



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

October 24, 2023

Mr. Michael Flourney, Manager
Margaret Pratt Community
210 Plateau Acres
Bradford, VT 05033

Dear Mr. Flourney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 27, 2023**. 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0659	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2023
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NAME OF PROVIDER OR SUPPLIER MARGARET PRATT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 210 PLATEAU ACRES BRADFORD, VT 05033
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R128 SS=L	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview Registered Nurse failed to ensure medications were administered consistent with physician's orders. Findings include:</p> <p>Per record review of resident medication administration audit report, from July 1, 2023 until date of onsite visit 37 residents were not administered medications consistent per physician orders. The records indicated medications were not available to be administered.</p> <p>Per interview on 9/27/23 at 8:45 the Director of Health Services (DOHS) identified s/he became concerned of medications not being available for administration around "Mid-August, my third week of employment". S/he grew concern of the higher occurrence of HSA staff notifying him/her of the unavailable medications at time of administration.</p> <p>Per record review of medication administration audit report generated by the electronic health record system, 25 out of the 37 residents, had medications not administered documented as "Code 11" defined as Medication not available, for varying periods of time from August to date of review.</p>	R128	<p style="color: blue;">Tag 128 Accepted 10/24/23 Jenielle M. Shea, RN</p> <p>1. Action to Correct Deficiency</p> <p>There have been several significant changes at the facility this year, including a change in LTC pharmacy in April due to the previous pharmacy not being able to consistently deliver all orders, a change in Nursing Management, a change in Facility Manager and a change in the way orders are entered into PointClickCare from facility-initiated to pharmacy-initiated. The Management company had been working closely with the facility Nursing Management and the LTC pharmacy to resolve any issues. 37 of the medications identified in the survey had already been resolved by the date of survey on 9/27/23. Of the remaining 9, 2 were discontinued by providers that day and pharmacy sent a special delivery service that same day for the remainder.</p>	

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

TITLE

(X6) DATE

STATE FORM

6899

QC9611

If continuation sheet 1 of 16

Michael Conway

Interim Executive Director

10/19/2023

Division of Licensing and Protection

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R128	<p>Continued From page 1</p> <p>Resident #1 has physician orders for: Triamcinolone documented as medication not available on July 7 through September 16, 2023. Symbicort 160-4.5 documented as medication not available on August 24 and 25 and September 4, 2023 and Flonase 50 mg documented as medication not available on August 28 through September 17, 2023.</p> <p>Resident #2 has physician orders for: Trazodone give 1 tablet by mouth one time a day for sleep aide, the medication is documented as not available on August 31, September 2 and 4, 23.</p> <p>Resident #3 has a physician order for Tylenol 650 mg, 1 tablet three times a day, the medication is documented as not available on September 12 through September 14.</p> <p>Resident #4 has a physician order for Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate) 2 puff inhale, the medication is documented as not available on August 17, 18, & 19, 2023.</p> <p>Resident #5 had physician orders for Eliquis (anticoagulation medication) 5 mg tablet, give 1 tablet by mouth two times a day the medication is documented as not available on September 2 through September 15, Losartan 100 mg (antihypertensive) give 1 tablet by mouth one time a day is documented as not available on September 3 through September 15 and Memantine 5 mg, 1 tablet by mouth two times a day September 5 to September 27, 2023.</p> <p>Resident #7 has physician orders for Raglan 5 mg tablet, Give 10 mg tablet by mouth before meals and at bedtime documented as not available on August 20 through August 28, 2023.</p>	R128	<p>2. Measures to Prevent Recurrence</p> <p>The Health Services Director (RN) and the Manager are both running daily reports in PointClickCare to identify any medications not available or not administered so that any issues can be resolved immediately. Retraining of all Medication Aides has occurred already since the survey, including the requirement to write a high priority progress note when a medication is not available, and to notify Nursing Management.</p> <p>3. Monitoring Practice Implemented</p> <p>A weekly QA meeting is occurring specific to medications with Nursing, the Manager and the Management company until such time as all issues are resolved and it can be moved to monthly.</p> <p>4. Date to be Completed</p> <p>10/19/23</p>	
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R128	<p>Continued From page 2</p> <p>Resident #8 has physician orders for Sertraline 50 mg (anti-depressant) 1 tablet by mouth daily, the medication is documented as not available on July 17 through Aug 8, 2023 and an order for Cozar (antihypertensive) 100 mg, give 1 tablet by mouth in AM documented as not available on August 15 through September 26,2023.</p> <p>Resident #9 has physician orders for Docusate Sodium 100 mg, take 1 capsule by mouth twice daily, documented as not available August 5 through September 5, 2023, and Tylenol Extra Strength 500 tablet , Give 1000 mg twice a daily for pain documented not available for administration on Sept 2,3, 7,8,9,11,12 @ 9:00 AM administration; Sept 1, 2,4-13, 2023 @ 8:00 PM and Valsartan 80 mg tablet (antihypertensive), Give 80 mg by mouth 1 time a day for hypertension documented as not available on September 8 through September 12, 2023.</p> <p>Resident #10 has a physician order for Meloxicam 15 mg tablet, Give 15 mg once daily, the medication is documented as not available on August 8, through August 16, 2023 and September 2 through September 5, 2023.</p> <p>Resident #11 has a physician order for Diltiazem ER 180 (antihypertensive), give 1 capsule daily, the medication is documented as not available on August 26 through August 30, 2023.</p> <p>Resident #12 has a physician order for Memantine 5 mg, give 1 tablet by mouth twice daily, the medication is documented as not available on August 28, through September 5, 2023.</p> <p>Resident #13 has a physician order for a</p>	R128		

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R128	<p>Continued From page 3</p> <p>Multivitamin, give 15 ml by mouth twice daily, the medication is documented as not available on September 22 through September 26, 2023.</p> <p>Resident #14 has a physician order for Aspirin 81 mg, give 1 tablet by mouth one time a day the medication is documented as not available on July 17, through August 15, 2023 and Famotidine 40 mg give 1 tablet by mouth two times a day July 16,18-20, 22,23,25-28, 30, 31; Aug, 1,4-15</p> <p>Resident #15 has a physician order for Quetiapine Fumarate (anti-psychotic/Mood Modifying) Tablet 25 mg Give 1 tablet by mouth three times a day, the medication is documented as not available for administration on the following dates, July 27, through July 31, 20023 and Aug 5,6,7,8,19, 20, 22 for 8:00 AM administration time and August 4,5,6,7; August 18, through August 22, 2023 for the 8:00 PM administration time.</p> <p>Resident #16 has an order for Chlorhexidine Gluconate Mouth/Throat Solution 0.12 % to Give 15 ml by mouth two times a day, the medication is documented as not available on, September 2 through September 27, 2023 and Mirtazapine (antidepressant) 30 mg tab, give 30 mg by mouth one time a day documented as not available for administration on August 24 through September 4,2023.</p> <p>Resident #17 Quetiapine Fumarate Oral Tablet 25 mg, give 1 tablet by mouth one time a day (Take with 50 mg tablet = for total dose of 75 mg), the medication was documented as not available to administer on July 19- through July 27, 2023 and August 14 through August 18, 2023. Gabapentin Oral Capsule 300 mg give 1 capsule by mouth</p>	R128		

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R128	<p>Continued From page 4</p> <p>two times a day for pain is documented as not available on August 15 and 16, 2023 and Lamictal Oral Tablet 25 mg (Lamotrigine) give 25 mg by mouth one time a day for behavioral disturbances for 1 Week, the medication was documented as not available on Aug 8 and 9th, 2023.</p> <p>Resident #18 has a physician order for Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT, 1 inhalation inhale orally one time a day related to Chronic Obstructive Pulmonary Disease the medication is documented as not available for administration on the following dates July 23, July 25 through Aug 3, and on August 5,7,9,10, and August 14 through August 27, 2023.</p> <p>Resident # 19. has a physician order for Balsalazide Disodium Oral Capsule (Inflammatory Bowel Agent) 750 mg, give 3000 mg by mouth two times a day for Crohn's disease, the medication is documented as not available for administration on September 1 through September 5, 2023.</p> <p>Resident #20 has physician orders for Mirtazapine Oral Tablet 7.5 mg, give 7.5 mg by mouth one time a day for insomnia documented as not available on September 9 through September 15, 2023 and Olanzapine Oral Tablet 5 mg (anti-psychotic/ Mood Modifying), give 5 mg by mouth at bedtime documented as not available on September 9 through September 15, 2023 and Sertraline HCl Oral Tablet 100 mg, give 100 mg by mouth one time a day for Depression documented as not available on September 12, and 13, 2023.</p> <p>Resident # 21 has a physician order for</p>	R128		

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R128	<p>Continued From page 5</p> <p>Propylene Glycol-Glycerin Solution 1-0.3 % instill 2 drops in both eyes two times a day for dry eye, the medication is documented as not available on September 9 through September 14,2023.</p> <p>Resident #22 has an order for Clobetasol Propionate Cream 0.05% documented as not available for administration on August 14, 15 and August 26 through September 9, 2023.</p> <p>Resident #23 has physician orders for Benecalorie Liquid, Give 44 ml by mouth two times a day for supplementation the medication was documented as not available on September 15 through 27, 2023 and Bimatoprost Solution 0.03 % instill 1 drop in both eyes one time a day for Macular degeneration documented as not available on September 7 through September 18, 2023.</p> <p>Resident #24 has a physician order for Trazodone 50 mg tablet, documented as not available on September 4 through September 6, 2023.</p> <p>Resident #25 has a physician order for Diltiazem HCL ER 180 mg capsule, documented as not available on August 8 through Sept 9, 2023.</p> <p>Per interview on 9/27/23 at 12:39 PM, the Director of Health Services (DOHS) confirmed to be aware medications were unavailable for administration, however, explained a process was not in place to monitor the unavailable medications,the re-ordering/receiving of delivered medications from the pharmacy. The DOHS confirmed Med-Delegated staff are not required to document within the electronic medication administration record to include details, reasoning or follow-up for missed or unavailable medication.</p>	R128		

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R128	Continued From page 6	R128		
R160 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:</p> <p>(1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission.</p> <p>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a</p>	R160	<p style="color: blue;">Tag 160 Accepted 10/24/23 Jenielle M. Shea, RN</p> <p>1. Action to Correct Deficiency</p> <p>The Medication Administration policies and procedures in place were written in 2018 when the facility opened. They will be updated to include the use of PointClickCare instead of paper MARs, and to show the current long term care pharmacy in use.</p> <p>2. Measures to Prevent Recurrence</p> <p>The Manager will update policies and procedures when significant changes in process, vendors, etc occur.</p> <p>3. Monitoring Practice Implemented</p> <p>The QA Committee will review at least 10% of policies and procedures monthly for accuracy.</p> <p>4. Date to be Completed</p> <p>10/31/23</p>	

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R160	<p>Continued From page 7</p> <p>person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the ALR failed to ensure policy and procedures for Medication Administration was properly defined to demonstrate current Medication administration processes of the ALR and policy and procedures for nursing oversight and care were followed. Findings include:</p> <p>1. Per observation of Medication Administration, HSA staff utilize an electronic medication record system, called Point Click Care. The staff administer medications as indicated within the system for each resident, then document the administrations, per the indicated response as appropriate. Per the documentation, staff indicate the appropriate account of the administration electronically.</p> <p>Per record review of the provided Policy and Procedures for Medication administration titled, Documentation of Medication, Medication System-Pharmacy, the policy is not updated to demonstrate current documentation of medication administration practices within the facility.</p> <p>a.) Per the policy Documentation of Medications, the procedure indicates 1. As soon as possible after administering medications, the staff person writes his/her initials in the appropriate space on the medication administration record. The initials of the person administering the medications indicate they were accepted/ consumed by the patient.</p> <p>2.) If the medications were refused or withheld,</p>	R160		

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R160	<p>Continued From page 8</p> <p>the staff person circles his/her initials on the medication administration record and writes a progress note explaining the reason why and the action taken by the facility.</p> <p>Per interview on 9/27/23 @ 10:49 AM, Staff #2 confirmed the facility administers all medications electronically, and staff are not required to provide further document when medication is not administered, for reason of medication not available or medication is refused. Staff explained documentation is required at time of administration when an as needed medication is provided.</p> <p>b.) Per the Policy Medication System-Pharmacy, the policy indicated use of the NCS Omnicare pharmacy that provides unit/multi dose packaging: The NCS Omnicare pharmacy will provide unit/multi dose packaging for routine and as needed medications.</p> <p>Per interview on 9/27/23 @ 3:00 PM, the Chief Operating Officer (COO) confirmed the ALR was established with use of Point Click care system in 2018, and electronic charting has resumed as practice at the ALR. Further, the COO confirmed Omnicare was a partnering pharmacy in the past, however transitioned to Pharm America at the end of the year 2019 and in recent time, transitioned to Health Direct Pharmacy in April 2023. The COO was made aware of the policies provided upon entry, and noted, the Documentation of Medications policy identifies a system of handwritten account of medication administration and the Medication System-Pharmacy policy identified Omnicare pharmacy to be included as the pharmacy of use, demonstrating the current policy for reference is not update to current practice within the facility</p>	R160		

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R160	Continued From page 9 and does not include process to report non administration of medication to PCP, resident and family. The COO confirmed policies should be updated with current practice.	R160	<p style="text-align: center; color: blue;">Tag 224 Accepted 10/24/23 Jenielle M. Shea, RN</p> <p>1. Action to Correct Deficiency</p> <p>Nursing Management and Management made sure that all missing medications were delivered to MPC on 9/27/2023. Additionally, each affected resident and/or their family representative and their provider were notified of the missing medications in writing. The LTC pharmacy also completed an audit to compare the orders in their software to the orders in the facility electronic health record.</p> <p>2. Measures to Prevent Recurrence</p> <p>The Health Services Director (RN) and the Manager are both running daily reports in PointClickCare to identify any medications not available or not administered so that any issues can be resolved immediately. Retraining of all Medication Aides has occurred already since the survey, including the requirement to write a high priority progress note when a medication is not available, and to notify Nursing Management.</p> <p>3. Monitoring Practice Implemented</p> <p>A weekly QA meeting is occurring specific to medications with Nursing, the Manager and the Management company until such time as all issues are resolved and it can be moved to monthly.</p> <p>4. Date to be Completed</p> <p>10/19/23</p>	
R224 SS=K	<p>VI. RESIDENTS' RIGHTS</p> <p>6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to ensure residents were free from neglect. Findings include:</p> <p>Per record review of Medication Administration Audit Report, 46 medications were documented as not available for administration, in varying lengths of time, from August 1, 2023 up to date of survey. The medications not available for administration resulted in a total of 25 residents being affected. During record review residents of progress notes, the records did not include consistent documentation to account for the RN oversight in medication administrations, procuring of medications, appropriate follow up in nursing care, and notification to resident, family and/or responsible parties including providers. Additionally, the RN failed to direct care to Med Delegated and direct care staff to monitor residents for adverse outcomes.</p> <p>Refer to Tag 128</p>	R224		

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R224	<p>Continued From page 10</p> <p>Per interview on 9/27/23 at 1:45 PM Resident #16 reviewed care and overall happy with care received at facility. The resident was asked about medication management and believed to be receiving all medications, the resident states "I think its okay, no one has mentioned I don't have the medications available."</p> <p>Per interview with Resident #3 on 9/27/23 at 2:15 PM s/he stated that on multiple days s/he has been unable to take his/her scheduled Acetaminophen ER 650 mg tablets take one table three times daily. S/he stated that when s/he questioned staff about why his/her medication was not available staff told him/her that it was because of an insurance issue with the pharmacy. Resident #3 asked if staff could send it to another pharmacy or if it could be purchased over the counter and was told that they had to wait for the facility pharmacy to deliver it. Additionally Resident #3 stated that s/he experienced more pain due to not having his/her medication. Resident #3 was asked if s/he had spoken or filled a grievance regarding his/her medication Resident # stated s/he did not know how to file a grievance.</p> <p>Per interview on 9/27/23 at 12:10 PM, Staff confirmed medications were not available for multiple residents for varying periods of time. The staff stated, "its a Big Problem." The staff indicated Resident #8 was without Sertraline for a few weeks, s/he experienced behavioral expressions requiring additional staff support. S/he has since resumed the medication and is experiencing less behavioral expressions with activities of daily living.</p> <p>Per interview on 9/27/23 at 2:30 PM, Staff</p>	R224		

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER MARGARET PRATT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 210 PLATEAU ACRES BRADFORD, VT 05033
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R224	<p>Continued From page 11</p> <p>confirmed medications were not available for varying periods of time. Staff confirmed no direction or education was provided to staff to monitor for adverse effects of missed doses of medications. The Staff was not required to document in the resident record, to include reasoning for missed medications and/or follow up monitoring of care for residents. The staff stated medications are re-ordered by pulling a sticker off of the medication card and placed on a re-order sheet, which is provided to the nurse at the end of shift. Although, staff were verbally communicating with the nurse of medication not being available to administer, s/he was unaware of a process in place to monitor medications received from the pharmacy, and/or a process to monitor missed medication</p> <p>Per interview with the Director of Health Services (DOHS) on the morning of 9/27/23 s/he stated that s/he assumed the DOHS role in Late July, and within a few weeks of assuming the role of DOHS s/he had noticed discrepancies with medication administration. S/he stated that s/he is aware of residents not having medications available stating "there has been some issues since the facility started using a new pharmacy". S/he confirmed that upon identifying the concern a process was not developed to account for medication unavailable for administration at that time. S/he identified how medications are re-ordered, however indicated a process is not in place to monitor the receipt of re-ordered medications from the preferred pharmacy and/or families who provided medications. The DOHS confirmed documentation was not recorded in resident records to account for missed medication doses, follow nursing care, and/or notification to residents, families, and physicians. The DOHS acknowledged care staff was not</p>	R224		

Division of Licensing and Protection

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R224	<p>Continued From page 12</p> <p>provided direction in monitoring of adverse outcomes of missed medications. The facility was able to develop and implement an acceptable immediate plan of correction to address this deficiency upon survey exit on 9-27-23.</p> <p>In addition, surveyors requested a Medication Audit report to be run from the electronic health record system to demonstrate medications documented as Code 11 "medications not available" within the last 24 hours of onsite visit. Per review of the generated report, 9 residents medication administration records were documented with Code 11 "Medications not available."(Resident # 1, #5, #7, #8, #13, #16, #18, #23, #26)</p> <p>Per interview on 9/27/23 at 1:34 PM the Manager was made aware of the report findings and in a follow-up interview at 3:00 PM, the COO and Manager confirmed the findings of medications not available for the 9 residents.</p> <p>An immediate plan of corrective action was put into place by the COO and Manager prior to survey exit on 9/27/23.</p>	R224		
R999 SS=F	<p>MISCELLANEOUS</p> <p>4.11 A license shall be issued only for the person(s) and premises named in the application and is not transferable or assignable.</p> <p>This REQUIREMENT is NOT MEET as evidenced by:</p> <p>Per staff interview and record review the Assisted Living Residence (ALR) failed to notified the</p>	R999		

Division of Licensing and Protection

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R999	<p>Continued From page 13</p> <p>licensing agency of a change in management. Findings include:</p> <p>Per interview on morning of 9/27/23 with the Interim Director s/he confirmed that s/he was hired and implemented as Interim Director effective 9/22/23.</p> <p>Per record review on 9/27/23 it was noted that although the ALR had requested a change in management to the licensing agency on 9/19/23 via email, the ALR failed to provide formal documentation for approval. These finding were confirmed on review of licensing agency documentation at time of find.</p> <p>4.13.c The manager shall not leave the premises without delegating necessary authority to a competent staff person who is at least eighteen (18) years of age. Staff left in charge shall be qualified by experience to carry out the day to day responsibilities of the manager, including being sufficiently familiar with the needs of the residents to ensure that their care and personal needs are met in a safe environment. Staff left in charge shall be fully authorized to take necessary action to meet those needs or shall be able to contact the manager immediately if necessary.</p> <p>This requirement was NOT MET as evidence by:</p> <p>Per interview on 9/27/23 at 9:00 AM, the Director of Health Services stated to have began employment at the end of July and within the third week of employment grew concerns of the medication administration process, posing concerns related to medications not available for administration and the changing of pharmacies,</p>	R999	<p>1. Action to Correct Deficiency</p> <p>The COO of the Management Company notified the Licensing Agency of a change in management on September 19th, 2023, and that an Interim Manager was in place during the recruitment process. In an email response on September 19th, 2023 the Licensing Agency stated "when you have a potential candidate you would like to hire please send along the resume". As of the date of the survey on 9/27/23, he was still the Interim Director, and there was no permanent candidate resume to send along.</p> <p>The Health Services Director (RN) will complete all required annual trainings and electronic health record trainings.</p> <p>2. Measures to Prevent Recurrence</p> <p>The resume of the Interim Manager was provided to the Licensing Agency.</p> <p>The Manager will review the employee training log each week to ensure all staff have completed the scheduled and required training.</p> <p>3. Monitoring Practice Implemented</p> <p>N/A for the notification of a change in Manager to the licensing agency.</p> <p>The QA Committee will review the employee training log monthly to ensure that all staff have completed the scheduled and required trainings.</p> <p>4. Date to be Completed</p> <p>Notification to Licensing Agency - 09/28/23</p> <p>Health Services Director training – 10/31/23</p> <p style="color: blue;">Tag 999 Accepted 10/24/23 Jenielle M. Shea, RN</p>	

Division of Licensing and Protection

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R999	<p>Continued From page 14</p> <p>that occurred in the Spring. The DOHS discussed trainings provided with onboarding and confirmed a 1 day orientation was provided, however indicated the trainings were "not specific to the role, were more general in agenda."</p> <p>Per record review on 9/27/23 of DOHS training records, the DOHS was assigned 11 Electronic Health Record (EHR) trainings to be completed by 8/23/23 and 9 of the 11 trainings are without completion dates. The DOHS was assigned 5 of the required 7 topics areas to provide the 12 hours of annual training to be completed prior to providing direct care and annually. The training record, indicates the following are not completed: Resident Rights', Effective Communication, General Supervision and Care of residents.</p> <p>Per follow up interview on 9/27/23 at 12:40 PM the DOHS confirmed the trainings were not completed, s/he explained a request was made at the end of August to have an alternative training module then computerized to complete the electronic health records trainings, as s/he had limited experience with EHR and a live training would work best for learning. The DOHS confirmed trainings are set-up, to be live with a training coordinator for the EHR system, but all topic areas have not been completed.</p>	R999		
A 001	<p>VI Initial Comments</p> <p>An unannounced on-site investigation of a complaint was conducted by the Division of Licensing and Protection on 9/27/23 . There were regulatory deficiencies identified during the investigations which resulted in the need for Immediate Corrective Action to be taken by the facility. The facility did provide an Immediate</p>	A 001		

Division of Licensing and Protection

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A 001	Continued From page 15 Corrective Action Plan at the time of survey exit on 9/27/23. Findings include:	A 001		