Tylenol 500 mg tab 2 tabs every 4-6 hours (for pain - ear/toothache). Do not exceed 8 tabs in 24 hours". During interview at 12:20 PM, the Director confirmed that these orders were not specific regarding dosage and spacing between doses given to guide staff in the amount and timing of the administration of these medications. standing orders  
med. 6/2/11  
signed  
8/26

*Memo 8/26/11*

**T-0003: 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.**

Based on interview and record review, the director failed to assure that medications being administered to 2 applicable residents in the survey sample (Residents #2 & #3) were currently on the most recent physician order sheet. Findings include:

1. Per interview with the RN (Registered Nurse) on 8/25/11 at 11:47 AM, Residence staff is trained in medication administration through a written material review, written testing and a question and answer period. The Director then assists / follows the new staff member until the Director determines the staff member is ready to safely administer medication independently. There is no return demonstration of techniques or direct observation by the RN of medication administration techniques for residents prior to unlicensed staff administering medication independently.
2. Per record review on 8/23/11, Resident #2 had received Chlorpromazine 25 mg (milligram) on 8/11/11, 8/12/11 (X2), 8/14/11 and 8/20/11. This medication was not on the most recent physician orders (dated 8/10/11) as a PRN medication. During interview at 3:55 PM, the Director confirmed that this medication was not on the most recent physician orders.
3. Per record review on 8/23/11, Resident #3's MAR (Medication Administration Record) indicated "Clonazepam 0.5 mg" had been given on 7/8/11, 7/23/11, 8/8/11, and 8/14/11 as a PRN medication. The record indicated that this PRN medication order had been discontinued on 6/13/11. During interview at 3:50 PM, the Director confirmed that Resident #3 had received Clonazepam 0.5 mg PRN after the medication had been discontinued.

done  
7/21  
added to  
check list

stay  
initial  
orders  
leave for  
me to  
initial

M. [Signature] 8/25/11

Oct 26 2011

T-002 General Deficiencies

1.
  - a. Resident #1 no longer resides at WTCR. She moved out on 9/30/11 and we no longer maintain any type of record for her.
  - b. We will not accept any controlled medications in the future that are in liquid form at this site, the inability to measure accurately doses prevents this.
  
2.
  - a. Attached is a copy of Resident #2 most recent medication orders which includes reasons for all prn medications and also minimum dosing frequency for each prn medication.
  - b. Added to WTCR's admission paperwork for residents is a section where staff initials that all prescribed prn medications has a specific purpose and also a minimum dosing frequency for each prn medication. This will ensure that this requirement will be in place when a resident moves into residential program. See attached sheet.
  - c. All resident med orders were updated so that prn orders show reasons for medication and also minimum dosing frequency, signed by Dr Ted Robbins on 9/26/11.
  
3.
  - a. Attached is a copy of Resident prescribed Lorazepam most recent medication order which includes reasons for all prn medications and also minimum dosing frequency for each prn medication.
  
4.
  - a. All standing orders for over the counter medications no longer have ranges for dose or time of administration. See attached sheet.
  - b. All standing orders for current WTCR residents have been reordered using this sheet by Dr Ted Robbins on 9/26/11.

11-3-11 T0002 POE accepted. — C. Lanning, R.N.

T-003: Medication deficiencies.

1.
  - a. Wendy Currie met with all WTCR staff on 9/21/11 to complete a review of the medication administration testing that she completes when a new residential staff is hired. She also observed staff completing techniques for medication administration.
  - b. I have added a yearly review time on a checklist that staff uses to ensure all necessary tasks are completed at WTCR. Yearly review is set for the month of September. See copy of checklist attached to this letter.
  
2.
  - a. The new procedure for WTCR staff to follow when a resident returns from any doctor appointment will now include two staff reviewing returning medical appointment sheet

that accompanied resident to appointment. Each staff will initial the top of sheet indicating that any changes have been made in planner, MAR, and on their individual appointment sheets for that we maintain for doctor visits.

- b. To ensure this new procedure occurs, a space on Medical Appointment Forms for WTCR staff to initial. See attached.
- c. Wendy Currie RN will check the WTCR MAR and our current orders to ensure they match on an every other month schedule. This will reduce chances of documentation and administration medication errors.

3. See above

11-3-11 T0003 POC accepted. — C. Karany, RN

T-002  
4a

## HEALTH CARE & REHABILITATION SERVICES

### PRN MEDICATIONS (STANDING PHYSICIAN ORDERS)

CLIENT NAME: \_\_\_\_\_ CLIENT# \_\_\_\_\_

PROBLEM	RECOMMENDED MEDICATION	DOSE	DIRECTIONS/ COMMENTS
Headache	Ibuprofen (NSAID) Advil, Motrin	200 mg tab	2 tabs every 4 hours Do not exceed 6 tab in 24 hours
Pain (ear/toothache)	Tylenol	500 mg tab	2 tabs every 4 hours Do not exceed 8 tabs in 24 hours
Fever Common cold	Tylenol	500 mg tab	2 tabs every 4 hours Do not exceed 8 tabs in 24 hours
Constipation	Milk of Magnesia	4 tablespoons	Take preferably at night with a full glass of liquid. One dose only per day.
Diarrhea	Imodium	2 mg cap	2 caps initially then 1 cap after each loose stool. Max 8 caps per day
Cough	Robitussin (Cough and Cold Formula)	2 tsp	2 teaspoons every 4 hours
Sore Throat	Cepacol		1 lozenge every 2 hours
Abrasion	Neosporin	_____	Apply ointment to abrasion
Rash	Benadryl	25 mg	2 tabs every 4 hours Do not exceed 6 doses in 24 hours
Heartburn	Tums/Rolaids	500 mg	Chew 4 tabs Do not exceed 15 tabs in 24 hours
Sinus congestion	Sudafed (Severe Cold or Sinus Headache)		2 caps every 4 hours Do not exceed 12 in 24 hours
Heartburn, upset stomach, diarrhea	Pepto bismol	2 Tbsp.	1 dose every 1/2 hour. Do not exceed 8 doses in 24 hours.
Skin Irritation and Rashes	Hydrocortisone	1%	Apply to the affected area not more than 4 times per day.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



~~Food~~  
3a  
~~Food~~  
2b

~~Food~~  
3a

**HCRS WOODSTOCK HOUSE**  
476 Woodstock Road, Woodstock, Vermont  
(802) 457-1845

CONSUMER: [REDACTED] 42      DATE: [REDACTED]  
PHYSICIAN: [REDACTED] s      WTCR staff review initials \_\_\_\_\_

WEIGHT: \_\_\_\_\_      BLOOD PRESSURE: \_\_\_\_\_  
PULSE: \_\_\_\_\_

**CURRENT MEDICATIONS**

MEDICATION	DOSE	FREQUENCY	MEDICATION	DOSE	FREQUENCY
Latuda	40mg	1 tab HS	Levothyroxine	50mcg	1 tab Am
			Lorazepam	1mg	1-2 tabs AM PRN, & 1 tab PRN for Torticollis every 4 hours, up to twice daily

**MEDICATION CHANGE**

DRUG		DRUG	
STRENGTH		STRENGTH	
DOSE		DOSE	
ROUTE		ROUTE	
PRESCRIBED FOR		PRESCRIBED FOR	
DESIRED RESULT		DESIRED RESULT	

PHYSICIAN'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
[REDACTED SIGNATURE]

PHYSICIAN'S SIGNATURE

NEXT APPOINTMENT: \_\_\_\_\_

T-002  
2b

Nutritional Assessment

1. Please note any special nutritional needs you may have:

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2. Do you have a health condition which requires a special diet?

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3. Do you have any food allergies?

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STAFF - Note any nutritional or health risks

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Nutritionist referral needed \_\_\_\_\_

Other Specialists \_\_\_\_\_

Medical Assessment

1. Any allergies to medications? Describe reactions.

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ALL FORMS REGARDING MEDICATIONS ARE IN AGREEMENT AND CLEAR, MATCH WITH ANY LABELS NEW RESIDENT HAS ON MEDICINE BOTTLES.

STAFF INITIALS \_\_\_\_\_

ALL PRN MEDICATIONS PERSCRIBED HAVE REASONS FOR SPECIFIC MEDICATIONS AND ALSO MINIMUM DOSING FREQUENCY FOR EACH PRN MEDICATION.

STAFF INITIALS \_\_\_\_\_

T-003

1b.

**FIRE DRILL SCHEDULE 2011**

	<u>INITIAL</u>	<u>DIETARY CHECKLIST</u>
JANUARY	1	
FEBRUARY	None	
MARCH	2	
APRIL	None	
MAY	3	
JUNE	None	
JULY	1	
AUGUST	None	
SEPTEMBER	2	
OCTOBER	None	
NOVEMBER	2	
DECEMBER	None	
SHIFT 1- 7AM-2PM		
SHIFT 2- 2PM-9PM		
SHIFT 3- 9PM-7AM		

**FIRE EXTINGUISHER MAINTENANCE CHECK**

	<u>INITIAL</u>
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

**ELECTRICAL EQUIPMENT CHECK**

	<u>INITIAL</u>	<u>FACILITY CHECKLIST</u>
JANUARY		
APRIL		
JULY		
OCTOBER		

**UPDATES:**      PRN                      RELEASES                      SKILLS ASSESSMENT

JANUARY		X	X
MARCH	X		
SEPTEMBER	X	X	

**SMOKE DETECTOR BATTERY CHANGE**                      **FRIDGE COILS**

JANUARY		
JUNE		

**RN YEARLY REVIEW MEDICATION ADMINISTRATION REVIEW**

	<u>RN INITIALS</u>
SEPTEMBER	

T-003  
26

**HCRS WOODSTOCK HOUSE**  
 476 Woodstock Road, Woodstock, Vermont  
 (802) 457-1845

<b>CONSUMER:</b> _____ <b>PHYSICIAN:</b> _____	<b>DATE:</b> _____ <b>WTCR staff review initials</b> _____
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**WEIGHT:** \_\_\_\_\_ **BLOOD PRESSURE:** \_\_\_\_\_

**PULSE:** \_\_\_\_\_

**CURRENT MEDICATIONS**

MEDICATION	DOSE	FREQUENCY	MEDICATION	DOSE	FREQUENCY
Latuda	40mg	1 tab HS	Levothyroxine	50mcg	1 tab Am
			Lorazepam	1mg	1-2 tabs AM PRN, &1 tab PRN for Torticolis every 6 hours, up to twice daily

**MEDICATION CHANGE**

<b>DRUG</b>		<b>DRUG</b>	
<b>STRENGTH</b>		<b>STRENGTH</b>	
<b>DOSE</b>		<b>DOSE</b>	
<b>ROUTE</b>		<b>ROUTE</b>	
<b>PRESCRIBED FOR</b>		<b>PRESCRIBED FOR</b>	
<b>DESIRED RESULT</b>		<b>DESIRED RESULT</b>	

**PHYSICIAN'S COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_

**NEXT APPOINTMENT:** \_\_\_\_\_