



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

December 18, 2024

Vincent Jewell, Manager
Historic Homes Of Runnemedede-Stoughton House
40 Maxwell Perkins Lane
Windsor, VT 05089-1206

Dear Mr. Jewell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 19, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

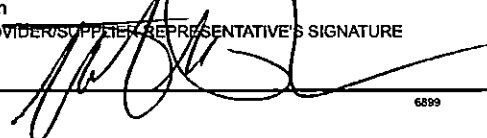
Division of Licensing and Protection

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 11/19/2024
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NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-STOUGHTON HC	STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089
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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
R100	Initial Comments: An unannounced onsite relicensusre survey and complaint investigation was conducted by the Division of Licensing and Protection on 11/19/24. Regulatory deficiencies were identified. Findings include:	R100		
R147 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to ensure medication orders provided specific dosage and/or frequency of administration for 2 out 3 residents of the applicable sample (Resident #1 and #3.)</p> <p>Per record review the standing medication orders, include directions of use to indicate range dosage and/or frequencies. Resident #1 and Resident #2 standing medication orders include the following medications containing range orders: Mucinex 1 or 2 tablets, by mouth every 12 hours as needed for cough, Mylanta 15 cc-30 cc every 4 hours for indigestion, Tums 2 tablets every 2-3 hours for indigestion.</p> <p>Per interview on 11/19/24 at 12:40 PM, the Registered Nurse confirmed the standing orders</p>	R147		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 12/9/24

STATE FORM 6899 LMYH11 If continuation sheet 1 of 4

Division of Licensing and Protection

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R147	Continued From page 1 include range dosages and frequencies.	R147		
R161 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Manager failed to ensure medications were handled according to the home's policies.</p> <p>Per record review Resident #1 and Resident # 3 Medication administration record were not appropriately documented to account for the administration of medications.</p> <p>The facility policy states, "Medications administered will be documented on the resident's individual medication record, PRN (as needed) medications will be documented as to date, time, reason for and effect."</p> <p>Resident #1 Medication Administration Record (MAR) for October and November 2024 were reviewed, within the November MAR, 13 scheduled medications were listed and on 40 varying dates and times medication administrations were not documented to account for the administration. The October MAR included 13 scheduled medications and on 10 varied dates and times, the medication administrations were</p>	R161		

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R161	Continued From page 2 not documented to account for the administration. Resident #2 Medication Administration Record (MAR) for November included 14 scheduled medications and on 13 varying dates and times, the medication administrations were not documented to account for the administrations. An interview on 11/19/24 at 1:30 PM, the Registered Nurse confirmed the MAR and the incomplete documentation, the RN acknowledged the facility's policy to document medications administered. The RN explained staff are expected to on any occurrence document the administration, to include initials to indicate the medications were given, medications held, medications refused or when a resident is out of the facility.	R161		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure criminal background checks were available for review. Per record review 2 out of 5 staff, records did not include applicable background checks and abuse registry checks completed on a annual basis. Per interview on 11/12/24 at 1:10 PM the Manager confirmed annual backgrounds and	R190		

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R190	Continued From page 3 abuse registry checks were not completed for 2 out of 5 applicable staff. The Manager acknowledged to be aware of the updated guidance regarding background check requirements per the memorandums provided by licensing agency, on 10/22/22 and 5/1/23.	R190		

Plan of Correction

Citation	Action Plan	Status	Due Date
<p>R147 5.9.c (4). Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p>	<p>Provider standing orders sheet has been revised to eliminate the use of "ranges" and "frequencies" for any as needed medications. See corrected/updated standing orders document. Standing orders will be reviewed and signed by resident's PCP at admission, annually, and with status changes. [Status changes are defined as: A significant alteration in their physical, mental, or psychosocial health, which could be a decline or improvement, and often necessitates a reevaluation and adjustment to their care plan.] The Facility charge nurse and administrator will review the returned document before placing into resident's chart or in the Medication Administration record.</p>	<p>In process</p> <p>R147 Accepted Jenielle Shea, RN 12/12/24</p>	<p>12/20/24</p>
<p>R161 5.10.b. The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p>	<p>The Facility will review documentation policy with all staff who are delegated to pass medications to include initialing administered medication, documenting refusals of medications, and documenting use of as needed medications to include: Date/Medication/Dosage/Reason and result. Current Staff will perform this activity with the facility registered nurse, documentation of satisfactory compliance will be recorded.</p>	<p>In process</p>	<p>12/20/24</p>
	<p>Weekly MAR checks will be done by facility nursing staff. After 4 consecutive satisfactory reviews at which MAR checks will be performed monthly. Discipline actions will be rendered for failure to ensure accurate documentation by facility administration.</p>	<p>In process</p> <p>R161 Accepted Jenielle Shea, RN 12/12/24</p>	<p>1/31/25</p>
<p>R190 5.12.b.(4). The results of the criminal record and adult abuse registry checks for all staff.</p>	<p>Background checks have been updated and are current. The human resources department has been notified of the deficiency. HR staff will perform Child and Adult abuse registry checks upon application (or job offer), as well as a national background check. National background checks will be performed on an annual basis for any staff who live outside the jurisdiction of Vermont, or who have left Vermont and returned before and during the course of their employment. Staff will be asked by electronic communication to update their residency</p>	<p>Complete</p>	<p>12/9/24</p>



Vermont Agency of Human Services Survey

Dates: 11/19/24

DAIL – Complaint Survey

Response Due: 12/15/24

	<p>information when changes occur, or on an annual basis. Any staff who transition roles within the Mt. Ascutney Hospital & Health Center will be subject to the above requirements prior to commencing employment on the Historic Homes of Runnemedede campus (Stoughton House—0161). This corrective action will happen immediately,</p> <p style="text-align: right;">R190 Accepted Jenielle Shea, RN 12/12/24</p>		
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Respectfully Submitted,

Amy Visser-Lynch

Chief Nursing Officer

Amy.VisserLynch@mahhc.org

Vincent Jewell

Administrator, HHR

Vincent.Jewell@mahhc.org