VERMONT

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

August 30, 2023

Ms. Stephanie Sweet, Manager
Residential Care At The Manor
577 Washington Highway
Morrisville, VT 05661-8972

Dear Ms. Sweet:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 31, 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0378	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE AT THE MANOR	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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)	(X5) COMPLETE DATE
R100	Initial Comments: On 7/31/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey and investigation of one facility reported incident with additional information provided by the home on 8/2/23. The following regulatory deficiencies were identified:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure the administration of one medication to 1 applicable resident was consistent with the physician's orders (Resident #5). Findings include: Per record review Resident #5's physician prescribed Oxycodone/Acetaminophen 5/325/mg three times daily as needed for pain. On the evening of 4/22/23 Resident #5 received a 50 mg dose of Trazodone in error instead of the Oxcodone/Acetaminophen 5/325 mg as prescribed. During ain interview commencing at 11:44 AM on 7/31/23 the Manager confirmed Resident #5 was given Trazodone 50 mg in error on 4/22/23. Please refer to tag 224.	R128	R 128 All residents have the potential to be affected by the same deficient practice. Delegated staff will be re-educated to Medication Rights & Verification. The RCM MED PASS AUDITINGTOOL completed by the RN oversight will demonstrate completion and then given to HR for the employees file To be completed by 9/5/23. Tag R128 Accepted by Jo A. Evans RN 8/30/23 Stephanie Sweet Resident Care & Services Director 8/25/23	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0378	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE AT THE MANOR	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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)	(X5) COMPLETE DATE
R164	Continued From page 1	R164	F 164	
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 staff interview and record review there was a failure to ensure delegation of the responsibility for the administration of specific medications to designated staff for designated residents. Findings include: Per record review 3 Personal Care Attendants and 1 Residential Care Coordinator are listed as "Med Passers" at the Residential Care Home. At 12:01 PM on 7/31/23 the Registered Nurse (RN) responsible for RN oversight at the home stated the process of re-delegating the staff who administer medications at the facility had not been initiated since s/he was hired into the RN Oversight position on 7/10/23. The RN stated s/he was not aware of the responsibility to re-delegate the home's Med Passers who had been delegated by the previous RN.	R164	All residents have the potential to be affected by this deficient practice. The new RN oversight will re-educate staff to medication management and treatment practices for re-delegation. The RN oversight will complete the RCM MED PASS AUDITING TOOL to demonstrate completion. This will occur upon each new hire of a PCA who be deemed eligible for the responsibility of nurse delegation. This will also occur upon hire of any RN oversight that may occur in the future To be completed by 9/5/23 Tag R164 Accepted by Jo A Evans RN 8/30/23	
R176 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R176	R176 All residents have the potential to be affected by this deficient practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0378	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE AT THE MANOR	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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)	(X5) COMPLETE DATE
R176	Continued From page 2 5.10.h (4) 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review there was a failure to ensure outdated and discontinued medications were promptly disposed. Findings include: During observation of the home's medication cart commencing at approximately 11:05 AM on 7/31/23 expired and discontinued medications were observed to be stored in the medication cart. 1. At 11:43 AM on 7/31/23 Registered Nurse (RN) responsible for RN Oversight confirmed the following expired medications were stored in the medication cart: a. House Stock Loperamide 2 mg tablets expired 6/2023 b. Resident #1's Bubble Pack of medications dated for administration on 7/18/23 including one tablet or capsule each of Lansoprazole 15 mg, Valsarten 80 mg, and Famotidine 5 mg. c. Resident #2's Loperamide 2 mg capsules expired on 1/23/23. d. Resident #3's Acetaminophen 500 mg tablets expired on 6/6/22. e. Resident #4's Glipizide 10 mg tablets expired on 6/28/23 and Acetaminophen 325 mg tablets expired on 1/9/23.	R176	R176 cont Upon discovery, a review of the entire medication cart was completed. All expired and discontinued medications were properly disposed of or sent back to the pharmacy for resident credit. RN or delegated staff to complete a weekly review of the medication cart to look for expired & D/Cd medications as well as for Medications expiring soon. These weekly checks will be signed and dated to ensure completion. The Residential Care medication storage policy has been updated to include this procedure. To be completed by 9/5/23. Tag R176 Accepted by Jo A Evans RN 8/30/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0378	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE AT THE MANOR	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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)	(X5) COMPLETE DATE
R176	Continued From page 3 2. At 12:22 PM on 7/31/23 a facility RN confirmed the following discontinued medications belonging to Resident #5 were stored in the medication cart: a. 7 bottles of Famciclovir 250 mg tablets discontinued on 6/14/23 per the RN b. 2 bottles of Diltiazem ER HCl 120 mg capsules discontinued 4/25/23 c. 1 bottle of Quetiapine Fumarate 25 mg tablets discontinued on 5/2/23	R176		
R220 SS=F	VI. RESIDENTS' RIGHTS 6.8 A resident may complain or voice a grievance without interference, coercion or reprisal. Each home shall establish a written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to the home's grievance mechanism. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to protect the right to privacy related to disposal of medication packaging without removal of resident's identifying personal information. Findings include: During observation of the medication administration area on the morning of 7/31/23	R220	R220 All residents have the potential to be affected by this deficient practice. The General Guidelines to Medication Assistance policy was updated to include the removal/voiding out of patient identifying information prior to disposal of the comingle pack. Staff were educated to the new procedure and signed off acknowledgement of the new procedure. To be completed by 9/5/23. Tag R220 Accepted by Jo A Evans RN 8/30/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0378	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE AT THE MANOR	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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)	(X5) COMPLETE DATE
R220	Continued From page 4 empty medication bubble packs with identifying information were observed to be discarded in an uncovered trash receptacle in the common area of the home. Medication bubble packs are multidose packages of medications administered at a specific time which are labeled with the resident's name, medications and doses, and the specific administration date and time for each individual bubble pack. The Med Tech on duty confirmed disposal of the medication packaging without removal of the identifying information was the usual and customary routine at the home. During the facility tour commencing at 10:11 AM the Manager of the home confirmed there was no policy for removal of identifying information from the empty bubble packs when they are discarded. This practice impacts all facility residents for whom the facility administers medication from bubble packs.	R220	R224 All residents have the potential to be affected by this deficient practice. Resident #5 Agreed to have his controlled substances delivered by the pharmacy in bubble packs in order to safe guard against further exploitation. The assistance with Controlled Medication policy was updated to include that narcotic medication will be delivered in bubble packs to ensure safety and accuracy of the medication. Staff were educated to the policy update and signed off acknowledgement of the new procedure To be completed by 9/5/23.	
R224 SS=D	VI. RESIDENTS' RIGHTS 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 2 applicable residents were free from exploitation related to diversion of medication (Residents #5 and #6). Findings include:	R224		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0378	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE AT THE MANOR	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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)	(X5) COMPLETE DATE
R224	Continued From page 5 Per record review Resident #5 has chronic pain related to diagnoses including Postlaminectomy Syndrome, which results when a surgical procedure to reduce pressure on the spinal nerves by removing part of vertebrae fails; and chronic Cervicaglia Radiculopathy, which is neck pain and pain radiating down the body resulting from the bones of the neck compressing nerves where they branch out from the spinal cord. Per interview with the Manager of the home on the afternoon of 7/31/23 Resident #5 has a history of uncontrolled pain. Resident #5's physician prescribed Oxycodone/Acetaminophen 5/325/mg three times daily as needed for pain. Per review of staff's written statements Oxycodone/Acetaminophen 5/325 mg tablets belonging to Resident #5, which were stored in a locked narcotic box, were reported missing on 4/23/23. Upon investigation is was determined at least 20 of Resident #5's Oxycodone/Acetaminophen tablets had been replaced with Trazodone 50 mg tablets belonging to Resident #6 to make the count appear correct. Per record review, as a result of the theft and diversion of Resident #5's and Resident #6's medications Resident #5 received a 50 mg dose of Trazodone on the evening of 4/22/23 in error instead of the Oxcodone/Acetaminophen 5/325 mg as prescribed. The following morning the Med Tech on duty noticed the medication repackaged and accounted for as Resident #5's Oxycodone/Acetaminophen was not the correct pill and immediately reported the missing medication to the Manager. Per the Vermont Judiciary official website of the Vermont Court System, exploitation as it applies to vulnerable adults is defined by Vermont law (33 V.S.A. §6902) as "Willfully using, withholding,	R224	Tag R224 Accepted by Jo A Evans RN 8/30/23 This page left blank	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0378	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CARE AT THE MANOR	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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)	(X5) COMPLETE DATE
R224	Continued From page 6 transferring, or disposing of funds or property of a vulnerable adult for the wrongful profit or advantage of another. During an interview commencing at 11:44 AM on 7/31/23 the Manager confirmed Resident #5's Oxycodone/Acetaminophen was misappropriated from the home's locked narcotic box, and Resident #6's Trazodone was misappropriated and transferred into the narcotic box to make Resident #5's Oxycodone/Acetaminophen count appear correct.	R224	This page left blank Stephanie Sweet BSW Resident Care Services Director	