

## **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

Dentification Manager    0378   STREET ADDRESS CITY, STATE, the CODE   C   O7731/2023	Division of Licensing and	Protection				
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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 0378 07/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **577 WASHINGTON HIGHWAY** RESIDENTIAL CARE AT THE MANOR MORRISVILLE, VT 05661 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) F 164 R164 Continued From page 1 R164 R164 V. RESIDENT CARE AND HOME SERVICES R164 All residents have the potential SS=F to be affected by this deficient 5.10 Medication Management practice. 5.10.d If a resident requires medication The new RN oversight will readministration, unlicensed staff may administer medications under the following conditions: educate staff to medication management and treatment (2) A registered nurse must delegate the responsibility for the administration of specific practices for re-delegation. medications to designated staff for designated residents The RN oversight will complete the RCM MED PASS AUDITING This REQUIREMENT is not met as evidenced TOOL to demonstrate bv: Based on staff interview and record review there completion. was a failure to ensure delegation of the responsibility for the administration of specific medications to designated staff for designated This will occur upon each new residents. Findings include: hire of a PCA who be deemed eligible for the responsibility of Per record review 3 Personal Care Attendants and 1 Residential Care Coordinator are listed as nurse delegation. This will also "Med Passers" at the Residential Care Home. At occur upon hire of any RN 12:01 PM on 7/31/23 the Registered Nurse (RN) responsible for RN oversight at the home stated oversight that may occur in the the process of re-delegating the staff who future administer medications at the facility had not been initiated since s/he was hired into the RN To be completed by 9/5/23 Oversight position on 7/10/23. The RN stated Tag R164 Accepted by Jo A Evans RN 8/30/23 s/he was not aware of the responsibility to re-delegate the home's Med Passers who had R176 been delegated by the previous RN. All residents have the potential R176 V. RESIDENT CARE AND HOME SERVICES R176 to be affected by this deficient SS=Fpractice. 5.10 Medication Management Division of Licensing and Protection

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 0378 07/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **577 WASHINGTON HIGHWAY** RESIDENTIAL CARE AT THE MANOR MORRISVILLE, VT 05661 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R176 Continued From page 2 R176 R176 cont 5.10.h (4) Medications left after the death or discharge of a Upon discovery, a review of the resident, or outdated medications, shall be entire medication cart was promptly disposed of in accordance with the completed. All expired and home's policy and applicable standards of practice. discontinued medications were properly disposed of or sent This REQUIREMENT is not met as evidenced by: back to the pharmacy for Based on observation, staff interview, and record resident credit. review there was a failure to ensure outdated and discontinued medications were promptly RN or delegated staff to disposed. Findings include: complete a weekly review of During observation of the home's medication cart the medication cart to look for commencing at approximately 11:05 AM on 7/31/23 expired and discontinued medications expired & D/Cd medications as were observed to be stored in the medication well as for Medications expiring cart. soon. 1. At 11:43 AM on 7/31/23 Registered Nurse (RN) responsible for RN Oversight confirmed the These weekly checks will be following expired medications were stored in the signed and dated to ensure medication cart: a. House Stock Loperamide 2 mg tablets expired completion. b. Resident #1's Bubble Pack of medications The Residential Care dated for administration on 7/18/23 including one medication storage policy has tablet or capsule each of Lansoprazole 15 mg. Valsarten 80 mg, and Famotidine 5 mg. been updated to include this c. Resident #2's Loperamide 2 mg capsules procedure. expired on 1/23/23. d. Resident #3's Acetaminophen 500 mg tablets To be completed by 9/5/23. expired on 6/6/22. e. Resident #4's Glipizide 10 mg tablets expired Tag R176 Accepted by Jo A Evans RN 8/30/23 on 6/28/23 and Acetaminophen 325 mg tablets expired on 1/9/23. Division of Licensing and Protection

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING 0378 07/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **577 WASHINGTON HIGHWAY** RESIDENTIAL CARE AT THE MANOR MORRISVILLE, VT 05661 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R176 | Continued From page 3 R176 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 HCI 120 mg capsules R220 discontinued 4/25/23 c. 1 bottle of Quetiapine Fumarate 25 mg tablets All residents have the potential discontinued on 5/2/23 to be affected by this deficient R220 VI. RESIDENTS' RIGHTS R220 practice. SS=F The General Guidelines to 6.8 A resident may complain or voice a grievance Medication Assistance policy without interference, coercion or reprisal. Each home shall establish a written grievance was updated to include the procedure for resolving residents' concerns or removal/voiding out of patient complaints that is explained to residents at the identifying information prior to time of admission. The grievance procedure shall disposal of the comingle pack. 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 Staff were educated to the new made aware of the Office of the Long Term Care procedure and signed off Ombudsman and Vermont Protection and acknowledgement of the new Advocacy as an alternative or in addition to the procedure. home's grievance mechanism. To be completed by 9/5/23. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there Tag R220 Accepted by Jo A Evans RN 8/30/23 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

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING 0378 07/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **577 WASHINGTON HIGHWAY** RESIDENTIAL CARE AT THE MANOR MORRISVILLE, VT 05661 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) R220 Continued From page 4 R220 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 R224 resident's name, medications and doses, and the specific administration date and time for each All residents have the potential individual bubble pack. The Med Tech on duty confirmed disposal of the medication packaging to be affected by this deficient without removal of the identifying information was practice. the usual and customary routine at the home. Resident #5 Agreed to have his During the facility tour commencing at 10:11 AM the Manager of the home confirmed there was no controlled substances delivered policy for removal of identifying information from by the pharmacy in bubble the empty bubble packs when they are discarded. This practice impacts all facility residents for packs in order to safe guard whom the facility administers medication from against further exploitation. bubble packs. The assistance with Controlled R224 VI. RESIDENTS' RIGHTS R224 SS=D Medication policy was updated to include that narcotic 6.12 Residents shall be free from mental. medication will be delivered in verbal or physical abuse, neglect, and exploitation. Residents shall also be free from bubble packs to ensure safety restraints as described in Section 5.14. and accuracy of the medication. This REQUIREMENT is not met as evidenced Staff were educated to the by: policy update and signed off Based on staff interview and record review there was a failure to ensure 2 applicable residents acknowledgement of the new were free from exploitation related to diversion of procedure medication (Residents #5 and #6). Findings include: To be completed by 9/5/23.

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING 0378 07/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **577 WASHINGTON HIGHWAY** RESIDENTIAL CARE AT THE MANOR MORRISVILLE, VT 05661 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION lD (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R224 Continued From page 5 R224 Per record review Resident #5 has chronic pain Tag R224 Accepted by Jo A Evans RN 8/30/23 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 This page left blank 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, Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED	
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