

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 6, 2020


Ms. Barbara Spear, Manager
Historic Homes Of Runnemedede-Stoughton House
40 Maxwell Perkins Lane
Windsor, VT 05089-1206

Dear Ms. Spear:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 9, 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: 0161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/09/2019
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NAME OF PROVIDER OR SUPPLIER
HISTORIC HOMES OF RUNNEMEDE-STOUGHT

STREET ADDRESS, CITY, STATE, ZIP CODE
**40 MAXWELL PERKINS LANE
WINDSOR, VT 05089**

(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 complaint investigation was conducted by the Division of Licensing and Protection on 12/09/19. The findings include the following:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 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 interview and record review the facility failed to ensure that plans of care for 1 of 2 residents sampled, described the care and services necessary to assist the resident to maintain independence and well-being, (Resident #1 and #2). The findings include the following: 1. Resident #1 was discharged in crisis on 11/25/19 to a psychiatric facility and returned on 12/05/19. Per review of various assessments, on admission to the psychiatric facility, s/he presented with suicidal ideations. The resident was started on two new medications, that would assist in the management of anxiety and agitation. Sertraline an antidepressant and Risperidone an antipsychotic medication. Per review of the care plan dated 11/04/19 signed by	R145	R 145 When a resident has an order for a psychoactive medication (antipsychotic or antidepressant) the care will state the resident receives a psychoactive medication. The care plan will state specific management and monitoring for symptoms associated with psychoactive medications, including side effects. If a resident has suicidal ideation the care plan will state specifics for management and monitoring the symptoms associated with suicidal ideation. The care plans will be reviewed/revised within 24 hours of a new admission, readmission or with a medication change or new order. Updates will be reviewed with care plan reviews and as needed. Per telephone call with J.M. RN on 1/8/20, J. Moses and B. Spear will be responsible for corrections.	12/26/2019 ongoing ongoing

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Barbara Spear RN

TITLE
12/26/2019

(X6) DATE

STATE FORM 6899 Y1911 If continuation sheet 1 of 2

POC accepted 1/8/20 M. Bertrand RN/PMC

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-STOUGH1	STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089
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R145	<p>Continued From page 1</p> <p>the Registered Nurse (RN) and is currently in use, has no instructions for direct care staff on the management of symptoms of suicidal ideation or monitoring of antipsychotic and antidepressant administration. The care plan identifies that the resident does not take any psychotropic medications.</p> <p>Interview with the Director of Nurses (DNS) on 12/09/19 at approximately 11:39 AM confirms that the care plan was not updated at the time the resident returned from the 10-day hospitalization. The plan does not identify the resident's current status nor provide direct care staff instructions in the managing of psychiatric behaviors. The DNS does confirm that the State mandated (significant change) assessment is in process, but is not due to be completed until 12/19/19 at that time the care plan will be updated.</p>	R145		