



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 25, 2023

Mr. Carl Erickson, Manager
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 26, 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", written over a light blue horizontal line.

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: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/26/2023
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464
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(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 7/26/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of 2 complaints. The following regulatory deficiencies were identified as a result of the investigation:	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 the administration of 1 medication to 1 applicable resident (Resident #2) was consistent with physician's orders. Findings include:</p> <p>Based on record review Resident #2's physician ordered Debrox (ear drops for ear wax removal) treatment for three days, lavage (rinse ear canal, typically with a bulb syringe) to clear PRN (as needed). The order was entered into the Medication Administration Record (MAR) as "Ear Drops 5-10 drops both ears 2 x a day" indicating this medication was to be administered as a scheduled medication twice daily for an undefined amount of time.</p> <p>Per review of the July 2023 MAR the medication was administered as follows:</p> <p>* twice daily for 5 days in a row from 7/6/23-</p>	R128	<p><i>All PCP's have been asked to correct the MD orders to be more, ie, dosage and length of time. For example, PRN order of ear drops as needed for three days, will no longer be acceptable. MD will be contacted when order is unclear or not specific enough. RN will be responsible for monitoring Plan has been implemented as of October 2, 2023.</i></p> <p>Plan of Correction for R128 accepted by Jo A. Evans on 10/25/23</p>	10/23/23

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> ADMIN. 10/23/2023	TITLE	(X6) DATE
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R128	Continued From page 1 7/10/23 * 4 days in a row from 7/13/23 - 7/16/23 with once daily administration on 7/13/23 and 7/14/23, and twice daily administration on 7/15/23 and 7/16/23 * once on 7/18/23 * 6 days in a row from 7/20/23-7/25/23 with once daily administration on 7/20/23 and 7/21/23, twice daily administration from 7/21/23 -7/23/23, and once daily administration on 7/24/23 and 7/25/23 At 1:34 PM on 7/26/23 the Registered Nurse confirmed the Debrox ear wax removal treatment was not administered as ordered by Resident #2's physician.	R128		
✓ R146 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop a written plan of care for 3 applicable residents (Residents #1, #2, and #3) describing the necessary to assist the care and services necessary to assist the resident to	R145	<i>Resident one's care plan will include a description for stander routine and specific instructions for use of stander including goals, length of time spent in the stander, proper use of the stander and methods for engaging and supporting while in the stander. RN will be responsible for monitoring. This will be completed by 10/10/2023. Seizure protocol is currently in the care plans and in the policy and procedure binder. This was completed on 10/2/2023. RN will monitor.</i>	<i>10/25/2023</i>

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R145	<p>Continued From page 2</p> <p>maintain well-being. Findings include:</p> <p>1. Per record review Resident #1 has a history of Traumatic Brain Injury, is wheelchair dependant, and has limited ability to ambulate for brief periods of time with the support of multiple staff and use of a standing walker. S/he has an exercise routine with goals of increasing strength, endurance, range of motion, and mobility including use of a "stander". The "stander" is a stationary standing frame which provides support allowing Resident #1's to stand upright and bear weight. Use of a "stander" benefits circulatory, respiratory, urinary, and digestive system functions; strengthens the skeleton and muscles; and helps prevent contractures and skin breakdown. Resident #1's Plan of Care does not include a description for his/her exercise routine and specific instructions for use of the stander including goals for length of time spent in the stander, proper use of this device, and methods for engaging and supporting Resident #1 in the use of the stander and exercise routine during periods of resistance to use.</p> <p>During an interview commencing at 3:00 PM on 7/26/23 the Owner/Manger, Case Manager and Registered Nurse confirmed Resident #1's Plan of Care did not include a specific plan and instructions describing necessary care and services related to his/her exercise routine including use of the stander.</p> <p>2. Per record review Resident #2's diagnoses include Epileptic Seizure Disorder with previous history of seizures, and a recent history of 2 seizures. Resident #3 has a history of a Traumatic Brain Injury and per staff interview also has a history of seizures.</p>	R145	Plan of Correction for R145 accepted by Jo A Evans on 10/25/23	

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R145	Continued From page 3 During an interview commencing at 3:00 PM on 7/26/23 the Owner/Manger, Case Manager and Registered Nurse confirmed Resident #2's and Resident #3's Plans of Care did not describe necessary care and services related to seizures including instructions for staff regarding actions to take if a seizure occurs.	R145		
✓ R147 SS=E	<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 there was a failure to ensure PRN (as needed) medication orders for 1 applicable resident (Residents #2) included the specific dose and frequency of administration. Findings include:</p> <p>1. Per record review Resident #2's med list included 2 physician's orders that do not include a specific dose as follows:</p> <p>* "Tussin 220 mg/ml 1-2 teaspoons (4 oz) by mouth every 4 hours as needed"</p> <p>* "Fiber Capsule 400 mg - Reguloid" 2-5 caps by mouth daily as needed.</p>	R147	<p><i>Corrective actions regarding resident #2 PRN orders have taken place. PCP was contacted on 10/19/2023, for more specific dosage. This action and other corrective actions have been taking place for the last 30+ days. New PRN order for #2 was received by RN on 10/23/23. We plan on having all orders that need correcting completed by 11/30/2023. Corrected PRN order for #2 will be corrected on medication administration records by 11/1/2023, if not sooner.</i></p>	10/23/2023

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R147	Continued From page 4 At 2:12 PM on 7/26/23 the Registered Nurse (RN) confirmed Resident #2's orders for Tussin and Fiber (Reguloid Powder) did not include a specific dose. 2. Per record review Resident #2's med list included a physician's order for Debrox (ear drops for ear wax removal) treatment for three days, lavage (rinse ear canal, typically with a bulb syringe) to clear PRN (as needed) which does not include a specific dose, frequency of administration. At 1:34 PM on 7/26/23 the RN confirmed Resident #2's Debrox order did not include a specific dose and frequency of administration. The orders listed above also do not include the symptoms or conditions the PRN medications are intended to treat.	R147	<i>Please consider that our new full time RN is working on corrective actions currently. We plan on having all orders that need correcting completed by 11/30/2023 and on the Dec. MAR.</i> Plan of Correction for R147 accepted by Jo A Evans on 10/25/23	
✓ R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written, signed physician's orders for 11 medications administered to one applicable resident (Resident #3). Findings include:	R162		

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R162	<p>Continued From page 5</p> <p>Per review of signed medication orders on file for Resident #3 and Resident #3's Medication Administration Record for July of 2023 the following medications were administered without written signed physician's orders:</p> <ul style="list-style-type: none"> * Atorvastatin 80 mg tablets One tablet by mouth daily * Escitalopram 10 mg tablets One tablet by mouth daily there * Polyethylene Glycol Powder 3350 NF One capful in 8 oz liquid daily * Metronidazol Gel 0.75% Applied on face twice daily * Quetiapine 100 mg tablets One tablet twice daily * Acetaminophen 325 mg tablets Two tablets every 4 hours as needed for pain/temperature * Calcium Antacid 500 mg tablets 2 tablets every 4 hours as needed for nausea * Ibuprofen 200 mg tablets 2 tablets by mouth every 4 hours as needed for pain * Lidoderm 5% topical patch Apply one patch daily as needed for pain * Medicine 25 mg tablet Take on tablet one hour before travel, repeat every 12-24 hours as needed * Senna 8.6 mg tablet One tablet daily as needed for constipation <p>At 4:30 PM on 7/26/23 the Case Manager confirmed there were no signed medication orders on file and available for review for 11 medications prescribed to Resident #3 as listed above.</p>	R162	<p>All physician orders have been signed by all resident PCP's. The orders in question were faxed to resident #3 PCP office, signed and returned and presented to auditor conducting the survey on 7/26/23. RW will monitor physician's orders on a weekly basis. We plan on having all physician orders signed by the PCP every six months. This process will begin 11/8/2023, if not sooner. All phone and verbal orders will be signed by PCP upon receipt. We will instruct the physician to send order to pharmacy and to Riverview via fax. Upon receipt, these signed orders will be placed into the Cheat MD order binder.</p> <p>Plan of Correction for R162 accepted by Jo A. Evans on 10/25/23</p>	10/25/2023
R183 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R183		

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R183	<p>Continued From page 6</p> <p>5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There shall be a record of the staff on duty, including names, titles, dates and hours on duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview there was a failure to maintain a record of the staff on duty including the names and hours on duty. Findings include:</p> <p>On the morning of 7/26/23 the Case Manager was requested to provide a record of the staff schedule for the month of November 2022 for review. At 11:05 AM on 7/26/23 the Case Manager confirmed the staff schedules for the time frame requested were not maintained and available for review. At 11:58 AM on 7/26/23 the Case Manager confirmed staff schedules were not on file and available for review for months preceding December of 2022.</p>	R183	<p><i>All staff schedules are now being filed after each work week is completed. Both floors and office have copies of current and future staffing dates.</i></p> <p>Plan of Correction for R183 accepted by Jo A Evans on 10/25/23</p>	7/23/2023
R213 SS=G	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	R213		

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R213	<p>Continued From page 7</p> <p>Based on resident interview, staff interview and record review there was a failure to protect the right of one applicable resident to be treated with dignity and respect; and to be without loss of resident's rights in response to behaviors determined to be undesirable by staff (Resident #1). Findings include:</p> <p>Review of Progress Notes for Resident #1 staff frequently referred to Resident #1 as "needy" and made comments including s/he cannot "mind his/her own business"; "constantly trying to insert himself/herself into other people's conversations", "constantly looking for attention", "needs to know everything going on", and referred to him/her at "nosey."</p> <p>Per review of Resident #1's Behavioral Plan dated 10/26/22 the plan identifies consequences for behaviors determined to be undesirable including :</p> <p>1. If Resident #2 is "disrespecting staff " and other residents by making inappropriate comments towards staff or touching them inappropriately, or calls staff or other residents names the consequence defined in the behavior plan is that s/he will lose his/her TV for the rest of the day. If the identified behavior continues s/he will not be allowed to go out to see live music the next time the musician comes to the facility to perform.</p> <p>2. If Resident #1 is watching videos and engaging in self stimulation during the day shift/med times and/or deliberately calling staff to his/her room during these activities s/he will lose his/her computer for the rest of the day and if s/he continues to "act out" or disrespect staff s/he will lose the right to have visitors. The plan states</p>	R213	<p>All resident rights will be honored. Resident #1 previous care plan has been updated and punitive actions for inappropriate behavior have been removed. Current plan is for resident #1 to ensure the right to use own computer in resident's private room at will. Use of the computer is not contingent upon # taking medication. Resident #1 has never refused medication. This system has been completed as of 10/23/2023.</p> <p>Plan of Correction for R213 accepted by Jo A. Evans on 10/25/23</p>	10/23/2023

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R213	<p>Continued From page 8</p> <p>Resident #1 can do these activities after bedtime med's and before morning exercises/dressing for the day. Per staff interview Resident #1 is currently required to use his/her computer in common areas of the home.</p> <p>Similar punitive measures for undesirable behaviors defines in Resident #1's previous care plan included putting his/her personal computer in "time out" for one hour for interrupting other's conversations; his/her "TV going into time out for the remainder of the shift for choosing to not transfer correctly; and limiting his/her use of the telephone to one phone call at a time and allowing only 2 phone calls per shift.</p> <p>During an interview with the Owner/ Manager, Registered Nurse and Case Manager commencing at 3:00 PM on 7/26/23 the Case Manager confirmed the punitive responses to behaviors determined by staff to be inappropriate were included in Resident #1's Behavioral Plan dated 10/26/22..</p>	R213		
<p>R227 SS=G</p>	<p>VI. RESIDENTS' RIGHTS</p> <p>6.15 Residents have the right to refuse care to the extent allowed by law. This includes the right to discharge himself or herself from the home. The home must fully inform the resident of the consequences of refusing care. If the resident makes a fully informed decision to refuse care, the home must respect that decision and is absolved of further responsibility. If the refusal of care will result in a resident's needs increasing beyond what the home is licensed to provide, or will result in the home being in violation of these regulations, the home may issue the resident a</p>	R227	<p>Team meeting with staff regarding resident right to refuse care has been scheduled for 10/18/2023. All residents have the right to refuse care and this will be honored w/ resident #1, or any resident refuses to do prescribed exercises, etc... they have the right to do so.</p>	10/17/2023

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R227	<p>Continued From page 9</p> <p>thirty (30) day notice of discharge in accordance with section 5.3.a of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview and record review there was a failure to protect the right to refuse treatment for one applicable resident (Resident #1). Findings include:</p> <p>Per record review Resident #1 has a history of Traumatic Brain Injury, is wheelchair dependant, and has limited ability to ambulate for brief periods of time with the support of multiple staff while using a standing walker. Per Resident Assessment dated 4/24/23 Resident #1 is dependant on staff for aspects of care including mobility and transfer, dressing, meals, toileting, personal hygiene, and assistance with adaptive devices. S/he has an exercise routine intended to increase strength, endurance, range of motion, and mobility which includes use of a "stander". A "stander" is a stationary upright frame which assists the user to stand upright and bear weight. Use of the stander has numerous health benefits, however at times Resident #1 declines use of this device and chooses not to participate in his/her exercise routine. Resident #1 has the right to refuse medications and treatments as defined in the Vermont Residential Care Home Licensing Regulations effective October 3, 2000.</p> <p>During an interview commencing at 10:30 AM on 7/26/23 Resident #1 stated one staff at the home routinely "makes me get on the stander and move my arm for a full hour... the stander is for my legs, not my arm", and stated the same staff has refused to assist him/her off the stander before the hour is completed. Resident #1 cannot get off</p>	R227	<p><i>RP will be responsible for supervision/monitoring to ensure ongoing compliance,</i></p> <p>Plan of Correction for R227 accepted by Jo A. Evans on 10/25/23</p>	

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R227	Continued From page 10 the stander independently and requires staff assistance to transfer. Resident #1 confirmed "s/he is the only one that does that", and named other staff who are very supportive. Resident #1 expressed fear of retaliation when saying "Please don't get [the staff] in trouble... s/he will make me do it twice, and I will be in the deep dooey". During an interview commencing at 3:00 PM on 7/26/23 the Owner/Manger, Registered Nurse, and Case Manager confirmed a written plan including specific instructions related to use and refusal of the stander had not been developed. The Case Manager stated, " I know s/he doesn't like it", and confirmed Resident #1 complains about two staff including the specific staff Resident #2 discussed. The Case Manager further stated "they are pretty strict, they have expectations and s/he is not going to get out of something with them". During the interview the Registered Nurse confirmed the home does not have a written policy and procedure related to resident refusal of medications and treatments, and stated the whole staff knows that Residents have the right to refuse.	R227		
R266 SS-P	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 there	R266		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/26/2023
NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464		
(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
R266	<p>Continued From page 11</p> <p>was a failure to provide care in a safe, functional, sanitary, homelike environment related to facility bathrooms. Findings include:</p> <p>On the afternoon of 7/26/23 the upstairs bathroom of the home was observed with water damage along the base of the shower. The damaged area was covered with a white adhesive barrier that was peeling away, leaving the unrepaired water damaged area beneath exposed. The ceiling of the bathroom on the first floor of the home also appears to have water damage.</p> <p>At approximately 4:40 PM on 7/26/23 the Case Manager acknowledged the water damaged areas in need of repair in the bathrooms of the home.</p>	R266	<p><i>Contractor has been contacted regarding the adhesive strip at the base of the shower in the upstairs bathroom, along with the entire bathroom floor. Start date is 11/21/2023 and project will be completed by 11/23/2023. We plan to have all flooring items here before the start date in case of rainy weather, contractor will be able to come and get the job done sooner than 11/21.</i></p> <p>Plan of correction for R266 accepted by Jo A. Evans on 10/25/23</p>	10/23/2023