



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

March 13, 2019

Ms. Morgan Ouellette, Manager
Brownway Residence
328 School Street
Enosburg Falls, VT 05450-5500

Dear Ms. Ouellette:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 5, 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 black ink 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: 0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/05/2019
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NAME OF PROVIDER OR SUPPLIER BROWNWAY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450
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(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
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R100	Initial Comments: An unannounced onsite re-licensing survey and the investigation of four entity self-reports and one complaint was completed by the Division of Licensing and Protection from 2/4-5/19. The following regulatory deficiencies were identified:	R100		
R136 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to ensure that a timely reassessment was completed for 6 of 15 residents in the sample (Residents #1, 5, 7, 8, 9, and 10). Findings include: During record reviews onsite from 2/4-5/19, the required assessments of residents both annually and at a point of change in condition showed a pattern of one assessment date and signature by the Licensed Practical Nurse (LPN), followed later by signature and date of the Registered Nurse (RN). The RN is responsible for the assessment function. The assessment is not considered complete and accurate until the RN signs and dates the assessment. It was confirmed with the home's manager and the LPN on 4/5/19 at approximately 1:45 PM that the LPN does the	R136		

See Attached

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 2/25/19

STATE FORM PS3Y11

R136 - R167 POC accepted 3/7/19 JHosmer RN/PMU

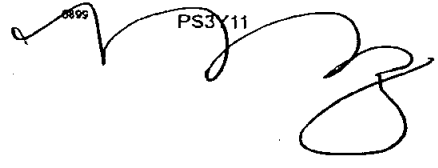
Division of Licensing and Protection

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R136	Continued From page 1 assessments and the RN later reviews, signs, and dates them. Therefore, the following assessments are considered untimely: Resident #1: Annual assessment dated/signed by LPN 6/29/18 is signed by the RN 8/8/18; Resident #5: Annual assessment dated/signed by LPN 6/5/18 is signed by the RN 7/5/18; Resident #7: Annual assessment dated/signed by LPN 5/15/18 is signed by the RN 6/2/18; Resident #8: Annual assessment dated/signed by LPN 8/30/18 is signed by the RN 10/16/18; Resident #9: Annual assessment dated/signed by LPN 11/20/18 is signed by the RN 12/7/18; Resident #10: Annual assessment dated/signed by LPN 6/8/18 is signed by the RN 7/5/18. Reference: Vermont Board of Nursing Role of the LPN in Patient Assessment and Triage Position Statement Reviewed: September 14, 2015 Revised: December 10, 2012; July 9, 2018 "LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN, or other authorized health care practitioner."	R136		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R167		

 PS3Y11

If continuation sheet 2 of 4
2/25/19

Division of Licensing and Protection

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R167	<p>Continued From page 2</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 record review and staff interviews, the facility failed to ensure that staff other than a nurse administer as needed (prn) psychoactive medications only when the home has a written plan for use which describes specific behaviors the medication is intended to correct or address. This was identified for 1 of 15 residents in the sample (Resident #11). Findings include:</p> <p>On 2/5/19 at 8:45 AM, the home's manager confirmed that Resident #11 has two medical orders for lorazepam, an anti-anxiety medication, to be used as needed for anxiety. Neither of the orders for use for 0.5 milligrams (mg) or 1 mg lorazepam specifies which dose to use, or which symptoms are targeted. The written plan of care also lacks these specifics. Per review of the Medication Administration Record (MAR), 0.5 mg lorazepam was administered on 12/3, 12/11, 12/12, and 12/20/18. Additionally, 0.5 mg</p>	R167	<p>See Attached</p>	
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[Handwritten Signature] 2/25/19

Division of Licensing and Protection

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R167	Continued From page 3 lorazepam was administered on 1/22/19. None of these administrations contained documentation of the reason or the specific results of the medication use, as required.	R167	

[Handwritten Signature] 2/25/19

R136

5.7 Each resident shall be reassessed annually and at any point in which there is a change in the residents physical or mental condition.

1. Action to correct the deficiency

5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.

The above regulation (5.7) was interpreted, by the facility, differently than it was interpreted by the Division of Licensing and Protection. The regulation indicates that the assessment must be completed by a "licensed nurse" and review of the assessments finds that this was, in fact, **done in a timely manner** which meets the regulations set forth for Residential Care Homes.

As you will note, on page 4 of 48, the RCH Regulations defines a "licensed nurse" (*aa) as a **Licensed Practical Nurse or Registered Nurse** currently licensed by the Vermont Board of Nursing to provide care. On page 5 of 48, the RCH Regulations defines a "Registered Nurse" (*jj) as an individual licensed as a registered nurse by the Vermont Board of Nursing. Throughout the RCH regulations, the term "Registered Nurse" is used several times when referring to tasks that can only be completed by the RN – medication delegation, for example.

Expected completion date: Ongoing

2. Measures to assure that it does not recur

Going forward, Brownway will interpret 5.7 as DLP believes to be true by changing our process to have assessments completed by the "Registered Nurse" rather than the "Licensed Nurse".

Expected completion date: Ongoing

3. How corrective actions will be monitored

Annual reassessments will be monitored by the full-time/onsite "Licensed Nurse" to ensure that the part-time "Registered Nurse" is completing these assessments in a timely manner.

Expected completed date: Ongoing

R167

5.10 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

1. Action to correct the deficiency

The attached PRN Psychoactive Care Plan and MAR has been implemented for all residents receiving PRN psychoactive medications

Expected completion date: 2/6/2019

 2/25/19

2. Measure to assure that it does not recur

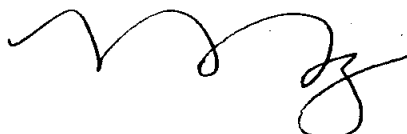
Admission paperwork has been updated to trigger the nurse to initiate PRN psychoactive care plan if indicated and pharmacy will now alert the facility if any psychoactive medications are implemented after the time of admission to ensure these medications do not get overlooked.

Expected completion date: Ongoing

3. How corrective actions will be monitored

Psychoactive care plans will be monitored monthly when MAR change over occurs

Expected completion date: Ongoing

 2/25/19

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Brownway Residence

PRN Psychoactive Medication Plan of Care

Resident Name: Resident Month & Year: _____

Medication Name: LORAZAPAM

Dosage Information: 0.5mg 1 tablet PO Q 8 hours PRN

Diagnosis / Reason for Prescription: Anxiety

This medication will be used to treat the following behavior (s):

- Anxiety as exhibited by:
- * Restless, not able to be engaged
 - * Unable to remain seated
 - * Confusion

Prior to administration, staff will attempt at least 1 of the following interventions and document them on the flowsheet:

- * Taking a walk with a caregiver
- * Offering a snack or a drink
- * 1:1 with a caregiver
- * Offering a quiet space to watch TV or read

ONLY IF THE INTERVENTION (S) DO NOT WORK, CAN THE MEDICATION BE ADMINISTERED

Side effects to monitor for and report immediately may include:

- * Dizziness
- * Sedation
- * Weakness or unsteadiness

The desired effect of this medication on this resident is:

- * Reduction of visible anxiety and/or agitation

Plan Written By: _____

Date: _____

