



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 21, 2024

Shannon Blanchard, Manager
Our House Outback
196 Mussey Street
Rutland, VT 05701-4839

Dear Ms. Blanchard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 22, 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

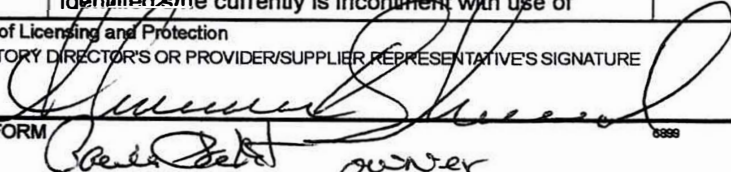
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/22/2024
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R100	Initial Comments: An unannounced on site relicensure survey was conducted by the Division of Licensing and Protection on 1/22/24. Regulatory deficiencies were identified as a result of the survey. Findings include:	R100		
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview 1 out 3 residents of the applicable sample care plan failed to identify the current care needs required to support the resident in Activities of Daily Living. Findings include:</p> <p>Per record review Resident # 1, care plan identified care and services for catheter care and hospice services. Per further review of the resident record, Resident #1 was discharged of Hospice service and as identified on the plan of care, the resident discontinued use of catheter prior to discharge of hospice service.</p> <p>Per interview on 1/22/24 at 1:30 PM the Manager reviewed Resident #1 current care needs and identified she currently is incontinent with use of</p>	R145 R145	<p>All Careplans and Assessments have been reviewed and updated for compliance and accuracy - RN and manager will continue to monitor residents for changes and will make necessary as per regulations and expectations.</p> <p>R145 Accepted Jenielle Shea, RN 3/1/24</p>	1/26/24

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
 owner	manager	2/18/24

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R145	<p>Continued From page 1</p> <p>incontinence product and staff provide assistance with incontinence care. The manager confirmed a catheter was in place while on hospice service. The resident has since been discharged from hospice and prior to discharge he catheter was discontinued. The manager confirmed the care plan does not identify current care assistance related to incontinence.</p> <p>Per interview with the Facility Owner, s/he was asked to provide policies with regards to care plans, the Owner indicated the facility has a bound binder of policy, otherwise regulations are utilized. A formal policy was not identified within the facility Policy and Procedure binder. However, on the care plan from it is written "In the event of a significant change, the care plan should be updated with a new care plan form as was a new assessment. "</p> <p>This identified deficiency has the potential of minimal harm, as the home is to ensure a plan of care is developed and current with resident's care needs to ensure necessary services and care to assist maintaining wellness and meeting their required needs.</p>	R145		
R161 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced</p>	R161		

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R161	<p>Continued From page 2</p> <p>by: Based on observation, record review and staff interview the facility failed to ensure policy and procedures established for medication managed were followed as established for the documentation of medication administration records (MAR) and delegation of medication administration. Findings include:</p> <p>1. Per observation of the Medication Administration Record (MAR) at 10:00 AM 5 out of 8 residents MARs were noted to be signed as medications given prior to administration times indicated on the MAR, on the date of review of 1/22/24. Residents # 1 Incuse Ellipta 62.5 mcg 1 puff by mouth daily to be administered 12:00 PM was observed to be initialed. Resident #2 Risperidone 0.25 mg 1 tablet daily anxiety/agitation/aggressive behavior to be administered at 3:00 PM was observed initialed. Resident #3 Quetiapine 50mg tablet, take 1 tablet by mouth daily to be administered at 12:00 PM was observed initialed. Resident # 4 Quetiapine 50 mg- take tablet by mouth three times daily to be administered at 12:00 PM was observed initialized. Resident #5 Quetiapine 50 mg take 1 tablet by mouth two times daily to be administered at 12:00 PM was observed initialed.</p> <p>Per facility policy and procedure titled "Procedure for Documenting Medications Administered by Designated Staff" section #1 states "As soon as possible after administering medication, 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 resident."</p> <p>Per interview on 1/22/24 at 11:00 AM the</p>	R161 R161	<p>Pre-signing the M.A.R is Never OK, the manager has been reminded of proper steps of administering and documenting.</p> <p>RN and owner will do periodic checks for accuracy and compliance.</p> <p>RN is re-testing and re-certifying all relevant med techs - manager will monitor for compliance.</p> <p>R 161 Accepted Jenielle Shea, RN 3/1/24</p>	1/23/24 3/4/24
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R161	<p>Continued From page 3</p> <p>Manager confirmed the MARs are documented with initials to indicate the medications were given. Upon review of the MAR the manager confirmed, the identified medications administrations for Residents # 1, # 2, # 3, # 4, and # 5 were pre-signed with initials prior to the administration times indicated for the medications and confirmed the medications have yet to be given. The manager confirmed the policy in place, and documentation of medication administration per the policy indicated to document after the administration is completed.</p> <p>2. Per review of the facility Medication Administration Policy and Procedures, a policy titled Delegation of Administration of Medications indicates "A registered nurse (RN) or contracted by or by agreement with Our House RCH will have the authority and responsibility if implementing and monitoring the delegation process to effect safe, accurate medication administration by properly trained staff.</p> <p>Per observation of the medication administration training records of delegated staff 1 our 2 records were not delegated by the current facility registered nurse. Through interview with a staff, s/he confirmed to have been delegated by a previously employed registered nurse, and a re-delegation process was not completed with the current registered nurse.</p> <p>Per interview on 1/22/24 at 2: 35 PM the facility Owner discussed the process of medication delegation, and confirmed the current registered nurse has not re-delegated staff that were previously delegated by a former employed RN.</p> <p>Their is a potential of risk for more than minimal</p>	R161		

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R161	Continued From page 4 harm to all facility residents, when established facility policy and procedures for medication management are not handled accordingly by medication delegated staff. The home policy and procedures are established to maintain resident safety with medication administrations.	R161		
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the Registered Nurse (RN) failed to ensure medication delegation was provided to 2 out 3 designated staff. Findings include: Per observation of medication designated training records 1 out 2 staff of the applicable sample were designated for medication administration by a previously employed RN and the current Registered Nurse had not provided redesignation. An interview on 1/22/24 at approximately 1:30 PM a Medication Designated staff confirmed to have not been provided a "re-training" or designation by the facilities current RN. The medication designated staff confirmed to have received the	R164		

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R164	<p>Continued From page 5</p> <p>training for medication administration by a previously employed Registered Nurse.</p> <p>An interview on 1/22/24 at 2:30 PM with the facility owner, confirmed the training records to be accurate and the current RN has not provided a re-designation for medication administration training. The owner explained to be unclear of the requirement for redesignation of medication administration and unaware that the designation is not transferable.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm as medication delegation by the facility Registered Nurse is a requirement to ensure staff are proficient in the practice of medication administration and the policy and procedures established by the facility.</p> <p>Refer to 161</p>	R164 <i>R164</i>	<p><i>RN is currently re-testing and re-certifying all relevant med techs - manager will monitor for compliance.</i></p> <p>R 164 Accepted Jenielle Shea, RN 3/1/24</p>	<i>2/27/24</i>
R176 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h (4)</p> <p>Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure the Residential Care</p>	R176		

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R176	<p>Continued From page 6</p> <p>Home (RCH) disposed of outdated or unused medication in accordance with Section 5.10h of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. Findings include:</p> <p>Per observation of the facility medications, it was noted that expired medication, and creams, were observed to be in use. Findings include 90mcg Albuterol inhaler expired 8/31/23, Arthritis and muscle gel expired 01/2022, Vaseline lip therapy expired 8/2022, Ibuprofen 500 count expired 6/2022, and a 90 mcg Albuterol Sulfate HFA expired 2/2023. This was confirmed by the facility manager at time of finding.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to potential negative impact on resident health and the care environment.</p>	R176 R176	<p>The manager has been reminded and understands what must always be done to dispose of expired meds as well as meds that are discontinued. Manager has reviewed the policies and procedures as a reinforcement.</p> <p>RN and Manager will monitor on a monthly basis or as changes occur,</p>	1/23/24
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R253 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure of the Residential Care Home (RCH) to ensure all food service equipment was kept clean and maintained according to manufactures guidelines in accordance with Section 7.3c of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. Findings include:</p>	R253	<p>R 176 Accepted Jenielle Shea, RN 3/1/24</p>	
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R253	Continued From page 7 Per observation on the morning of 1/22/24 the facilities hood vent located over the kitchen stove were observed to be poorly maintained and in need of cleaning. Food, grease, and dust buildup was noted on the inside of the hood vent. This was confirmed by the facility manager at the time of finding. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to risk of food contamination during food preparation.	R253 <i>R253</i>	<i>This duty is assigned to overnight staff - writeups were done and staff knows better! maintenance will monitor at least monthly to assure compliance.</i>	<i>1/30/24</i>
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the RCH failed to provide care in a safe environment. Findings include: During the facility tour at 9:35 AM oxygen equipment was observed in Resident #1 room. The hallway of the room, entry to the room, and the interior of the room did not have proper signage posted. Per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code, it is recommended signage is needed when oxygen is in use. In addition, per Lippincott Manual 8th addition Administering Oxygen by Nasal Cannula	R266	R 253 Accepted Jenielle Shea, RN 3/1/24	

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R266	<p>Continued From page 8</p> <p>Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors" .</p> <p>At 10:00 AM the Manager confirmed signage was not posted, and acknowledged the use of appropriate signage when oxygen in use to maintain a safe environment.</p>	R266 R266	<p>Oxygen in use signs have been printed, laminated and hung where necessary. Manager and RN will monitor for compliance as the oxygen supply company no longer takes the initiative.</p> <p>R 266 Accepted Jenielle Shea, RN 3/1/24</p>	1/26/24
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