

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 23, 2023

Ms. Melinda Hurlburt, Manager Safe Haven 4 Highland Avenue Randolph, VT 05060

Dear Ms. Hurlburt:

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,

Carolyn Scott, LMHC, M.S. State long Term Care Manager

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 0529 07/26/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4 HIGHLAND AVENUE** SAFE HAVEN RANDOLPH, VT 05060 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 001 T 001 **Initial Comments** An unannounced onsite re-licensure survey was conducted on 7/25/23 by the Division of Licensing and Protection and completed on 7/26/23. The following regulatory violations were identified: T 037 T 037 V.5.8.c Resident Care and Services T 037 SS=E V.5.8.c Resident Care SS=E and Services 5.8 Medication Management Acute Care Coordinator or House 5.8.c Staff shall not assist with or administer any Manager will review all guest charts after medication, prescription or over-the-counter admission to ensure completed and medications for which there is not a physician's or signed medication orders are present other licensed health care provider's written, for all listed medications. A review of signed order and supporting diagnosis or problem medication orders will be done monthly statement in the resident's record. with guest when management and guests have their monthly goals and progress meeting. At this time any medication changes will be documented This REQUIREMENT is not met as evidenced and any new medication orders will be Based on Staff interview and record review, there obtained. All efforts will be made to was a failure to obtain physician's orders for secure allmissing medication orders by medications prescribed for residents who are end of August 2023. presently residing at the TCR (Therapeutic Community Residence) for 2 applicable residents. (Resident #1, 2) Findings include: Tag T037 accepted on 8/23/2023 -C. Scott 1. Per review on 7/25/23 of the Medication Inventory and Assessment Form for Resident #1 noted s/he self medicates with Tizanidine 4 mg every 6 hours PO (orally) for muscle spasms. No physician order could be found to validate this order. 2. Resident #2 self medicates with the following medications and per the Medication Inventory and Assessment Form: Quetiapine 100 mg (antipsychotic) 1 tablet x 2 PO as needed; Vitamin B-12 1000 mcg. tab PO; Bupron (for

Division of Licensing and Protection

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

Coordinator of Residential and Housing Sen

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8/23/23

Division of Licensing and Protection

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE. ZIP CODE 4 HIGHLAND AVENUE RANDOLPH, VT 05090 OVA, ID GRACHERGENON WEST OF REPORTABLES PROCESSORY TULL TO 37 Continued From page 1 depression) 150 mg 3 x PO daily; Quetiapine 200 mg. 1 PO in the AM; Daily multi-vitamin 1 tablet PO daily. Senna 8.6 mg 1 tablet PO every AM; Torpiramate (for impaire headaches) 100 mg 1 tablet PO a tebrime; blupporfen 800 mg 1 tablet PO a tebrime; blupporfen 800 mg 1 tablet PO a tebrime; blupporfen 800 mg 1 tablet PO avery morning; Quedapine 300 mg 1 tablet PO avery morning; Quedapine 300 mg 1 tablet PO a tebrime; blupporfen 800 mg 1 tablet PO at bedtime. Per interview on the afternoon of 7725/23 the TCR manager confirmed physician orders could not be located and further review on 7726/23 also noted the orders had not been obtained. T 052 SS=E 5.9 Staff Services 5.9 Staff Services 5.9 Staff Services 5.9 Staff Services 1 T 052 The Acute Care Coordinator or Housing Manager will be responsible for ensuring all required education and training requirements are met and available to staff. A training will be held or made accessible monthly for all staff and Acute Care Coordinator or Housing Manager will review employee training records quarterly to ensure completion of required trainings. To remed, this discrepancy educational trainings on infection control and respectful and effective communication will be held and made available to all staff by end of August 2023. Tag T052 accepted on 8/23/2023 - C. Scott	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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Division of Licensing and Protection STATE FORM

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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		COMPLETED	
0529		B. WING		07/26/2023		
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	(5) Respectful and ef residents;	fective interaction with				
	limited to, hand washi maintaining clean pathogens and univer	environments, blood borne				
T 187 SS=F	This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to ensure all staff providing direct care to residents receive at least 12 hours of training each year. Findings include: Based on staff interview and facility education/training file review on 07/25/2023, the TCR failed to demonstrate by documentation that 5 out of 5 staff members reviewed had received at least (12) hours of annual training. Specifically training to include Respectful Effective Communication and Infection Control had not been provided. One staff member had not completed training in Abuse/Neglect. Per interview on 7/25/23 at 4:00 PM the Manager confirmed the missing required trainings for 5 out of 5 staff included in the sample. IX.9.11.c Physical Plant		Т 187	T 187 SS=E IX.9.11.c Physical Pisaster and Emeregency Prepares 9.11.c Acute Care Coordinator or House will ensure that fire drills are held with a minimum of two nighttime held between the hours of 12:00a 5:00am yearly. To remedy the about of this drill Safe Haven and Chris will hold a nighttime drill between hours of 12:00am and 5:00am in month of August 2023. Tag T187 accepted on 8/23/2023	e Manage monthly drills am and esence 's Place the	Э Г
SS=E		nergency Preparedness	l .	ag T187 accepted on 8/23/2023 . Scott	-	
	available to staff and	ce shall have in effect, and residents, written copies of ion of all persons in the he evacuation of the building			*111	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 4 HIGHLAND AVENUE RANDOLPH, VT 05060 (X4) ID PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) T 187 Continued From page 3 when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Manager failed to ensure fire drills were completed on a quarterly basis with rotating times of day. Findings include:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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Per review of the facility fire drill records for the past 12 months noted a Fire drill was not conducted during the night hours, as required. Per interview on 7/26/23 at 4:00 PM the manager, confirmed the fire drill had not been conducted.	T 187	when necessary. All speriodically and kept is under the plan. Fire cat least a quarterly baday among morning, anight. The date and tinames of participating documented. This REQUIREMENT by: Based on staff interview Manager failed to enscompleted on a quarter of day. Findings include Per review of the facilipast 12 months noted conducted during the Per interview on 7/26.	staff shall be instructed informed of their duties drills shall be conducted on usis and shall rotate times of afternoon, evening, and ime of each drill and the graff members shall be a staff members shall be a staff members with rotating times decretely basis with rotating times decretely basis with rotating times decretely fire drill records for the draw a Fire drill was not night hours, as required.	T 187	DEFICIENCY		

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