



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

April 19, 2019

Ms. Raeleen Bedard, Manager
22 Upper Welden
107 Fisher Pond Road
Saint Albans, VT 05478-1836

Dear Ms. Bedard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 4, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2019
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

22 UPPER WELDEN

STREET ADDRESS, CITY, STATE, ZIP CODE

107 FISHER POND ROAD
SAINT ALBANS, VT 05478

(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
--------------------------	--	---------------------	--	--------------------------

T 001 Initial Comments

An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 3/4/19. Based on information gathered, the following regulatory violation was identified.

T 044: V.5.8.g.1.2.3.4.5.6. Resident Care and Services
SS=D

5.8 Medication Management

5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:

- (1) Documentation that medications were administered as ordered;
- (2) All instances of refusal of medications, including the reason why and the actions taken by the residence;
- (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;
- (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration;
- (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and

T 001

Please see attached
Plan of Correction

T 044

T-044 POC accepted
4/11/19 J. Hosmer, R/S. Bay RD

Division of Licensing and Protection

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

TITLE

(X6) DATE

Rachel Bedard Service Coordinator for TCR

3/20/19

STATE FORM

8899

SRZC11

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0528	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/04/2019
NAME OF PROVIDER OR SUPPLIER 22 UPPER WELDEN		STREET ADDRESS, CITY, STATE, ZIP CODE 107 FISHER POND ROAD SAINT ALBANS, VT 05478			
(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
T 044	Continued From page 1 (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home's manager or Registered Nurse failed to ensure that as needed (PRN) medications were documented as to results or effects after administration for one of three residents in the applicable sample (Resident #2). Findings include: During record review on 3/4/19, the surveyor noted that Resident #2 had been administered PRN doses of two psychoactive medications during the month of February, 2019. Fluphenazine (an anti-psychotic medication) was administered by unlicensed, delegated staff as ordered (2.5 milligrams orally up to twice daily) on 2/1, 2/5, 2/13, 2/15, and 2/27/19. Staff failed to document either the results or effects of the PRN doses of fluphenazine. Additionally, lorazepam (an anti-anxiety medication) was administered by unlicensed, delegated staff as ordered (0.5 mg orally at 5:00 PM) on 2/1, 2/2, 2/3, 2/5, 2/6, 2/7, 2/9, 2/11, 2/14, 2/15, 2/17, 2/18, 2/24, 2/26, and 2/27/19. Staff failed to document either the results or effects of the PRN doses of lorazepam. The home's manager confirmed by interview on 3/4/19 at 11:45 AM that staff had failed to document results or effects for the above PRN medications administered.	T 044			

Provider's Plan of Correction in response to feedback from licensing review on 3/4/19

What actions were/will be taken to correct this:

STEP 1: A staff training was completed on Wednesday 3/13/19 at 5pm. The training highlighting the importance of documenting the results/effects after administering a PRN medication. All fulltime staff were in attendance. See specific slide below:

The Right Result/Response

- * Be sure to reassess client 30-60 minutes after an as needed medication is administered.
 - *Example 1: Client no longer has a headache after taking the Tylenol. Effective.*
 - *Example 2: Client is no longer agitated after taking the Lorazepam. Effective.*

[illegible]

This was followed by a question and answer session to ensure that everyone clearly understands the expectation.

STEP 2: The following email was sent to all staff (including substitute staff). This will be discussed with all substitute staff upon arrival to their next shift to ensure they understand what the expectation is:

You are receiving this email because you are on our sub contact list for 22 Upper Welden. As a result of our recent review from State Licensing and Protection we are required to provide all staff that work at 22 training as a plan of correction for deficiencies identified during the review. At the time of the review it was found that we were not in compliance with documenting the results or effects of a PRN on the MAR after administration.

- *When administering a PRN (Fluphenazine or Lorazepam for client), it needs to be marked on the back of the page. It looks as if it has been hit or miss.*
- *Be sure to have a date, time, why the client is taking the medication and the results. Even when staff was writing on the back of the MAR, there were no results filled in.*
- *This section needs to be completed 30-60 minutes after administering the medication. Please check in with client to ask if the medication was effective or not effective and mark that down.*
- *If you administer the medication at the end of your shift, tell the next staff, they must check in with the client and write in the result. If you are NOT the staff that administered it however, you are writing in the results, please initial after the results, on the same line.*
- *Remember that client's 5pm Lorazepam is a PRN however, it is time sensitive. Please remind client to take it like you do other time sensitive meds, mark it on the back of the MAR. Do not mark refused if client does not take it. Just leave it blank.*

46 Be sure to reassess client 30-60 minutes after an as needed medication is administered.

- *Example 1: Client no longer has a headache after taking the Tylenol. Effective.*
- *Example 2: Client is no longer agitated after taking the Lorazepam. Effective.*

PROJECT	LANGUAGE	STATUS	DATE	DESCRIPTION	REMARKS	REMARKS	REMARKS
1	Java	Completed	2023-01-15	Developed a web application for user management.			
2	Python	In Progress	2023-02-01	Working on a data analysis script.			
3	JavaScript	On Hold	2023-03-10	Developed a small utility tool.			
4	PHP	Completed	2023-04-05	Created a REST API for a mobile app.			
5	C#	In Progress	2023-05-20	Working on a desktop application.			
6	Go	On Hold	2023-06-15	Developed a command-line tool.			
7	Ruby	Completed	2023-07-01	Created a web scraper.			
8	Swift	In Progress	2023-08-10	Working on a mobile app for iOS.			
9	Kotlin	On Hold	2023-09-05	Developed a small library.			
10	Scala	Completed	2023-10-20	Created a data processing pipeline.			

What measures will be put in place to ensure that these concerns don't recur and what monitoring practices will be implemented:

- The 22UW Service Coordinator will review all medication documentation weekly to ensure that all medication administration practices and documentation are in compliance with regulations and best practice.

Dates when corrective action will be completed:

- The PowerPoint training was completed on 3/13/19 at 5pm.
- The email to all staff including substitute staff was sent out on 3/15/19.
- Confirmation of staffs understanding is required by 4/15/19
- Service coordinator's weekly review of practices and documentation are on-going.