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

October 24, 2019

Ms. Catherine Rooney, Manager
Harvey House Ltd
1860 Main Street
Castleton, VT 05735-7709

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 30, 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

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0380	A. BUILDING _____ B. WING _____	R-C 07/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARVEY HOUSE LTD	1860 MAIN STREET CASTLETON, VT 05735

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{R100}	Initial Comments: An unannounced onsite revisit from 4/22/2019 was conducted by the Division of Licensing on 7/30/2019. There were additional regulatory findings identified during the revisit.	{R100}		
R136 SS=D	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 staff interview and record review the facility failed to ensure that an annual assessment was completed for one (1) out of five (5) residents, (Resident # 2) findings include: Per record review, Resident #2 had an annual assessment due in April, 2019. The Registered Nurse had completed an assessment dated 4/30/2018, but failed to complete one in April, 2019. Per interview on 7/30/2019 at 10:15 the facility Manager confirmed that an annual assessment should have been done in April, 2019, and that it had not been completed per requirements.	R136	R136 R189 The new nurse Beth Quinn has reviewed records and is scheduling date+time to do all assessments on the residents. She will be visiting each month and has given us her phone # for any readmits after hospital stays she said this would be completed within the next 2 weeks The 3rd week of each month I will check the records to be sure the nurse has visited & if not contact her to find out what day she will be there	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

R136 - R193 POC accepted 10/23/19 mmatern

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R145	Continued From page 1 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 facility failed to ensure that a written plan of care had been developed for one (1) of five (5) residents (Resident # 1). Findings include: Per record review, Resident #1 was admitted on 3/5/19 and discharged to the hospital on 3/25/19, 20 days later. S/he was readmitted on 4/9/19. There is no evidence in the record that a plan of care was ever developed. Per staff interview on 7/30/2019 at 10:15, the facility Manager confirmed that a plan of care should have been developed, and that the Registered Nurse had failed to oversee the development of the plan of care.	R145	The nurse is going to do the care plans needed & re assess the ones already in place so they are all up to date by the end of Sept every 3rd week I will review records	
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate	R146		

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R146	Continued From page 2 nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to provide instruction and supervision to direct care staff regarding the health care needs and delegate nursing tasks as appropriate for one (1) of five (5) residents (Resident #1). Findings include: Per record review, Resident #1 had fallen six (6) times during the month of July, 2019. Documentation reflects that Resident #1 has reported dizziness and unsteadiness when s/he stands up, causing a loss of balance. Per review of the medication list, s/he is prescribed several medications with potential side effects such as dizziness, low blood pressure, and cardiac changes. S/he also receives a medication that increases bleeding, therefore increasing the risk of major bleeding in the event of a fall. There is no evidence in the record that the Registered Nurse has been notified of the falls or the change in Resident # 1's condition. Based on interview on 7/30/2019 at 10:30 AM with the Medication Delegate, confirmation was made that the Registered Nurse had not been notified of the falls and that there has been no instruction or supervision from an RN regarding Resident # 1's falls and change in condition.	R146	The nurse will be contacted each time there is a change of medication for any resident or changes in physical conditions by the end of Sept The 3rd week of a review of records will be done	
{R163} SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management 5.10.d If a resident requires medication	{R163}		

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{R163}	Continued From page 3 administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that a Registered Nurse (RN) conducted an assessment consistent with the physician's diagnosis and orders of the resident's care needs for one (1) of five (5) residents (Resident #2). Findings include: Per record review, the RN completed an assessment on 4/30/2018. An annual assessment should have been completed in April, 2019. There was no evidence of an annual assessment in the record. Per interview with the facility Manager on 7/30/2019 at 10:15 AM, confirmation was made that the Registered Nurse should have conducted an annual assessment in April, 2019, and that there was no evidence in the record that the assessment had been conducted.	{R163}	R163 The nurse has left inservice trainings & is scheduling with each aide for their medication pass testing by the end of this month every 3rd week of month + will check that the inservice training has been completed	
R164 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:	R164		

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R164	Continued From page 4 (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a Registered Nurse (RN) delegated the responsibility for the administration of specific medications for one (1) of five (5) residents (Resident #1). Findings include: Per record review, there is no evidence that the Registered Nurse has been notified off changes made to Resident # 1's medication orders, therefore has not delegated the responsibility for the administration of specific medications. Per interview with the medication delegate on 7/30/2019 at 11:20 AM, confirmation was made that staff do not notify the RN when they receive physicians orders for new medications, or when Medication Delegates administer as needed medications.. S/he also confirmed that staff contact the facility Manager (who is not an RN) when new medication orders are received, and when as needed medications are administered.	R164	The nurse is scheduling medication passing test with each staff and will be completed by the end of Sept every 3rd week I will review to be sure nurse has reviewed the records	
(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)		

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(R165)	Continued From page 5	(R165)		

(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 observations, staff interview, and record review the facility failed to establish a process for routine communication with the registered nurse and failed to assess the resident's condition and need for any changes for one (1) of five (5) residents (Resident #1). findings include:

On 7/30/2019 at 10:25 AM Resident #1 fell to the floor while attempting to stand from a chair.

During an interview on 7/30/2019 at 11:00 AM, Resident #1 stated that s/he keeps getting dizzy and falling and that s/he believes it is due to one of his/her medications.

Per record review, Resident #1 has had six (6) falls during the month of July, 2019. S/he is on several medications that have the potential to cause side effects of dizziness, low blood

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{R165}	Continued From page 6	{R165}		

pressure, and cardiac changes. There is no evidence in the record that a Registered Nurse has been made aware of Resident #1' s change in condition or the possible need for changes in medications.

Per interview with the Medication Delegate on 7/30/2019 at 11:20 confirmation was made that the Registered Nurse had not been made aware of Resident #1's change in condition or the possible need for changes in medications. S/he also confirmed that the Registered nurse is not updated when a resident falls, is sick, or injured.

{R189} SS=D V. RESIDENT CARE AND HOME SERVICES {R189}

5.12.b. (3)

For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review the facility failed to ensure that the resident record contained an annual assessment for one (1) of five (5) residents (Resident #2). Findings include:

Per record review, the most current assessment present was dated 4/30/2018. There was no

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(R189)	Continued From page 7 evidence of an annual assessment being completed in 4/2019 per requirements. Per interview with the facility manager on 7/30/2019 at 10:15 AM, s/he confirmed that an annual assessment should have been completed in April, 2019, and that there was no evidence that the annual assessment was completed per requirements.	(R189)		
R193 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.13 First Aid Equipment and Supplies Equipment and such supplies as are necessary for universal precautions, to meet resident needs and for care of minor cuts, wounds, abrasions, contusions, and similar sudden accidental injuries shall be readily available and in good repair. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and record review the facility failed to provide equipment necessary to meet the residents needs for one (1) of five (5) residents (Resident #1) in order to monitor blood pressure. Findings include: On 7/30/2019 at 10:25 AM, Resident #1 fell to the floor while attempting to stand from a chair. Resident #1 stated that s/he became dizzy while standing causing the fall. Per review of July incident reports, Resident #1 had fallen on 7/9, 7/15, 7/18, 7/25, and 7/29/2019 while standing or ambulating. Documentation reflects that the resident reported to staff that he had been feeling dizzy and unsteady causing him	R193	There is a new BP machine onsite along with supplies for wound care done 9/20/19	

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R193	Continued From page 8 to fall. During an interview with the medication delegate on 7/30/2019 at 11:20 AM, s/he confirmed that the resident's blood pressure should be monitored, and that equipment used to monitor blood pressure was not available to staff.	R193		