



**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 5, 2023

Ms. Nanc Bourne, Manager  
Sterling House At Rockingham  
33 Atkinson Street  
Bellows Falls, VT 05101-1502

Dear Ms. Bourne:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 24, 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 in a cursive style.

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:  <b>0609</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  
**STERLING HOUSE AT ROCKINGHAM**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**33 ATKINSON STREET  
BELLOWS FALLS, VT 05101**

(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:  An announced relicensure survey was conducted by the Division of Licensing and Protection on 7/24/23. Regulatory deficiencies were identified. Findings include:	R100		
R167 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Nurse failed to develop written a plan for the use of PRN (as needed) psychoactive medications utilized for behavioral intervention for 3 out 3 residents of the applicable sample. Findings include:</p> <p>Per record review Resident # 1, #2 and # 3 are prescribed PRN psychoactive medications.</p>	R167		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/CLIA REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Handwritten Signature]*

*manager*

*8-30-23*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0609</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STERLING HOUSE AT ROCKINGHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>33 ATKINSON STREET BELLOWS FALLS, VT 05101</b>
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R167	<p>Continued From page 1</p> <p>Resident #1 is prescribed Lorazepam 0.5 mg, take half tablet (0.25 mg) up to three times a day only when needed for severe anxiety.</p> <p>Resident #1, #2, and #3 have signed standing facility orders from primary physicians for the use of the facility standing orders. Apart of the facility standing order list, is an order for the use of Benadryl 25 mg, take 1 capsule by orally only when needed for itching/rash or agitation. May repeat 1 capsule in one hour then may repeat every 6 hours afterward.</p> <p>Per interview on 7/24/23 at 2:16 PM the Manager confirmed behavioral plans were not developed for each resident to demonstrate the use of PRN psychoactive medications and/or medications ordered to target specific behaviors.</p>	R167		

## Sterling House at Rockingham Plan of Correction

### **Immediate Action to correct deficiency**

Resident #1 prn psychoactive med was rewritten by PCP order, see attached.

Indication of agitation was removed from standing orders for Benadryl on med sheet for all residents.

Resident 2 and 3 indication of agitation was removed from standing orders.

### **Measures Put into Place for corrective action.**

Registered nurse will audit all new medication orders for inappropriate med instructions beginning immediately. All standing psychoactive med orders have been reviewed for appropriate instructions.

Reviewed resident records and removed indication of agitation from standing orders. This has been completed.

Registered nurse will review all new medication orders and individual behavior plans will be created.

Registered nurse will develop auditing tool to review psychoactive meds on monthly basis for six months.

Registered nurse will utilize attached behavior plan and behavior intervention record starting immediately. This tool will be audited on weekly basis to ensure appropriate use by med passers. This tool will be individualized for each resident by registered nurse to include behaviors and interventions that are particular to resident.

## Monitoring of Corrective Action

Stated corrective actions will be completed by registered nurse and will be reviewed by manager each month to confirm completion and adherence to plan.

## Dates Corrective Action will be Complete

Review of all med orders and change of standing orders has been completed.

Nurse manager will inservice all nurses on use of tool for monitoring psychoactive meds and development of behavior plan. This will be completed in 30 days.

All med passers will be inserviced in use of tool to monitor psychoactive meds, this will be completed in one month as well.

Ongoing monitoring of nurse manager audit of development of behavior plan and use of tool for psychoactive meds will be monitored by manager on weekly basis. This will be done weekly for eight weeks and then monthly for three months.

Tag R167 Accepted

10/5/23 Jenielle M. Shea, RN

*Jenielle M. Shea* 8/30/23

**Sterling House**

**BEHAVIOR PLAN TEMPLATE:**

Name of Resident

Date:

Medication:

Dosage:

Reason for Medication:

Targeted Behavior (s):

(EXAMPLES OF BEHAVIOR AND INTERVENTIONS INCLUDED BELOW BUT WILL BE TAILORED TO EACH RESIDENT)

Anxiety as exhibited by:

- o Restless, not able to be engaged for more than a couple of minutes
- o Unable to remain seated for more than a couple of minutes
- o Increased confusion
- o Threatened or actual physical aggression toward staff or others

Prior to administering the medication, staff will attempt at least 1 of the following interventions

and document both the intervention and the resident response in the care record:

- o Offer snack/drink; address toileting, comfort/pain issues;
- o 1:1 in quiet location; engage resident in calm conversation, as applicable/possible to explain reason for behavior
- o Distract by engaging the resident in an activity either group or alone, as applicable to the situation, e.g., walk, game, music, craft, TV.

IF THE INTERVENTION(S) INNEFFECTIVE, CONTACT RN RE: ADMINISTERED OF PRN MEDICATION

Desired effect of the medication:

- o Reduction of visible anxiety and/or agitation

Side effects to monitor for and report to the nurse/manager:

Plan written by:

Date:

# Sterling House

## Behavior Intervention Record

Resident Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Date																
Behavior Code																
Intervention Code																
Outcome Code																
*****	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Behavior Code																
Intervention Code																
Outcome Code																
Initials																

**Behavior Code:**

1. None
2. Afraid/Panic/Fear
3. Anxiety/Agitated
4. Restlessness
5. Continuous  
Crying/Screaming
6. Continuous  
Pacing/Wandering
7. Danger to Self/Others
8. Depressed/Withdrawn
9. Hitting/Striking
10. Hallucinations /  
Paranoia / Delusions
11. Insomnia
12. Uncooperative /  
Resistive
13. Other: \_\_\_\_\_

**Intervention Code:**

1. Redirect/Reassure
2. 1 on 1
3. Refer to Nurse's  
Notes
4. Activity
5. Return to Room
6. Toilet
7. Food/Fluids
8. Change Position
9. Medication

**Outcome Code:**

- + Improvement
- 0 Change
- Worsened

Initials/Signature