



**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

March 11, 2024

Jamie Goodwin, Manager  
North End Ranch  
2 Westview Court  
Rutland, VT 05701

Dear Ms. Goodwin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 23, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

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

Carolyn Scott, LMHC, MS  
State Long Term Care Manager  
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0667</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/23/2024</b>
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R100	Initial Comments:  On 1/23/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	R100		
R128 SS=D	<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 staff interview and record review there was a failure to ensure administration of one medication to one applicable resident (Resident #1) was consistent with the physician's orders. Findings include:</p> <p>The Manager of the home was requested to provide facility policies and procedures related to the medication administration for review. On the afternoon of 1/23/24 the Manager confirmed policies and procedures related to medication administration were not on file and available for review.</p> <p>Per record review Resident #1's provider ordered Ofloxacin Otic 0.3% ear drops Instill 5 drops in both ears twice daily for 10 days 12/27/23- 1/5/24. Per review of Resident #1's paper January 2024 Medication Administration Record (MAR) Ofloxacin Ear Drops were administered 4 times after the date this medication's prescribed end date including on the mornings of 1/6/24 and</p>	R128		

Division of Licensing and Protection

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

TITLE

(X6) DATE

*Jane Goolin*

*01/26/24*

*North End Ranch manager*

Division of Licensing and Protection

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R128	Continued From page 1  1/13/24; and on the evenings of 1/20/24 and 1/21/24.  This finding was confirmed by the Manager of the home at 1:14 AM on 1/25/24.  In conclusion this deficient practice is a risk for more than minimal harm resulting from the failure to administer medications as ordered and document the reason a medication is not given.	R128		
R144 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c.(1)  Complete an assessment of the resident in accordance with section 5.7;  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of a significant change assessment when 2 applicable residents (Residents #1 and #2) experienced a significance physical change.  Per record review and confirmed by the Manager on the afternoon of 1/23/24, policies and procedures related to resident assessments had not been developed by the organization that manages the home.  Per record review Resident #1 was discharged from hospice on 5/8/23 due to significant improvement in his/her physical condition. Per record review Resident #2 was hospitalized from 5/30/23 - 6/1/23 following a heart attack which	R144		

*Jamie Gochi 2/26/24*

*North End Ranch Manager*

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R144	<p>Continued From page 2</p> <p>was a new diagnosis/condition for Resident #2.</p> <p>At approximately 5:00 PM on 1/23/24 the Manager confirmed significant change assessments were not completed as required for Resident #1 following discharge from hospice on 5/8/23, and for resident #2 in response to a new diagnosis of heart attack..</p> <p>In conclusion this deficient practice is a risk for more than minimal harm due to unidentified resident needs resulting in failure to provide care and services needed to maintain independence and well-being.</p>	R144		
R147 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review medication orders for 2 applicable residents (Residents #1 and #2) were without the specific frequency of administration to include the amount of time required between doses. Findings include:</p> <p>During the course of the survey the Manager was requested to provide facility policies and procedures related to the regulatory requirement</p>	R147		

*Janice Bohi*

*2/26/24*

*North End Ranch manager*

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R147	<p>Continued From page 3</p> <p>for medication orders with the specific dose with a specific dose and frequency of administration for review. On the afternoon of 1/23/24 the Manager confirmed policies and procedures related to signed physician's orders were not on file and available for review.</p> <p>Per staff interview and record review the following medication orders listed in the January 2024 Medication Administration Record were without the specific frequency of administration to include the amount of time required between doses:</p> <ol style="list-style-type: none"> <li>1. For Resident #1               <ol style="list-style-type: none"> <li>a. Acetaminophen 325 mg tablet Take 2 tablets by mouth daily as needed between 12 noon and 4 PM for Fever, Pain or Discomfort</li> <li>b. Nystatin 100,000 units/gram Apply one application twice daily as needed to groin and/or under both breasts for redness</li> <li>c. "Remedy Calazime Intensive Skin Therapy 0.44% - 20.6 % Paste Apply topically as directed as needed twice daily to buttock area as needed"</li> </ol> </li> <li>2. For Resident #2:               <ol style="list-style-type: none"> <li>a. Albuterol PRO-Air 90 mcg 2 puffs 4 times a day as needed for wheezing</li> <li>b. Hydrocortisone 1 % Topical Cream Apply twice daily to rash as needed</li> </ol> </li> </ol> <p>These findings were confirmed by the Manager on the afternoon of 1/23/24.</p> <p>In conclusion this deficient practice is a risk for more than minimal harm for all residents due to administration of PRN medications at a dose and/or frequency that is ineffective or in excess of the amount required to address the symptoms the medication is intended to treat.</p>	R147		

*Janice Gochin*

*1/26/24*

*North End Ranch Manager*

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R162	Continued From page 4	R162		
R162 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure signed orders for medications administered to one applicable resident (Resident #2). Findings include:</p> <p>The Manager of the home was requested to provide facility policies and procedures related to the regulatory requirement for physician's written signed medication orders . On the afternoon of 1/23/24 the Manager confirmed policies and procedures related to signed physician's orders were not on file and available for review.</p> <p>Per review of the January 2024 Medication Administration Record and signed prescriber's orders on file for Resident #2 , signed prescriber's orders were not on file and available for review for the following medication orders listed on the MAR:</p> <p>a. Clopidogrel 75 mg tab Take one tab by mouth once daily b. Mineral Oil Instill 2 drops into ear once weekly on Friday c. Albuterol PRO-Air 90 mcg 2 puffs 4 times a day as needed for wheezing</p>	R162		

*Janie Gochi*

*2/26/24*

*North End Ranch Manager*

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R162	Continued From page 5  d. Loperamide 2 mg tab Take one tab by mouth twice daily as needed for diarrhea  There findings were confirmed by the Manager on the afternoon of 1/23/24.  In conclusion this deficient practice is a risk for more than minimal harm to Residents because physician's written, signed orders ensure the medication, dose, route, and frequency of administration are communicated as the prescriber intended.	R162		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home 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, handwashing, handling of linens, maintaining clean environments, blood borne	R179		

*Jamie Goodwin*

*2/26/24*

*North End Ranch Manager*

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R179	<p>Continued From page 6</p> <p>pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review 4 out of 5 sampled staff did not complete all required yearly trainings. Findings include:</p> <p>Section III. b. of the training policy provided by the organization that manages the home effective 04/2018 states, "Supervisors are expected to ensure that their employees meet all training requirements within the specified time frames." Section VI. of the training policy states, " Program and Department- specific trainings occur on a scheduled and as-needed basis. They are established by the program director and are based upon best practice or are required by regulators or other statutory requirements." The organization's training policy does not identify the specific trainings required by the licensing agency to be completed by all staff providing direct care to residents.</p> <p>On the morning of 1/23/24 the Manager was requested to provide training records for a sample of 5 staff. Per review of the training records provided for review, 4 out of the 5 sampled staff did not complete all required trainings. At 1:06 PM the Manager confirmed these findings.</p> <p>This deficient practice is a potential risk for more than minimal harm for all facility residents due to inadequate staff education and training to safely and effectively provide resident care.</p>	R179		

*Janice Goodwin*

*2/26/24*

*North End Ranch Manager*



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R190	Continued From page 7	R190	
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete the required criminal background and abuse registry checks for 4 out of 5 sampled staff. Findings include:</p> <p>The Background Check policy provided by the agency that manages the home effective 04/2022 states, " It is the policy of the Agency to provide for the safety, well-being and protection of our staff and the individuals served. Accordingly, the Agency will conduct comprehensive background checks on all:</p> <ul style="list-style-type: none"> <li>* new employees</li> <li>*developmental and foster home providers ...</li> <li>*staff and contractors who provide care and supervision of clients</li> <li>*individuals who handle client funds</li> <li>*all individuals who provide support/services where Agency or state and federal funds are involved</li> <li>*volunteers"</li> </ul> <p>The policy further lists the types of background checks to be completed. Included in this list are "abuse registry reviews" and "criminal background checks (National Criminal Background Checks for those who have not lived in the State of Vermont for ten years or more)".</p>	R190	

*Jamie Goodwin 2/16/24*

*North End Ranch manager*

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R190	<p>Continued From page 8</p> <p>The background check policy does not identify the requirement to complete Vermont Crime Information Center and National background checks on hire and annually thereafter as per regulatory requirements effective 5/1/23.</p> <p>On the morning of 1/23/24 the Manager was requested to provide documentation of criminal background and abuse registry checks for a sample of 5 staff. Per review of the documentation, the required checks were not completed as required for 4 out of 5 sampled staff.</p> <p>This finding was confirmed by the Manager at 3:06 PM on 1/23/24.</p> <p>In conclusion this deficient practice is potential risk for more than minimal harm for all residents, as the requirement for criminal background and abuse checks is intended to ensure all residents are received adequate and safe care.</p>	R190		
R200 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop, and maintain on file and available for review, policies and procedures that govern all services provided by the home.</p>	R200		

*Janie Goodwin 2/26/24*

*North End Ranch manager*

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R200	<p>Continued From page 9</p> <p>During the course of the survey the Manager was requested to provide facility policies and procedures related to medication orders, medication administration, and resident assessments. On the afternoon of 1/23/24 the Manager confirmed the requested policies and procedures were not on file and available for review.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to provide accessible information and clear instructions related to tasks staff are required to perform.</p>	R200		

*Janice Gooki 2/16/24*

*North End Ranch manager*

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R128 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b>  <b>5.5 General Care</b>  <b>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</b>  This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review there was a failure to ensure administration of one medication to one applicable resident (Resident #1) was consistent with the physician's orders.  Findings include:</p> <p>The Manager of the home was requested to provide facility policies and procedures related to the medication administration for review. On the afternoon of 1/23/24 the Manager confirmed policies and procedures related to medication administration were not on file and available for review.  Per record review Resident #1's provider ordered Ofloxacin Otic 0.3% ear drops Instill 5 drops in both ears twice daily for 10 days 12/27/23- 1/5/24. Per review of Resident #1's paper January 2024 Medication Administration Record (MAR)</p>	R128	<p>Clear Procedure to be written and all staff will sign acknowledging training:</p> <ol style="list-style-type: none"> <li>1) Physician orders hard copy in site binder</li> <li>2) Electronic Copy scanned into credible within 24hours of receipt</li> <li>3) MAR</li> <li>4) Staff will check and verify all three of the above to ensure each Resident's medication, treatment, and dietary services are consistent with the physician's orders.</li> </ol> <p>R 128 Plan of Correction accepted by Jo A Evans RN on 3/11/24.</p>	<p>Procedure completed-  Staff training on 3/21/24</p>	Residential Nurse and Residential Manager to confirm.

	<p>Ofloxacin Ear Drops were administered 4 times after the date this medication's prescribed end date including on the mornings of 1/6/24 and 1/13/24; and on the evenings of 1/20/24 and 1/21/24. This finding was confirmed by the Manager of the home at 1:14 AM on 1/25/24. In conclusion this deficient practice is a risk for more than minimal harm resulting from the failure to administer medications as ordered and document the reason a medication is not given.</p>				
<p>R144 SS=D</p>	<p><b>V. RESIDENT CARE AND HOME SERVICES</b> <b>5.9.c.(1)</b> <i>Complete an assessment of the resident in accordance with section 5.7;</i> This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review there was a failure to ensure completion of a significant change assessment when 2 applicable residents (Residents #1 and #2) experienced a significance physical change. Per record review and confirmed by the Manager on the afternoon of 1/23/24, policies and procedures related to resident assessments had not been developed by the organization that manages the home. Per record review Resident #1 was discharged from hospice on 5/8/23 due</p>	<p>R144</p>	<p>Clear Procedure to be written regarding Resident Assessments and all staff will sign acknowledging training</p> <ol style="list-style-type: none"> <li>1) When a Critical Incident is completed for a resident Admin staff who receive CIR report will schedule Nursing Assessment.</li> <li>2) The following situations will trigger Nursing Assessments to be scheduled and completed by RN: <ul style="list-style-type: none"> <li>• Non-Routine Medical visits</li> <li>• Hospital visits</li> <li>• Medication Changes</li> <li>• Change in Hospice Status</li> </ul> </li> </ol> <p>R 144 Plan of Correction accepted by Jo A Evans RN on 3/11/24</p>	<p>Procedure Completed</p> <p>Staff Training on 3/21/24</p>	<p>Residential Nurse and Residential Manager to confirm.</p>

	<p>to significant improvement in his/her physical condition. Per record review Resident #2 was hospitalized from 5/30/23 - 6/1/23 following a heart attack which was a new diagnosis/condition for Resident #2.</p> <p>At approximately 5:00 PM on 1/23/24 the Manager confirmed significant change assessments were not completed as required for Resident #1 following discharge from hospice on 5/8/23, and for resident #2 in response to a new diagnosis of heart attack.</p> <p>In conclusion this deficient practice is a risk for more than minimal harm due to unidentified resident needs resulting in failure to provide care and services needed to maintain independence and well-being.</p>				
<p>R147 SS=D</p>	<p><b>V. RESIDENT CARE AND HOME SERVICES</b>  <b>5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</b>                  This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review medication orders for 2 applicable residents (Residents #1 and #2) were without the specific</p>	<p>R147</p>	<p>Clear Procedure to be written regarding Medication Orders/ Medication Administration and all staff will sign acknowledging training:</p> <ul style="list-style-type: none"> <li>• Nursing will ensure clear direct Frequency of administration when accepting orders.</li> <li>• Staff will address lack of specific dose and/or frequency immediately with nursing or leadership.</li> <li>• Manager or delegate will review MAR weekly to ensure clear instructions have been provided.</li> </ul>	<p>Procedure Completed</p> <p>Staff Training on 3/21/24</p> <p>Issues addressed Resident #1 02/07/24; Resident #2</p>	<p>Residential Nurse and Residential Manager to confirm.</p>

<p>frequency of administration to include the amount of time required between doses. Findings include: During the course of the survey the Manager was requested to provide facility policies and procedures related to the regulatory requirement for medication orders with the specific dose with a specific dose and frequency of administration for review. On the afternoon of 1/23/24 the Manager confirmed policies and procedures related to signed physician's orders were not on file and available for review.</p> <p>Per staff interview and record review the following medication orders listed in the January 2024 Medication Administration Record were without the specific frequency of administration to include the amount of time required between doses:</p> <p><u>1. For Resident #1</u></p> <p>a. Acetaminophen 325 mg tablet Take 2 tablets by mouth daily as needed between 12 noon and 4 PM for Fever, Pain or Discomfort</p> <p>b. Nystatin 100,000 units/gram Apply one application twice daily as needed to groin and/or under both breasts for redness</p> <p>c. "Remedy Calazime Intensive Skin Therapy 0.44% - 20.6 % Paste Apply topically as directed as needed twice daily to buttock area as needed"</p> <p><u>2. For Resident #2:</u></p>		<p>R 147 Plan of Correction accepted by Jo A Evans RN on 3/11/24.</p>		
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	<p>a. Albuterol PRO-Air 90 mcg 2 puffs 4 times a day as needed for wheezing</p> <p>b. Hydrocortisone 1 % Topical Cream Apply twice daily to rash as needed</p> <p>These findings were confirmed by the Manager on the afternoon of 1/23/24. In conclusion this deficient practice is a risk for more than minimal harm for all residents due to administration of PRN medications at a dose and/or frequency that is ineffective or in excess of the amount required to address the symptoms the medication is intended to treat.</p>				
R162 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p><b>5.10 Medication Management</b></p> <p><b>5.10.c.</b> <i>Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</i></p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review there was a failure to ensure signed orders for medications administered to one applicable resident (Resident #2). Findings include: The Manager of the home was requested to provide facility policies and procedures related to the</p>	R162	<p>Clear Procedure to be written regarding Signed Physician Orders, and all staff will sign acknowledging training:</p> <ul style="list-style-type: none"> <li>Nursing will document a clear connection between diagnosis or problem statement, and the prescribed medication/treatment when accepting orders.</li> <li>Staff will immediately notify nursing or leadership if there are not clear/current Physician's orders with a diagnosis or problem statement indicated for reason of medication/treatment.</li> <li>Manager or delegate will review MAR weekly to ensure there is a Current Physician's Order and supporting diagnosis or problem statement within client's record.</li> </ul>	<p>Procedure Completed</p> <p>Staff Training on 3/21/24</p> <p>Issue Addressed: 1/24/24</p> <p>Found at site.</p>	Residential Nurse and Residential Manager to confirm.



	<p>regulatory requirement for physician's written signed medication orders. On the afternoon of 1/23/24 the Manager confirmed policies and procedures related to signed physician's orders were not on file and available for review.</p> <p>Per review of the January 2024 Medication Administration Record and signed prescriber's orders on file for Resident #2, signed prescriber's orders were not on file and available for review for the following medication orders listed on the MAR:</p> <ul style="list-style-type: none"> <li>a. Clopidogrel 75 mg tab Take one tab by mouth once daily</li> <li>b. Mineral Oil Instill 2 drops into ear once weekly on Friday</li> <li>c. Albuterol PRO-Air 90 mcg 2 puffs 4 times a day as needed for wheezing</li> <li>d. Loperamide 2 mg tab Take one tab by mouth twice daily as needed for diarrhea</li> </ul> <p>There findings were confirmed by the Manager on the afternoon of 1/23/24. In conclusion this deficient practice is a risk for more than minimal harm to Residents because physician's written, signed orders ensure the medication, dose, route, and frequency of administration are communicated as the prescriber intended.</p>		<p>R162 Plan of Correction accepted by Jo A Evans RN on 3/11/24.</p>		
<p>R179 SS=F</p>	<p><b>5.11 Staff Services</b> <b>5.11.b</b> <i>The home must ensure that staff</i></p>	<p>R179</p>	<p>Clear Procedure to be written regarding On-boarding Training and on-going training</p>	<p>Procedure Completed</p>	<p>North End Supervisor will review staff training</p>

<p><i>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:</i></p> <p><i>(1) Resident rights;</i></p> <p><i>(2) Fire safety and emergency evacuation;</i></p> <p><i>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</i></p> <p><i>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</i></p> <p><i>(5) Respectful and effective interaction with residents;</i></p> <p><i>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</i></p> <p><i>(7) General supervision and care of residents.</i></p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review 4 out of 5 sampled staff did not complete all required yearly trainings. Findings include: Section III. b. of the training policy provided by the organization that manages the home effective 04/2018</p>		<p>requirements. All staff will sign acknowledging training:</p> <ul style="list-style-type: none"> <li>• Upon Hire, staff will complete 12 hours of On-Boarding Training before being at North End Ranch.</li> <li>• Staff will complete the New Hire Orientation Checklist which will include Training Date Provided, with Supervisor Signature.</li> <li>• Residential Training Plans will be revamped- and a new training plan to be submitted.</li> </ul> <p>R 179 Plan of Correction accepted by Jo A Evans RN on 3/11/24.</p>	<p>Staff Training to be completed 3/31/24</p>	<p>compliance during supervision every-every- another week. Residential Manager will confirm North End Ranch staff training compliance monthly.</p>
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	<p>states, "Supervisors are expected to ensure that their employees meet all training requirements within the specified time frames." Section VI. of the training policy states, " Program and Department- specific trainings occur on a scheduled and as-needed basis. They are established by the program director and are based upon best practice or are required by regulators or other statutory requirements." The organization's training policy does not identify the specific trainings required by the licensing agency to be completed by all staff providing direct care to residents.</p> <p>On the morning of 1/23/24 the Manager was requested to provide training records for a sample of 5 staff. Per review of the training records provided for review, 4 out of the 5 sampled staff did not complete all required trainings. At 1:06 PM the Manager confirmed these findings. This deficient practice is a potential risk for more than minimal harm for all facility residents due to inadequate staff education and training to safely and effectively provide resident care.</p>				
<p>R190 SS=F</p>	<p><b>5.12.b.(4)</b></p>	<p>R190</p>	<p>HR will conduct the required criminal background and abuse registry checks for all staff</p>	<p>Complete and submitted to</p>	<p>Human Resources</p>

<p><i>The results of the criminal record and adult abuse registry checks for all staff.</i> This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review there was a failure to complete the required criminal background and abuse registry checks for 4 out of 5 sampled staff. Findings include: The Background Check policy provided by the agency that manages the home effective 04/2022 states, " It is the policy of the Agency to provide for the safety, well-being and protection of our staff and the individuals served. Accordingly, the Agency will conduct comprehensive background checks on all: * new employees *developmental and foster home providers ... *staff and contractors who provide care and supervision of clients *individuals who handle client funds *all individuals who provide support/services where Agency or state and federal funds are involved *volunteers" The policy further lists the types of background checks to be completed. Included in this list are "abuse registry reviews" and "criminal background checks (National Criminal Background Checks for those who have not lived in the State of Vermont for ten years or more)". The</p>		<p>employed within North End Ranch before starting employment and yearly. Including: Vermont Crime Information Center and National background checks.</p> <p>R 190 Plan of Correction accepted by Jo A Evans RN on 3/11/24.</p>	<p>licensing from HR</p>	
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	<p>background check policy does not identify the requirement to complete Vermont Crime Information Center and National background checks on hire and annually thereafter as per regulatory requirements effective 5/1/23. On the morning of 1/23/24 the Manager was requested to provide documentation of criminal background and abuse registry checks for a sample of 5 staff. Per review of the documentation, the required checks were not completed as required for 4 out of 5 sampled staff. This finding was confirmed by the Manager at 3:06 PM on 1/23/24. In conclusion this deficient practice is potential risk for more than minimal harm for all residents, as the requirement for criminal background and abuse checks is intended to ensure all residents are received adequate and safe care.</p>				
<p>R200 SS=F</p>	<p><b>5.15 Policies and Procedures</b> <i>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</i> This REQUIREMENT is not met as evidenced by:  Based on staff interview and record review there was a failure to develop, and maintain on file and available for review, policies and procedures that govern all services provided by the home. During the</p>	<p>R200</p>	<p>Clear Procedure to be written specific to:</p> <ul style="list-style-type: none"> <li>• Medication Orders</li> <li>• Medication Administration</li> <li>• Resident Assessments</li> </ul> <p>All staff will sign acknowledging the training and Procedures will be on-site in Procedure Binder.</p> <ul style="list-style-type: none"> <li>• The current Procedure manual will be reviewed and updated to ensure</li> </ul>	<p>Procedures completed</p> <p>Staff training completed on 3/21/24</p> <ul style="list-style-type: none"> <li>• 4/8/2024</li> </ul>	<p>Residential Nurse and Residential Manager to confirm.</p> <ul style="list-style-type: none"> <li>• Residential Manager and Adult</li> </ul>

	<p>course of the survey the Manager was requested to provide facility policies and procedures related to medication orders, medication administration, and resident assessments. On the afternoon of 1/23/24 the Manager confirmed the requested policies and procedures were not on file and available for review. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to provide accessible information and clear instructions related to tasks staff are required to perform.</p>		<p>coverage of all services provided at North End Ranch.</p> <p>R 200 Plan of Correction accepted by Jo A Evans RN on 3/11/24.</p>		<p>Services Director</p>
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