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

July 25, 2019

Ms. Jodi Egger, Manager
The Village At White River Junction
101 Currier Street
White River Junction, VT 05001

Dear Ms. Egger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 10, 2019.** 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,

Pamela M. Cota, RN
Licensing Chief

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
	0660	A. BUILDING: _____ B. WING _____	C 07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

(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 unannounced on-site complaint investigation was conducted, in conjunction with an entity reported incident, by the Division of Licensing and Protection on 7/9 and 7/10/19. There were regulatory findings.	R100	Please see attached Plans of Correction	
R128 SS=G	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, the facility failed to insure that medications for 1 of 2 residents, Resident #3 were consistent with physician's orders. Findings include: Resident #3 was given the wrong medications on 6/18/19, resulting in the Licensed Practical Nurse (LPN) not giving the prescribed scheduled medications. Resident #3 was given Atorvastatin 80 mg (milligrams), Citalopram 20 mg, Aricept 15 mg and Namenda 10 mg, which were prescribed for another resident. Per interview with the LPN on 7/9/19 at 2:45 PM, s/he stated that after administering the wrong medications to Resident #3, s/he did not give the scheduled 8:00 PM medications of Tylenol 1000 mg, Tums chewable 500 mg and Docusate 100 mg and that the physician was not notified or consulted with regarding holding the medications. S/he further stated that omitting the scheduled medications for Resident #3 should have been discussed with the	R128		

R128 - R177 POCs accepted 7/24/19 BBartell RN/PM

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R128	Continued From page 1 physician. There was no negative outcome for the resident not receiving the ordered medications, but the resident was hospitalized secondary receiving the incorrect medications which caused asystole and arrythmia (abnormal heart rhythm).	R128		
R155 SS=G	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to insure that medications for 1 of 2 residents in the sample, Resident #3, were in accordance with the home's policies. Findings include: Review of the medication administration policies, the resident is to be identified and the medications order is to be checked against the label before administering. The policy also includes not to pre-pour and not to prepare medications for more than one resident at a time. On 6/18/19, Resident #3 received Atorvastatin Calcium 80 mg; Citalopram 20 mg; Donepezil 15 mg and Namenda 10 mg that was meant for another resident, resulting in Resident #3 requiring hospitalization secondary to the incorrect medication causing asystole and arrythmia (abnormal heart rhythm). During an interview with the Licensed Practical Nurse on	R155		

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R155	Continued From page 2 7/9/19 at 2:45 PM, s/he had been distracted during preparation of medications, s/he further stated that s/he had prepared medications for Resident #3 and another resident at the same time. After the medications were administered, s/he realized there had been an error and the wrong medications were given. At this time s/he confirmed that it is not standard practice and not policy to prepare meds for two residents at a time.	R155		
R177 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview and record review, the facility failed to insure that a narcotic for 1 resident, Resident #1 was accounted for on a daily basis and that controlled drugs were accounted for for 2 residents, Resident #1 and 2, one that self-administers, on an at least weekly basis. Findings include: 1.) During review of the medications that Resident #2 self-administers, it was found that the medications include Clonazepam, a controlled	R177		

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R177	Continued From page 3	R177		

drug. Resident #2 stated that the nursing staff does not count or ask him/her to account for their medications. S/he further stated that the medications are delivered from the pharmacy and brought to him/her by nursing and from that point s/he stores and prepares the medications in a weekly pill planner. The nursing staff do not ask him/her how many is left or used and s/he lets the staff know when more is needed. The Registered Nurse (RN) confirmed on 7/9/19 at 11:15 AM that the controlled medications are not accounted for on a weekly basis for Resident #2.

2.) On 7/9/19 a review of the emergency back up medications for the facility presented that the only back up medications on hand is in the form of a Hospice kit for Resident #1, which contain medications for comfort care. The emergency Hospice kit had been opened with no date to indicate when. Medications in the kit included Lorazepam (a drug for anti-anxiety), but the number in the kit was not representative of the amount listed on the label. The RN was unable to locate in the controlled substance log book where the medications had been signed for and could not provide evidence that the controlled substances were being counted on a weekly basis.
The kit also contained a bottle of liquid Morphine (narcotic) and the RN confirmed at 11:15 AM that the Morphine was not counted on a daily basis.

Plan of Correction Outline

Preparation and execution of this plan of correction in no way constitutes an admission or argument by The Village at White River Junction of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. The Village at White River Junction reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts, and conclusions that form the basis of the deficiency. This plan of correction serves as the allegation of compliance by July 31, 2019.

Response to Survey ending 07-10-19

Tag: R128 V. Resident Care and Home services 5.5c General Care

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident #3 Returned from the hospital at baseline. The nurses involved was educated on the facility's policy and procedures for medication administration and documented accordingly.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   As directed in the facility's medication administration policy and procedures, any future medication errors will be reported immediately, and a root-cause-analysis will be conducted.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Director of nursing or designee shall provide education on the policy and procedures immediately for any future medication errors. Annual review of the policy and procedures related medication administration will continue.

4. **The facility will monitor the corrective action by implementing the following measures.** Director of nursing or designee will review event reports for incidents of medication errors, weekly x 4 weeks and then monthly x 3 and will evaluate.

5. **Plan of Correction completion date 7-31-19.**

Tag: R155 V. Resident Care and home Services. 5.9c (12)

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident #3 Returned from the hospital at baseline. The involved was educated on the facility's policy and procedures for medication administration and documented accordingly.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Nurses were in-serviced on medication policy and procedures. Since this education, all nurse understand that pre-pouring of medications is not allowed per policy.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Nursing staff was in-serviced on medication policy and procedures and no future pre-pouring of medication will occur.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall audit Event Reports and conduct a root-cause-analysis to isolate if the error occurred from the practice of pre-pouring medication. If pre-pouring of medication was the root-cause, immediate reeducation and possible disciplinary action may be taken.

5. **Plan of Correction completion date 7-31-19.**

Tag: R177 V (1). Resident Care and Home Services 5.10 Medication Management 5.10 h

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident # 2's narcotics that are stored in the resident's room in a locked box shall be counted weekly on a declining balance sheet.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall audit the MAR's of other self-administrators for any narcotic use.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Other controlled drugs, those of self-administrators shall be counted weekly and documented by a licensed nurse.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall review count sheet weekly x 4 weeks and then monthly x 3.

5. **Plan of Correction completion date 7-31-19.**

Tag: R177 V (2). Resident Care and Home Services 5.10 Medication Management 5.10 h

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident # 1's narcotics were added to the Controlled Substance logbook and counted weekly on a declining balance sheet.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall audit any emergency backup medication hospice kits to ensure that the seal is unbroken.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**

Once a hospice backup medication kit seal has been broken, all controlled drugs will be added into the Controlled Substance logbook and shall be counted weekly and documented by a licensed nurse.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall review Controlled Substance logbook to ensure that all hospice narcotic medications from unsealed emergency kits have been entered. This will be conducted weekly x 4 weeks and then monthly x 3 and revaluated.

5. **Plan of Correction completion date 7-31-19.**