

Division of Licensing and Protection

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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

July 11, 2018

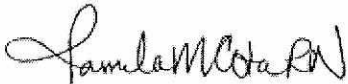
Mr. William Brown, Manager
Confluence Behavioral Health
1646 Gove Hill Road
Thetford Center, VT 05075

Dear Mr. Brown:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 13, 2018**. 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0654	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2018
NAME OF PROVIDER OR SUPPLIER CONFLUENCE BEHAVIORAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1646 GOVE HILL ROAD THETFORD CENTER, VT 05075	
(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)
T 001	Initial Comments An unannounced onsite re-licensure survey was conducted on 6/13/18 by the Division of Licensing and Protection to determine compliance with the regulations for Therapeutic Community Residences (TCR). The following regulatory violations were identified:	T 001	Please see attached plans of correction.
T 037 SS=C	V.5.8.c Resident Care and Services 5.8 Medication Management 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR nurse failed to ensure Standing Orders were signed by each resident's prescribing physician or other licensed health care provider for 3 of 3 applicable residents. (Residents #1, 2, 3) Findings include: 1. Resident #1 received doses of ibuprofen as needed (PRN) for pain on 5/23/2018. Per review of Resident #1's physician orders, there was no evidence of an order for the ibuprofen specific to Resident #1 to include his/her name, date of birth or physician signature. 2. Resident #2 received doses of ibuprofen PRN for pain on 6/4/2018 and 6/5/2018. Per review of Resident #2's physician orders, there was no	T 037	

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

6899

57X111

If continuation sheet 1 of 9

T037-T187 POCs accepted 7/11/18 Fmclntkhrn/pmc

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2018
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T 037	Continued From page 1 evidence of an order for ibuprofen specific to Resident #2 to include his/ her name, date of birth or physician signature. 3. Resident #3 was administered ibuprofen 400 mg on 5/22/18 for a headache, which is a medication included on the Standing Order list. Per record review, there was no evidence of a signed Standing Order by the prescribing physician for Resident #3. During observation of the medication administration process with the Clinical Nurse, it was noted that PRN medications are being administered at the residence based on a list of Standing Orders approved via consultation with a physician not employed by the residence. Per the Clinical Nurse, Standing Orders are not written for each resident to include their name, date or birth or physician signature. The lack of signed Standing Orders for Resident #1, Resident #2 and Resident #3 was confirmed by the Clinical Nurse at 2:30 PM on 6/13/2018.	T 037		
T 038 SS=A	V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services 5.8 Medication Management d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider 's diagnosis and orders. (2) A registered nurse must delegate the	T 038		

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T 038	Continued From page 2 responsibility for the administration of specific medications to designated staff for designated residents. (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that documentation of as needed (PRN) psychotropic medication administered by unlicensed staff contained all elements required by the Licensing and Operating Regulations for Therapeutic Community Residences for 1 out of 3 residents in the sample (Resident #1). Findings include:	T 038			

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T 038	Continued From page 3 Resident #1 received doses of alprazolam PRN on 3/23/2018, 3/29/2018, 4/25/2018 and 5/9/2018 for the management of anxiety consistent with physician's orders. While unlicensed staff included the time and reason for the administration of the medication, there was no documentation on the Medication Administration Record reflecting the specific effect of the medication. The lack of documentation of the effectiveness of the PRN psychotropic medication effectiveness was confirmed with the residence's Clinical Nurse at 3:15 PM on 6/13/2018.	T 038		
T 044 SS=B	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;	T 044		

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T 044	Continued From page 4 (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 (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that documentation of medication administration contained sufficient content to indicate to the health care provider, registered nurse, certified manager or licensing agency that the medication regimen as ordered was appropriate and effective for 3 of 3 residents in the sample (Resident #1, #2 and Resident #3). Findings include: 1. Resident #1 received 400 mg of ibuprofen on 5/23/2018 as needed (PRN) for pain. While the unlicensed staff documented the date, time and reason for giving the medication, there was no documentation on the Medication Administration Record (MAR) to indicate whether or not the medication effectively managed Resident #1's pain. 2. Resident #2 received 400 mg doses of ibuprofen PRN due to ankle pain on 6/4/2018 and 6/5/2018. While the unlicensed staff documented the date, time and reason for giving the medication, there was no documentation on the	T 044		

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T 044	Continued From page 5 MAR to indicate whether or not the medication effectively managed Resident #2's ankle pain. 3. Resident #3 received Motrin (ibuprofen) 400 mg. on 5/22/18 for a headache. Staff had documented the time, dose and reason but failed to document the effectiveness of the medication. The lack of documentation in the medical record indicating the effectiveness of the the PRN medication was confirmed by the Clinical Nurse on 6/13/2018 at 2:30 PM.	T 044		
T 052 SS=E	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; (5) Respectful and effective interaction with	T 052		

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T 052	Continued From page 6 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 record review and staff interview, the TCR failed to demonstrate that three out of five staff were provided and participated in the annual twelve hours of training as required by TCR regulation. Training topics must be specific to resident rights, fire safety and emergency evacuation; first aid; abuse, neglect and exploitation; respectful communication; infection control, and general care and supervision. Findings include: During a review of the TCR program Training Attendance log on 6/13/18, three of five staff had not received the 12 hours of annual training as required. Per interview on the afternoon of 6/13/18 clinical staff confirmed identified staff had not participated in the 12 hours of required training.	T 052		
T 127 SS=C	VII.7.2.b Nutrition and Food Services 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.	T 127		

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T 127	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the TCR failed to ensure that all perishable food and drink were consistently stored at appropriate temperatures in refrigerators and freezers. Findings include: During an environmental tour of the residence, a refrigerator in the kitchen pantry utilized for resident food did not have a thermometer within it to ensure perishable food and drinks were stored at an appropriate temperature. Additionally, a chest freezer did not have a thermometer within it to ensure frozen food was maintained at an appropriate temperature. The resident Partner confirmed the lack of thermometers to ensure safe food and drink storage at 9:30 AM on 6/13/2018.	T 127			
T 139 SS=C	VII.7.3.g Nutrition and Food Services 7.3. Food Storage and Equipment 7.3.g Doors, windows and other openings to the outdoors shall be screened against insects, as required by seasonal conditions. This REQUIREMENT is not met as evidenced by: Based on observation at the time of survey, the front door to the residence remained open at times without the protection of a screened door to protect against insects, as required by seasonal conditions. Findings include: The residence front door was noted to be left	T 139			

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T 139	Continued From page 8 opened and no door screen was in use. It was also noted at the time of survey flies were observed in various locations within the building.	T 139		
T 187 SS=C	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 review, the TCR failed to rotate times of day when conducting required fire drills. Findings include: Per review of the TCR annual fire drill documentation, it was noted that drills were only conducted during the morning at 7:32 AM and 11:48 AM and in the afternoon at 3:35 PM and 4:00 PM, no evening or night drills were conducted. This was confirmed by clinical staff on the afternoon of 6/13/18.	T 187		

Plan Of Correction

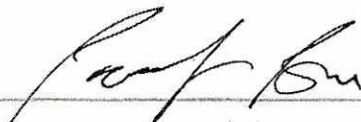
Confluence Behavioral Health

DAIL Regulation Report Summary

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Signed:



Patrick L. Brown - Owner/Director Of Outreach

Date:

6-28-18

Corrective Action Plan

X(4) ID TAG

T037

DAIL Regulation

V.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.

Deficiency Reported

This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR nurse failed to ensure Standing Orders were signed by each resident's prescribing physician or other licensed health care provider for 3 of 3 applicable residents.

Corrective Action Plan

1. Immediate Action: Confluence has created a list of all OTC PRN medications specific to each participant and Confluence will obtain Standing Orders from a physician for all newly admitted participants as part of the admissions process. These orders indicate medication time, dose, indications for use and directions for taking the medication. All current participants have been seen by a physician and obtained active Standing Orders for PRN OTC medications. (See below)
2. Immediate Action: All enrolling participants are being provided an OTC Standing Orders medications list and are requested to seek approval from their primary care provider for any PRN OTC medications prior to arrival at Confluence. These orders shall indicate medication name, dose, indications for use and directions for taking the medication.
3. Interim Action: For any participant arriving without medical Standing Orders for PRN OTC medications, that participant will be seen for a physical exam and to acquire Standing Orders for OTC medications specific to the individual within 3 days of arrival. These orders shall indicate medication name, dose, indications for use and directions for taking the medication.

4. Lynne Chow, APRN is in the process of securing an approval from the Vermont Board of Nursing to practice in the full capacity of her APRN license at Confluence Behavioral Health (she is currently practicing in the capacity of an RN). With this approval, Confluence to have a staff person with the capacity to provide medical Standing Orders for PRN OTC medications. These medical Standing Orders will be provided for any participant taking PRN OTC medications and will be issued during the nursing assessment on the day of enrollment. Confluence will report back to the DAIL Licensing Agency when approval from Vermont Board of Nursing has been issued. The expected date for this approval is Aug 1, 2018.

All medical Standing Orders will be recorded in the client electronic medical record.

Measures to Ensure Deficiency Does Not Recur

1. Documentation:
 - a. Confluence has created a PRN OTC form for with each participant and will obtain standing orders for all PRN OTC medications at the time of admission. (See PRN OTC Form below)
 - b. Confluence has created a Enrollment Chart Audit Tool to be completed by the clinical director within 14 days of admission. This tool includes auditing for PRN OTC medication Standing Orders. (See Enrollment Chart Audit Tool Below)
2. Policy: Confluence has amended company Medication Orders Policy and Procedure 6.3.1 to include direction for obtain PRN OTC Standing Orders for all participants. (See Below)
3. Staffing: Confluence is in the process of securing an on-site staff person whose professional APRN license allows for the issuing of PRN OTC Standing Orders

Monitoring Strategies

Within 14 days of enrollment the complete chart will be audited to review all enrollment documents using the Enrollment Document Auditing Tool (see below). This audit tool will include review of the PRN OTC medication Standing Orders specific to each individual participant to insure that all documentation is current, accurate and in full compliance with State of Vermont DAIL Regulations.

Dates by Which Deficiency will be Completed

June 25, 2018

- PRN OTC medications Standing Order form complete
- Enrollment Audit Form Complete
- Medication Orders Policy and Procedure 6.3.1 updated to include specific instruction regarding PRN OTC medication Standing Order Procedures.

- Standing Orders obtained for all current participants
- All current applicants provided the PRN OTC medications Standing Order form prior to enrollment

June 29, 2018

- APRN Practice Protocols submitted to the State of Vermont Board of Nursing

August 1

- Implementation of APRN position at Confluence (pending approval from the State of Vermont Board of Nursing). Lynne Chow will be submitting Practice Protocols to the State of Vermont Board of Nursing Licensing Agency by Friday June 29, 2018. It is expected that this response will take approximately 30 days per the Board of Nursing. Following the approval of Practice Protocols, all medication Standing Orders for PRN OTC medications will be managed in-house by Confluence's APRN. Pending State of Vermont approval, this should be in place by August 1, 2018.

Confluence Behavioral Health - Standing Orders for PRN Medications			
Client Name:			
Client Date of Birth:			
Known Drug Allergies:			
<p>Enclosed are standing orders for over-the-counter PRN medications available at Confluence Behavioral Health. Please review and sign to approve the use of the following medications. For any medications not approved for PRN use, please cross out from list and initial.</p>			
Drug	Dose	Frequency	Duration
Antihistamines/Allergies			
Diphenhydramine/Benadryl	25-50 mg	every 4-6 hours	Max: 300mg per day
Cetirizine/Zyrtec	10mg	once a day	Max: 10 mg per day
Loratidine/Claritin	10mg	once a day	Max: 10 mg per day
Allegra	60mg	every 12 hours	Max: 180mg per day
Loratidine D (Loratidine/ Pseudoephedrine)	1 tablet	every 12 hours	Max: 2 tabs/24hrs
Allergic Reaction			
Epipen	0.3mg SC/IM X1, May repeat dose X1 after 5-15 minutes		
Diphenhydramine/Benadryl	25-50mg given immediately when symptoms start		
** If Epipen is used 911 must be called immediately **			
Fever/Headache/SoreThroat/Minor Trauma/Dysmenorrhea			
Acetaminophen	325-1000mg	every 4-6 hours	Max: 1000mg/dose; 4 g/day
Ibuprofen; give with food	200-400mg	every 4-6 hours	Max: 2400mg/day
Naproxen/Aleve; give with food	220-550mg	every 12 hours	Max: 1375mg/day
Naproxen/Aleve (for Dysmenorrhea)	220-550mg Start 440mg POX1 then 220mg every 8 hours; give with food		
Midol (Acetaminophen/Pamabrom)	2 tablets	every 6 hours	Max 6 tabs/24 hours
Cough/Cold/Nasal Congestion			
Phenylephrine HCL	5-10mg	every 12 hours	
DayQuil Cold&Flu (Acetaminophen 325, Dextromethorphan 10mg, Phenylephrine 5mg)		2 caps every 4 hrs	Max: 4 doses in 24hrs
Afrin	2-3 sprays in each nostril	every 12 hours	Max: 6 sprays each nostril/24 hours
			24hours
Wound Care/Cuts/Scrapes			
Bacitracin	May Administer two to three times a day		

Neosporin			
Triple Antibiotic Ointment			
Poison Ivy/Contact Dermatitis			
Hydrocortisone Cream	1% Cream or Ointment	Three times a day	
Aveeno/Calamine Lotion		2-3 times a day	
Pruritis			
After Bite	Apply externally as needed for itching		
Witch Hazel	Apply externally as needed for itching		
Aloe	Apply externally as needed for itching		
Athlete's Foot/Tinea			
Lamisil/Terbinafine		Apply twice a day	7 days
Clotrimazole Cream/Lotrimin		Apply twice a day	7 days
Tinactin Cream		Apply twice a day	7 days
Yeast Vaginitis			
Monistat/Miconazole Vaginal	Cream	Apply externally twice a day for 7 days	
Upset Stomach/Dyspepsia/Diarrhea			
Bismuth Subsalicylate	262mg	2 tablets every 1hr prn	Max: 16 tabs/24hrs.
Tums/Calcium Carbonate (do not take within 4 hrs of Levothyroxine)	500mg	2-4 tabs as needed	Max: 15tabs/day
Prilosec OTC	20 mg	once a day	2 days only
Kaopectate/Bismuth subsalicylate 262mg	15-30 cc	every 1 hour; prn	Max: 8 doses in 24 hours
Loperamide/Imodium	2mg	4mg initially, followed by 2mg orally after each loose stool. No more than 16mg in 24 hour period.	
Gas X/Simethicone 125mg	1-2 tabs	aftermeals and bed	Max: 4 tabs/24 hours
Constipation			
Fiber Pill/Methylcellulose 500mg	2 tablets	up to 6 times a day	Max: 12 tabs/24hours
Miralax	1 (17gm) capful with 8 Oz of fluid	Once a day	Decrease if stools become loose
Tobacco Dependence			
Nicotine Patches			
(greater than 10 cigarettes per day)	21 mg patch	Apply patch each day for 6 weeks	
(10 or fewer cigarettes per day)	14 mg patch	Apply patch each day for 2 weeks	
	7mg patch	Apply patch each day for for 2 weeks	

Nicotine Gum	2mg	1 piece every 2-4hrs	Max: 24 pieces per day
Nicotine Gum	4mg	1 piece every 2-4 hrs	Max: 24 pieces per day
Vitamins/Supplements			
Multivitamin	1 tablet	1 per day	
Vitamin D3	400-1000IU	1 capsule per day	
MD/PA/APRN Signature: _____ Date: _____			
Additional Notes:			

Confluence Behavioral Health

Policy and Procedures

Administration

Policy Number 6.3.1	Effective Date: 03-01-16
Subject: Medication Orders	Revision Dates: 06-21-2018
Department: All Staff	Contact: Partnership, Nurse
State Regulation: 5.8.c	

Policy:

All clients taking medications (prescription, OTC, PRN) will have current standing orders by the prescribing physician or Confluence APRN.

Procedure:

1. Prescribed medications are administered in accordance with a physician's/APRN order.
2. After review of the client's application, if it is determined that the client is on prescription medications, the Confluence Nurse will contact the prescribing providers to obtain written orders for any medications. As clients may have more than one prescriber, the nurse will contact the appropriate prescriber whose names are listed in the application.
3. If a written order has not been received from the prescribing provider by the day of admission, the Confluence Nurse will contact the provider by telephone for a verbal order and will follow-up with a Request for Written Orders. Receipt of verbal orders are

written as a note in BestNotes. In the absence of an order, the Confluence APRN may issue interim orders for prescription medications if appropriate.

4. During the Nursing Assessment, the Confluence Nurse (APRN) will provide Standing Orders for PRN OTC medications for each individual enrolling participant.
5. Written orders are scanned into BestNotes when received
6. Residents who are capable of self-administration (per assessment by RN) have the right to request purchase and use of over-the-counter medications. Such medications will be provided in accordance with the Standing Orders from the Confluence APRN.
7. All assistance with over-the-counter medications will be provided in accordance with approved Guidelines for Treatment, and monitored and documented in the Medication Administration Record. Education for possible adverse reactions or interaction will be provided with respect to and without violating the resident's rights to self-direct care. If a client's use of over-the-counter medications poses a significant threat to the client's health, the nurse will notify the physician or other health care provider. Over the Counter Medications are kept in the locked medication administration.

Enrollment Chart Audit Tool

Document Name	Category	Requirements	Status
FRP Agreement	ADM	Signed prior Admission, shared w/ contacts	
Contract For Services	ADM	Signed prior Admission, shared w/ contacts	
Participant Waiver	ADM	Signed prior Admission	
Informed Consent	ADM	Signed prior Admission	
Consent to Examine/Treat/Transport	ADM	Signed prior Admission	
Demographic Data	ADM	Completed Dem data, DOA, EDOD, Client number, Tags	
Release of Information	ENR	Parents, Providers, Partners	
Rights and Responsibilities	ENR	Digital Signature in BN within 72 hours	
Advanced Directives	ENR	Digital Signature in BN within 72 hours	
Grievance Policy	ENR	Digital Signature in BN within 72 hours	
Rules and Policies	ENR	Digital Signature in BN within 72 hours,	
Participant Photograph	ENR	Added to BN chart	
Risk Assessment	CLIN	Completed during first day of admission	

Biopsychosocial Assessment	CLIN	Completed and signed within 7 days of admission	
Master Treatment Plan	CLN	Completed and signed within 14 days of admission	
Nursing Assessment	NUR	Completed within 7 days after enrollment	
Medical Orders/Prescription	NUR	Signed in BN following Nursing Assessment	
Standing Orders/PRN Prescription	NUR	Signed in BN following Nursing Assessment	
Standing Orders/ PRN OTC	NUR	Signed in BN following Nursing Assessment	
MAR	NUR	Uploaded with 48 hours of signature	

Corrective Action Plan

X(4) ID TAG

T038

DAIL Regulation

V.5.8.d.1.2.3.i.ii.iii.iv

(d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider's diagnosis and orders.

(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.

(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:

i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;

ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;

iii. Assessing the resident's condition and the need for any changes in medications; and

iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.

Deficiency Reported

This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that documentation of as needed (PRN) psychotropic medication administered by unlicensed staff contained all elements required by the Licensing and Operating Regulations for Therapeutic Community Residences.

Corrective Action Plan

1. Confluence has redesigned the MAR documentation tool to include the intended effects and side effects of PRN psychotropic medication. (See below)
2. Staff have been trained regarding the updated practice and policy. The training includes instruction on how to observe, collect and document information from participants regarding all PRN psychotropic medications. This training includes a review of potential conditions, relevant medications intended effects, potential side effects and indications for repeat dosing. Staff are trained on documenting all assistance with PRN medication including the presenting problem, medication provided, date and time of assistance, and the intended effects and side effects of medication provided as well as indications for repeat dosing. (See below for documentation of this training addendum.)
3. Each time a participant requests a PRN psychotropic medication prescribed to them, the staff delegated to assist with medications will monitor and observe the effects of the PRN psychotropic medication. This observation will include behavioral indicators and client report of the effects of the medication.
4. Observations of the intended effects and/or side effects are to be documented on the MAR documentation tool by the staff person delegated to assist with medications.

Measures to Ensure Deficiency Does Not Recur

1. Confluence has added instructions in the Medication Assistance Policy and Procedure #6.2, in which specific instruction is included on documenting intended effects and side effects from all PRN medications taken by participants. (See Below 4.a.iv)
2. The Medication Delegation Training has been amended to include specific instruction on observing the effects of any PRN psychotropic medication taken by a participant and instruction on how to document the intended effects and/or side effects.

Monitoring Strategies

1. During the weekly medications review and delegations meeting the Confluence nurse will provide instruction to staff about the intended effects and any potential side effects a participant might experience when taking the PRN psychotropic prescribed to them.
2. During the weekly medications review and delegation meeting the Confluence nurse will review the MAR tool to ensure compliance in documentation of the intended effects and

side effects of PRN psychotropic medications.

3. The Confluence nurse will maintain a log of the results of the weekly review.

Dates by Which Deficiency will be Completed

June 27, 2018

- MAR documentation tool updated to include reporting on the effects of PRN psychotropic medications
- Policy and Procedure manual updated to include instruction on reporting the effects of PRN psychotropic medications
- Staff training on documentation effects of PRN psychotropic medications completed for all staff delegated medications assistance responsibilities
- All current documentation for enrolled participants in compliance with regulation V.5.8.d.1.2.3.i.ii.iii.iv

Confluence Behavioral Health

Policy and Procedures

Administration

Policy Number 6.2	Effective Date: 03-01-16
Subject: Medication Assistance	Revision Dates: 06-18-18
Department: Medical, Field	Contact: Partnership, Program Nurse
State Regulation: V.5.8.d.1.2.3.i.ii.iii.iv	

Policy:

Confluence Staff will maintain possession of all prescribed and over-the-counter (OTC) medications. Staff will be responsible for assisting participants in following medical providers orders or on-label directions for all medications. All medication assistance delegated to Confluence field staff is overseen by the Medical Coordinator.

Procedure:

1. Medication Mentor will establish a clean space either in house or in the field to setup medication administration process.
2. Medication Mentor will clean hands with hand sanitizer before assisting each client with medications.
3. During medications assistance staff will empty bubble pack into participants hand, confirming that all pills are there. Staff will then
 - a. watch student place pills in mouth and observe on tongue and observe swallowing
 - b. watch student drink, swish, and gargle water
 - c. confirm no pills are left in hand or in water bottle
 - d. ask student to open mouth and lift tongue so that staff can visually confirm no pills remain in mouth.
4. Staff will document medication compliance or refusal in the daily log
 - a. Daily log indicates
 - i. Medications were used as ordered
 - ii. Additional PRN used by the participant
 - iii. Name of staff assisting with medications (delegated by Medical Coordinator)
 - iv. any noticeable intended effects or side effects attributable to medications

- v. any medication errors
- b. All refusal will be reported to the Medical Coordinator and participant's therapist and documented in the daily log
- 4. Assistance with Outstanding Medications
 - a. If med for participant is unable to be given at the time of dosage, it is then put into the "Outstanding Meds Folder" and then given as soon as participant is available.
- 5. When group is on an extended off-site excursion, staff will secure all medications at all times by:
 - Storing them in the lockbox in a vehicle
 - i. Carrying them on their person
 - ii. Securing them in a supervised area (i.e. in a secured medications bag inside of a closed backpack, which is kept away from participant gear.)

Training Log

Medication Assistance Training Log Addendum

The following is an addendum to the existing training program for Medication Assistance to address the observation and documentation of the effects of PRN medications. This training is an addition to the existing training program and will be integrated into all future Medication Assistance Trainings.

Training topics:

- Behavioral indicators for Resident's Condition
- Referencing Standing Orders for PRN OTC medications
- Referencing Standing Orders for PRN prescribed/psychotropic medications
- Instruction about relevant OTC medications for presenting condition
- Instruction about prescribed/psychotropic PRN medications
- Documentation of presenting complaints
- Documentation of medications intended effects and side effects

Staff Name:

BRENNAN DOWNEY

Kyle Dargin

Elliott Dav

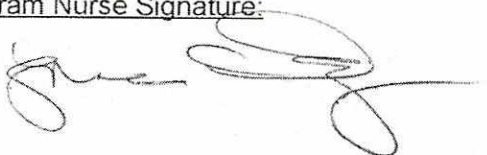
Date:

6/27/18

06/27/18

06/27/18

Program Nurse Signature:



Date:

6/27/18

Corrective Action Plan

X(4) ID TAG

T044

DAIL Regulation

V.5.8.g.1.2.3.4.5.6

(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
- (6) All incidents of medication errors.

Deficiency Reported

This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that documentation of medication administration contained sufficient content to indicate to the health care provider, registered nurse, certified manager or licensing agency that the medication regimen as ordered was appropriate and effective.

Corrective Action Plan

1. Confluence has redesigned the MAR documentation tool to include the intended effects and side effects of PRN OTC medication. (See below)
2. Staff have been trained regarding the updated practice and policy. The training includes instruction on how to observe, collect and document information from participants

regarding all PRN OTC medications. This training includes a review of potential conditions, relevant medications intended effects, potential side effects and indications for repeat dosing. Staff are trained on documenting all assistance with PRN medication including the presenting problem, medication provided, date and time of assistance, and the intended effects and side effects of medication provided. (See below for documentation of this training addendum.)

3. Each time a participant requests a PRN OTC medication prescribed to them, the staff delegated to assist with medications will monitor and observe the effects of the PRN OTC medication. This observation will include behavioral indicators and client report of the effects of the medication.
4. Observations of the intended effects and/or side effects are to be documented on the MAR documentation tool by the staff person delegated to assist with medications.

Measures to Ensure Deficiency Does Not Recur

1. Confluence has added instructions in the Medication Assistance Policy and Procedure #6.2, in which specific instruction is included on documenting intended effects and side effects from all PRN medications taken by participants. (See Below 4.a.iv)
2. The Medication Delegation Training has been amended to include specific instruction on observing the effects of any PRN OTC medication taken by a participant and instruction on how to document the intended effects and/or side effects.

Monitoring Strategies

1. During the weekly medications review and delegations meeting the Confluence nurse will provide instruction to staff about the intended effects and any potential side effects a participant might experience when taking the PRN OTC prescribed to them.
2. During the weekly medications review and delegation meeting the Confluence nurse will review the MAR tool to ensure compliance in documentation of the intended effects and side effects of PRN OTC medications.

Dates by Which Deficiency will be Completed

June 27, 2018

- MAR documentation tool updated to include reporting on the effects of PRN OTC medications
- Policy and Procedure manual updated to include instruction on reporting the effects of PRN OTC medications
- Staff training on documentation effects of PRN OTC medications completed for all staff delegated medications assistance responsibilities
- All current documentation for enrolled participants in compliance with regulation V.5.8.d.1.2.3.i.ii.iii.iv

Training Log

Medication Assistance Training Log Addendum

The following is an addendum to the existing training program for Medication Assistance to address the observation and documentation of the effects of PRN medications. This training is an addition to the existing training program and will be integrated into all future Medication Assistance Trainings.

Training topics:

- Behavioral indicators for Resident's Condition
- Referencing Standing Orders for PRN OTC medications
- Referencing Standing Orders for PRN prescribed/psychotropic medications
- Instruction about relevant OTC medications for presenting condition
- Instruction about prescribed/psychotropic PRN medications
- Documentation of presenting complaints
- Documentation of medications intended effects and side effects

Staff Name:

Date:

Program Nurse Signature:

Date:

Corrective Action Plan

X(4) ID TAG

T052

DAIL Regulation

V.5.9.b.1.2.3.4.5.6.7

(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;
- (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.

Deficiency Reported

This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the TCR failed to demonstrate that three out of five staff were provided and participated in the annual twelve hours of training as required by TCR regulation. Training topics must be specific to resident rights, fire safety and emergency evacuation; first aid; abuse, neglect and exploitation; respectful communication; infection control, and general care and supervision.

Corrective Action Plan

1. All staff members with incomplete training records have taken part in a walk around of the residence to review safety procedures, emergency evacuation procedures, infection control procedures pertaining to linens, food preparation, bodily fluid clean up kits, and locations of first aid kits.: Completed June 27, 2018 All employees with incomplete training records have been assigned the appropriate reading of Confluence Policies and Procedures, employee training documents, and forms outlining participants rights and responsibilities, mandatory reporting, effective communication styles outlined in the Employee Manual. (See attached Employee Training Checklist document). Completed June 27, 2018..
2. All necessary training and review of training by the employees supervisor will be completed by July 11th.

Measures to Ensure Deficiency Does Not Recur

1. A training and monitoring program is currently in place for the Mentors, and is being expanded to include all direct care and support staff that have contact with residence or work at the Residence. A schedule for Annual Required Training and Role Specific Training is being developed and will be implemented beginning August 2018. Staff inservices are held weekly for direct care staff and clinical staff. All new hires complete a role specific orientation that includes all Required Training, as well as orientation to role specific functions. Training schedules are modified based on emerging needs, and quality monitoring data. Each staff member has an individual Training Checklist that is maintained and monitored by the Operations Director and the Program Director..

Monitoring Strategies

1. Using the Assigned Training Checklist, the Directors will quarterly audit training documents and checklists to assure that each staff member is up to date with required annual and role specific training and that each staff member has the required 12 hours per year of training.

Dates by Which Deficiency will be Completed

1. The physical, in person, training and review will be completed by all Confluence staff with incomplete training records by June 27th, 2018.
2. The training records for all staff with incomplete training records will be audited and will be complete,by July 11, 2018..

Confluence Required Annual Employee Training Checklist

Name: _____

Hire Date: _____

Initial Training Date: _____

Supervisor: _____

Confluence completes an extensive training period with all of it's new hire direct care staff that includes a structured review of the Confluence Employee Manual, Confluence Policies and Procedures Manual, and State Regulations. The following training criteria are refreshed semi-annually to ensure the Direct Care Staff's proficiency and understanding of all trainings mandated by the State of Vermont.

TRAINING	DATE	DURATION	NOTES	SUPERVISOR SIGNATURE
1. Resident Rights	Initial Training Upon Hire	90 Minutes	Review P&P 4.1 Review and discuss the Participant's Rights and Responsibilities form.	
2. Fire Safety and Emergency Evacuation	Initial Training Upon Hire	120 Minutes	Review P&P 4.3 Includes physical walk through of property and demonstration of fire safety systems and collection points.	

3. Emergency Response Procedures	Initial Training Upon Hire	60 Minutes	Review P&P's 4.3; 5.5.1 and 5.5.5	
4. Policy and Procedure Regarding Mandatory Reporting	Initial Training Upon Hire	60 Minutes	Review P&P 4.8	
5. Respectful and Effective Communication with Residents.	Initial Training Upon Hire	120 Minutes	Review Employee Manual, Communication Continuum, Assertive Communication Triangle.	
6. Infection Control Measures	Initial Training Upon Hire	180 Minutes	Review P&Ps 4.2; 4.9; 4.11. Employee Manual Regarding Kitchen, cleaning standards, food preparation. Review USDA safe food storage, preparation and temperatures.	

7. General Care and Supervision of Residents	Initial Training Upon Hire	180 Minutes	Review P&P's 4.4; 4.5; 4.6; 4.9 Review sections 5.8 and 6.4 in Employee Manual.	

Role Specific Additional Training to Develop and Maintain Competence

These are trainings intended to improve the direct care staff and their ability to best serve the participants enrolled in Confluence Behavioral Health's program. These trainings may be in addition to and unrelated to the State of Vermont's Mandated training expectations or supplement the existing expectations.

Description	Related State Requirement	Date	Duration	Notes	Supervisor Signature

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Corrective Action Plan

X(4) ID TAG

T127

DAIL Regulation

VII.7.2.b

(b) All perishable food and drink shall be labeled, dated and held at proper temperatures. Hot foods shall be kept hot at 135° F and cold foods shall be kept cold at 41° F or cooler.

Deficiency Reported

This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the TCR failed to ensure that all perishable food and drink were consistently stored at appropriate temperatures in refrigerators and freezers. Findings include:

During an environmental tour of the residence, a refrigerator in the kitchen pantry utilized for resident food did not have a thermometer within it to ensure perishable food and drinks were stored at an appropriate temperature. Additionally, a chest freezer did not have a thermometer within it to ensure frozen food was maintained at an appropriate temperature.

Corrective Action Plan

Internal Thermometers have been placed in each Refrigerator and Freezer in the Residence. There are four total refrigerator/freezers in use. All now have internal thermometers and a record sheet posted on the front to document daily temperatures. Staff will be trained on monitoring refrigerator/freezer temperatures, documenting temperatures, and following action plans for out of range temperatures.

Measures to Ensure Deficiency Does Not Recur

A new Temperature Documentation Log was implemented to record daily temperatures and actions for out of range temperatures. Staff will document refrigeration temperatures on a daily basis. The daily log shall indicate the date, time, temperature, action for out of range, temperature and record of staff initials. For any temperature that is out of range, the staff will repeat the measurement in one hour. Any refrigerator or freezer temperatures out of range for greater than one hour will be reported to the administrator on duty. The temperature log will be maintained in the staff office onsite and available for review.

Monitoring Strategies

Each Refrigerator and Freezer shall have a documentation log posted on the front of the appliance. The documentation log will record the date, time, temperature and actions taken for out of range temperatures and recording staff person's initials.

The temperature log will be audited monthly by Confluence Compliance Officer to ensure ongoing monitoring of refrigeration/freezer temperatures.

See below for the Refrigeration Temperature Log.

Dates by Which Deficiency will be Completed

Deficiency is corrected as of June 25, 2018



Refrigeration/Freezer Temperature Log

[illegible]

Corrective Action Plan

X(4) ID TAG

T139

DAIL Regulation

VII 7.3 g.

(g) Doors, windows and other openings to the outdoors shall be screened against insects, as required by seasonal conditions.

Deficiency Reported

The REQUIREMENT is not met as evidenced by: Based on observation at the time of survey, the front door to the residence remained open at time without the protection of a screened door to protect against insects as required by seasonal conditions. Findings included

The residence front door was noted to be left opened and no screen door was in use. It was also noted at the time of survey fliers were observed in various location within the building.

Corrective Action Plan

Confluence has installed a storm door with screen door on the front of door of the building.

Measures to Ensure Deficiency Does Not Recur

Confluence will ensure windows and doors are screened in preparations for spring.

Monitoring Strategies

Staff and participants have been instructed to maintain screens are in place and screen doors are closed. The physical plant is monitored daily for sanitary, cleanliness and safety issues including maintaining screens are in place and closed properly.

Dates by Which Deficiency will be Completed

June 28, 2018

Corrective Action Plan

X(4) ID TAG

T187

DAIL Regulation

IX.9.11.c

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.

Deficiency Reported

This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR failed to rotate times of day when conducting required fire drills. Findings include:

Per review of the TCR annual fire drill documentation, it was noted that drills were only conducted during the morning at 7:32 AM and 11:48 AM and in the afternoon at 3:35 PM and 4:00 PM, no evening or night drills were conducted.

Corrective Action Plan

1. Confluence completed an evening (8:20pm) fire drill on 06/16/18. In the last 12 months Confluence has now had fire drills in the Morning, Afternoon, and Evening periods of the day.
2. Confluence has developed a schedule for monthly fire drills and evacuations. This schedule is paired paired with the staffing schedule to ensure that it covers both direct care staff shifts, as well as, days that the clinical and medical teams are present.
3. July 14th, 2018: Fire Drill is scheduled for a night drill (11:30pm) ensuring that Confluence has completed drills in each period of the day over the past 12 months.

Measures to Ensure Deficiency Does Not Recur

1. Confluence will perform monthly fire and evacuation drills.
2. An internal calendar schedule has been created for Fire and Evacuation Drills. The calendar is accessible by all Director level staff at Confluence. The schedule is equipped with day before email notifications and day of reminders.
3. Schedule is compatible with Confluence staff schedule and on-site/off-site schedule to ensure that evacuation drills occur on all staff shifts.
4. One of every four drills will be performed on a Wednesday either in the morning or afternoon. On Wednesdays all staff, (both direct care shifts, medical, and clinical) are present at the residence, ensuring that all employees will take part in a full team emergency evacuation.

Monitoring Strategies

1. Written assessment and report for the prior month's fire and evacuation drill will be presented at the monthly Directors meeting.
2. Directors Meeting Minutes will show a review, and completion of the fire and evacuation drill records for each month. The review will ensure that drills have been performed on each staffing shift, in each of the required times (morning, afternoon, evening and night), and that the assessment document is complete and that safety data is applied to improve future trainings for staff.

Dates by Which Deficiency will be Completed

July 14th, 2018.