



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 18, 2023

Ms. Tammy Miller, Manager
Home Intervention
13 Kynoch Avenue
Barre, VT 05641

Dear Ms. Miller:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 25, 2023**. 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, appearing to read "Carolyn Scott", written over a light blue horizontal line.

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME INTERVENTION	STREET ADDRESS, CITY, STATE, ZIP CODE 13 KYNOCH AVENUE BARRE, VT 05641
--	--

(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
T 001	Initial Comments An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 9/25/23. Regulatory deficiencies were identified through observation, interview, and record review as a result. Findings include:	T 001		
T 049 SS=F	<p>V.5.8.h.4 Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.h.4 Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the residence 's policy and applicable standards of practice and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the Manager failed to ensure medications were disposed of after discharge of a resident, and ensure outdated medications were removed from the medication storage area. Findings include:</p> <p>Per observation of the medication room, a locked refrigerator contained 3 boxes Latanoprost eyes drops. Per the assigned name on the medication label, the resident was not on the identified roster received upon entrance interview provided by the Manager.</p> <p>Per interview on 9/25/23 at 11:10 AM the Manager confirmed the 3 boxes on Latanoprost belonged to a previous resident who was discharged in April 2022. The manager was present at the time of finding, and confirmed a process is in place for discharged clients and management of medications with discharge and</p>	T 049	<p>T 049 Accepted. 10/13/23 Jenielle Shea,RN</p> <p><i>To address medications left behind by residents, the Home Intervention nurse will check all locked medication areas, including refrigerator that is specific for meds and dispose of medications immediately upon discharge</i></p> <p style="text-align: center;">(JM)</p>	10/2/23

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Tommy Mil Cas, HI *10/12/2023*
Home Intervention Director

019M11

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2023
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HOME INTERVENTION	STREET ADDRESS, CITY, STATE, ZIP CODE 13 KYNOCH AVENUE BARRE, VT 05641
---	--

(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
T 049	<p>Continued From page 1</p> <p>in this case the process was not followed.</p> <p>Per observation of the medication room, a locked cabinet of as needed medications was observed to contain expired medications:</p> <ol style="list-style-type: none"> 1.) Alka seltzer cold efferscent with expiration on July 2021 2.) Benadryl 25 mg tablets with expiration on May 2023 3.) Dulcolax laxative 5 mg tablets with expiration on April 2, 2023 4.) Ibuprofen 200 mg tablet with expiration on December 2021 5.) Nicotine lozenge 2 mg with expiration on March 2022. <p>Per interview on 9/25/23 at 11:15 AM the Manager was present at time of finding and confirmed the identified medications were with expirations dates. The manager confirmed a process is in place to monitor medication expirations dates and in this case the process was not followed.</p> <p>Per interview on 9/25/23 at 11:20 AM the Nurse confirmed medications are reviewed monthly for supply re-ordering and expiration dates. The Nurse explained the home has two medication rooms. The room observed is less utilized for use of as needed medications and acknowledged the oversight in maintaining expired medications in accordance with facility process. The Nurse confirmed the policy in place for stored medications with expirations dates and the process for medication management with discharging residents was not followed.</p>	T 049	<p>The Home Intervention nurse will examine the HI stock medications, the first week of each month, to ensure that the HI facility does not contain and staff do not dispense expired medications. a monthly checklist will be kept by the HI nurse, who will assume responsibility for the inspection of medications.</p> <p>All HI staff are responsible for observing the expiration date on medications before the medication is dispensed to the individuals we serve, to ensure that the medication has not expired. If staff identify a medication that has expired, that staff is responsible for notifying the nurse on duty of the expired medication bottle. The nurse will dispose of expired medications promptly and order a replacement.</p>	10/2/23