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

January 4, 2018

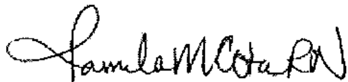
Mr. Jay Grimes, Manager
Meadows At East Mountain
157 Heritage Hill Place
Rutland, VT 05701-8811

Dear Mr. Grimes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 6, 2017. 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

JAN 03 2018

R126

PRINTED: 12/21/2017
FORM APPROVED

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
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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 survey was completed the Vermont Division of Licensing and Protection on 12/6/17. The survey also included a review of 2 facility mandated self reports. The complaint was not substantiated and the following deficiencies are related to one facility self-report.	R100	**R126 Correction** All staff involved in the care of Resident 1 on 11/15/17 and 12/6/17 have been educated on providing proper care and administration of anti-psychotic medication. All staff that administer prn anti-psychotic medication will receive education on what behaviors to specifically monitor, how to chart them appropriately, and how to monitor for any side effects. A log will be kept in the MAR that will show when prn anti-psychotic mediation has been used, why it was used and who administered it. The resident record will then be reviewed by a licensed staff member within 24 hours to insure that behaviors are clearly identified and correspond with the usage of the medication.	
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide care to meet each resident's necessary services related to personal, psychosocial and nursing care needs for one applicable resident in the sample. (Resident #1) Findings include: 1. Per review of the medical record for Resident #1 (diagnosed with dementia), nursing staff failed to provide care to meet resident needs after the resident experienced a change in physical symptoms. The care documented in the record included information that the resident was distressed, both emotionally and physically after becoming ill with diarrhea. On November 15, 2017, the resident experienced loose stools and bowel incontinence. Staff responded by	R126		

R126 - R165 POC accepted 1/4/18 MBolton RN/PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R126	Continued From page 1	R126		

R126 Continued From page 1

administering both Seroquel, 50 mg. by mouth (an antipsychotic medication) and immodium (an antidiarrheal medication) at 2:45 PM. The resident had not finished stooling and was brought to the shower room and seated on the bench. The resident continued to have diarrhea and started to slip from the bench; Resident Assistants (RA's) eased the resident to a sitting position, bumping the right shoulder/ upper back on the bench.

There was no evidence in the nurses' progress note regarding this event that the nurse had done an assessment of the resident regarding the change in condition (diarrhea); the only note regarding assessment was after the resident slipped in the shower and fell back on the bench, hitting their back and right shoulder. Staff administered a PRN antipsychotic without documenting the specific indication for use (as per the directions on the back of the monthly flow record). Under the targeted behavioral symptoms, staff wrote under #12, only the word "agitation", failing to include any specific behaviors exhibited by the resident. Per review of the Psychoactive Medication Monthly Flow Record for 11/15/17, under indications for use (back of the form) agitation is not included as an indication for use of this classification of medication. Staff's failure to include specific examples of behaviors exhibited under targeted behaviors indicates a lack of understanding of how to use the sheets for staff monitoring of psychoactive medications.

During interview on the afternoon of 12/6/17, the Director Of Nursing Services (DNS) confirmed that the resident should have been given the immodium first and allowed time for the medication to take effect and to stop/decrease the diarrhea. There was no evidence that staff

Provider's Plan of Correction (R126):

The reviewer will initial the note to insure the review is completed. The reviewer will insure that any mistakes are followed up with to the appropriate staff member and the Director of Resident Care.

The findings of these reviews will be shared with the QI team monthly for three months. If the findings show compliance has been achieved the reviews will then be done randomly and reviewed each quarter at the QI meeting.

The Director of Resident Care will be responsible to implement this plan of correction.

This will be completed by January 21, 2017.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R126	Continued From page 2 had tried any calming interventions prior to attempting to give a shower to the resident. The DNS confirmed that there was no documented evidence of a nursing assessment to determine if the resident's loose stools had stopped and it was appropriate to have a shower at that time. Per review, the care plan for administration of the PRN Seroquel stated the medication can only be given for described behaviors and after specific documented interventions have been tried and determined to be ineffective. As stated above, there was no evidence of attempts to try any other interventions prior to administration of the Seroquel. Per review of the Psychoactive Medication Monthly Flow Record, the side effects documented for 11/15/17, note agitation and loss of balance, most likely caused by incontinent stooling and slipping in the shower on the bench. The resident's illness with incontinent diarrhea was upsetting and was not an appropriate reason to administer the Seroquel, based on the documentation in the progress note. Refer also to R160, R165. 2. Per review of the medical record and the "Psychoactive Medication Flow Record" for December, 2017, Resident #1 was administered Seroquel 50 mg, PO (by mouth) on 12/2/17 and the MT (Med Tech) failed to document the reason for the administration and there was no documentation in a progress note to state why this was administered on that date. This omission was confirmed during interview with the DNS on the afternoon of 12/6/17.	R126		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

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
	1002	A. BUILDING: ________ B. WING ________	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R126	Continued From page 2 had tried any calming interventions prior to attempting to give a shower to the resident. The DNS confirmed that there was no documented evidence of a nursing assessment to determine if the resident's loose stools had stopped and it was appropriate to have a shower at that time. Per review, the care plan for administration of the PRN Seroquel stated the medication can only be given for described behaviors and after specific documented interventions have been tried and determined to be ineffective. As stated above, there was no evidence of attempts to try any other interventions prior to administration of the Seroquel. Per review of the Psychoactive Medication Monthly Flow Record, the side effects documented for 11/15/17, note agitation and loss of balance, most likely caused by incontinent stooling and slipping in the shower on the bench. The resident's illness with incontinent diarrhea was upsetting and was not an appropriate reason to administer the Seroquel, based on the documentation in the progress note. Refer also to R160, R165. 2. Per review of the medical record and the "Psychoactive Medication Flow Record" for December, 2017, Resident #1 was administered Seroquel 50 mg, PO (by mouth) on 12/2/17 and the MT (Med Tech) failed to document the reason for the administration and there was no documentation in a progress note to state why this was administered on that date. This omission was confirmed during interview with the DNS on the afternoon of 12/6/17.	R126	**R145 Correction Plan** The care plan for Resident #1 has been updated to include how to care for a pelvic organ prolapse. The care plan also includes further detail on Activities of Daily Living and the number of staff needed to assist. The care plan also includes interventions and strategies to help manage behaviors that require the usage of prn psychoactive medication. All residents will have their care plans reviewed by a Licensed nurse to insure compliance. Any changes will be made to insure compliance. Findings will be shared with the QI team. The plan will be monitored y having all care plans reviewed quarterly with appropriate changes made. These reviews	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R145	Continued From page 3 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, the Registered Nurse (RN) failed to develop a care plan to address all of the identified needs for 1 applicable resident in the targeted sample. (Resident #1). Findings include: Per review, the Care Plan for Resident #1 failed to address all of the identified needs. The resident was diagnosed with pelvic organ prolapse and had on-going issues with the nursing management of the this condition and there was no written information regarding this need on the care plan as of 12/5/17. The care plan for ADL assistance was minimal and failed to state how many staff were needed for each type of care and the level of assistance required to complete ADL tasks. The resident also used psychoactive medications to manage behavioral symptoms and the plan did not provide sufficient specific interventions/strategies and actions to take to help manage these behaviors; staff did not properly document the reason (indication for use) the multiple psychoactive medications were given on the MARS. There was no evidence of proactive interventions such as provision of activities to engage the resident in interests	R145	will be shared with QI team quarterly for one year. The Director of Resident Care will be responsible to insure the completion of this plan. This will be completed by January 21, 2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R145	Continued From page 4 related to their past activities. These issues were confirmed with the DNS on 12/6/17.	R145		
R160 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.	R160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ____ B. WING ____	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R145	Continued From page 4 related to their past activities. These issues were confirmed with the DNS on 12/6/17.	R145		
R160 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.	R160	**R160 Correction Plan** A new policy will be written to include the monitoring of side effects for residents receiving psychoactive medications. All staff that administer psychoactive medications will be educated on the new policy and how to monitor for any side effects associated with psychoactive medication. The Administrator and The Director of Resident Care will review all policies. If, after the review, they feel there is need for new, or revised policies, it will be completed. This review will be completed annually. This will be completed by January 21, 2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R160	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop a policy/procedure to direct staff in how to monitor side effects of psychoactive medications for residents receiving this classification of medications. Resident #1 was affected by this concern and multiple other residents of the facility receiving psychoactive medications have the potential to be affected. Findings include: Per review of Resident #1's medical record and interview with the DNS on the afternoon of 12/6/17, there was no written policy/procedure (P/P) for the monitoring of side effects for residents receiving psychoactive medications. Based on a review of the "Psychoactive Medication Flow Record" for Resident #1, it was determined that the sheets were not being documented in accordance with the information on indications for use on the back of the form. When asked for a copy of the facility's P/P for monitoring for side effects of psychoactive medications, the DNS confirmed that they had not developed a policy/procedure to address this required process. Refer also to R 126.	R160		
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:	R165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R160	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop a policy/procedure to direct staff in how to monitor side effects of psychoactive medications for residents receiving this classification of medications. Resident #1 was affected by this concern and multiple other residents of the facility receiving psychoactive medications have the potential to be affected. Findings include: Per review of Resident #1's medical record and interview with the DNS on the afternoon of 12/6/17, there was no written policy/procedure (P/P) for the monitoring of side effects for residents receiving psychoactive medications. Based on a review of the "Psychoactive Medication Flow Record" for Resident #1, it was determined that the sheets were not being documented in accordance with the information on indications for use on the back of the form. When asked for a copy of the facility's P/P for monitoring for side effects of psychoactive medications, the DNS confirmed that they had not developed a policy/procedure to address this required process. Refer also to R 126.	R160	**R165 Correction Plan** Resident 1 has been assessed by the RN. All other residents that receive a psychoactive medication will be reviewed to insure that there is a current assessment. We will contact all physicians that have residents that take antipsychotic medication and verify the orders are correct. This will include maximum daily dosages as well as ordered medications. We will also insure there are correct parameters on these orders. All residents that receive antipsychotic medications will also have assessments completed to insure there are no adverse side effects. Physicians will be notified if there have been averse side effects.	
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:	R165		

R165

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R165	Continued From page 6 (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to have evidence of assessment of a resident who exhibited potentially adverse side effects from administration of an antipsychotic medication and failed to assess the safety of the dose ordered for PRN (as needed) administration of this mediation for 1 applicable resident in the sample. (Resident #1) Findings include: Per record review, Resident #1 had physician orders for routine Seroquel, 100 MG PO (by mouth) twice daily. The resident also had orders for Seroquel 50 MG. tablet, take 1 tablet by mouth every 4 - 6 hours as needed for agitation. Per review of the Nursing 2011 Handbook, there is a Black Box warning: "Drug isn't indicated for use in elderly patients with dementia related psychosis because of increased risk of death from cardiovascular disease or infection." Per review of the 'Psychoactive Medication Flow	R165	We will perform this audit quarterly for a year. If we find that the results are positive then we will do this audit twice per year to insure compliance. All residents that have a prn psychotropic medication ordered will be checked monthly for usage. If the prn has not been utilized the physician will be notified. If there is non use of the prn medication for 6 months the physician will be asked to discontinue the order. Results of the findings will be shared with the QI team. The Director of Resident Care will be responsible for the completion of this plan. This will be completed by January 21, 2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: ______ B. WING ______	C 12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(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
R165	Continued From page 7	R165		

Record' for 11/15/17, staff documented that the resident was observed to have displayed the following side effects to the Seroquel at various times: lethargy, sedation, confusion, increased agitation, and loss of balance/falls.
If the resident were to receive the maximum potential ordered doses per day, including PRN doses, the total dose would equal 500 mg. of Seroquel per day. Per review of the MAR for 11/2017, the resident had documented instances of observed adverse side effects with no evidence that a nurse did an assessment of potential harm to the resident regarding the observed side effects, including a history of multiple falls and lethargy. There is no evidence of a discussion with the physician regarding the excessive doses indicated in the PRN Seroquel orders and whether the orders were necessary, were potentially harmful to the resident, or whether other medication was less likely to cause harmful side effects.
In addition, the physician order as written, including the range of doses ordered (50 mg. every 4 - 6 hours), failed to include any parameters for determining the frequency the medication can be administered to the resident. The order as written is not safe nor appropriate for use in treating Resident #1's symptoms.
During interview on 12/6/17, the DNS agreed that the dose was excessive.
The nurses' failure to assess the appropriateness and safety of the Seroquel use for the resident and discuss the concerns with the physician, were confirmed during interviews on the afternoon of 12/6/17.
Refer also to R 126.