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

December 6, 2018

Ms. Sarah Hunt, Manager
Homestead, Inc.
73 River Street
Woodstock, VT 05091-1226

Dear Ms. Hunt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 20, 2018.** 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0135	A. BUILDING: _____ B. WING _____	C 11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD, INC.	73 RIVER STREET WOODSTOCK, VT 05091

(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 announced relicensing survey and an investigation of a self-report was conducted by the Division of Licensing and Protection on 11/19 and 11/20/18. There were no findings related to the investigation, but the survey resulted in the following findings:	R100		
R161 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the Manager of the home, failed to ensure that all medications are handled according to the facilities policies and procedures for 4 applicable residents sampled (Resident #2, #4, #5 and #6). The findings include the following: Per facility tour on 11/19/18, both prescription and over the counter medications were identified in resident rooms that were not secure, medications identified as being outdated and in some instances there were no physician orders for self-administration of some medications at the bedside. Narcotics and controlled substances have not been accounted for nor has the nurse/manager reviewed, along with the resident, the medications being self administered to ensure that physician's orders are being followed.	R161	The plan of correction will be a monthly log incorporated into the Homesteads policy to include Residents #2, #4, #5, and #6 as addressed in the Survey. This log will include all Residents within the Homestead that have been assessed to self medicate. With this log it will document that medications are secure, medications are in proper labeled containers, not expired, a physicians order for all medications including OTC's, and that all controlled substances will be accounted for shift to shift and locked in the Homesteads office cabinet. The log will be completed by 12/21/18, and be maintained by staff designated by the Homesteads Nurse that are allowed to pass medications. This will also include staff signature for verification.	

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

X Sarah L Hunt RN Manager of The Homestead, Inc. 12/5/18

R161 - R177 POC's accepted 12/6/18 MBertrand RN/ PMC

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R161	Continued From page 1 The Registered Nurse/Manager confirms on 11/19 and 11/20/18, that s/he has not followed protocol for the self administration of medications as described in the facility policies.	R161		
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff/resident interviews, the facility failed to ensure that 1 applicable sampled resident, has both prescription and over the counter medications labeled, in accordance with accepted professional standards of practice (Resident #6). The findings include the following: Per observation in the presence of a Resident Assistant (RA) on 11/19/18 at approximately 3 PM, Resident #6 was discovered to have prescription and over the counter medications stored in a locked box in his/her room. The box contained Aspirin,Vitamins and Lisinopril (medication used to treat high blood pressure). The resident self-administers his/her own medications. Resident #6 confirms, that the medications are removed from the original prescription bottles and are placed in old bottles/empty glucose test strip bottles for his/her convenience. Many of the medications are not	R172	Resident #6 was educated on having her medications stored in their original container, and was given a pill box to set up her medications on a weekly basis instead of monthly. The Resident verbalizes understanding, and will be added to the Resident log as described on page 1. The correction was made on 12/3/18.	

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R172	Continued From page 2 labeled appropriately, in some instances the bottled identified an outdated medication, some bottles have no identification of the contents/dose or instructions as how to take each particular medication. The Registered Nurse, Manager confirms on 11/19/18, that Resident #6 does rebottle her/his medications for an entire month, at her choice.	R172		
R176 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to promptly dispose of outdated and discontinued narcotics, controlled substances and over the counter medications for 3 of 4 applicable residents sampled (Resident #2, #4 and #5). The findings include the following: 1. Per interview with Resident #2, on 11/19/18 at approximately 1:20 PM, physician orders identifies Valium 2 mg tablet by mouth as needed for anxiety may self-administer. The resident is asked to see the prescription bottle. Resident #2 retrieves the bottle (from a locked box), that contains 14 tablets of Valium 2 mg each. The	R176	Resident #2 as described, the plan of correction was made immediately after completion of Survey on 11/21/18. The Resident's Valium is now locked in the Homestead's office cabinet and is counted shift to shift by designated staff, and only the allowed amount of Valium as perscribed by the Physician is on the Residents person at all times and is in a properly labeled bottle.	

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R176	Continued From page 3 prescription was issued on 7/30/17 and has an expiration date on 7/30/18. (Valium is a controlled substance used as a sedative.) 2. Per facility tour on 11/19/18 at approximately 3 PM, in the presence of the Resident Assistant (RA) the following was discovered: -Resident #4, has a physician order for Spiriva Respimat 2 puffs daily. The prescription medication, which is in tablet form, was in the bathroom in an unlocked box, each with an expiration date of 8/2018; -Resident #4, does not have a physician order for Advair Inhaler. However, located in the bathroom in an unlocked box was an Advair Inhaler with 47 doses remaining with an expiration date of 2/2017; -Resident #4, does not have an order for Hydrocodone tablets. However, located in the bathroom in an unlocked box was a prescription bottle of Hydrocodone with 5 tablets prescribed on 4/22/15 with an expiration date of 4/21/16. (Hydrocodone is an opioid medication used for the relief of moderate to severe pain.). -Resident #5 was discovered to have a partially used bottle of Aspirin (ASA) 81 mg tabs with an expiration date on 11/16. The resident does not have a physician's order to take ASA currently. The facility policy titled "Storage of Medications" dated 2/95 identifies that ["Medications outdated will be disposed of within one week of death or discharge."] The facility policy titled "Over the Counter Medications and Self-Administration Review" dated 12/01 identifies that at regular intervals, at last every 6 months and more frequently as needed, the nurse and/or manager together with	R176	Resident #4 his Hydrocodone was disposed of immediately after Survey on 11/21/18, and other outdated medications and medications that did not have a physicians order have been disposed of. Resident #5 as well as Resident #4 will be added to the Monthly log as described on page 1. To ensure that all Residents who self medicated have a physicians order for all medications to include OTC's, check for any outdated medications, and that all medications are locked per facility protocol. Resident #5 has disposed of her bottle of Aspirin after meeting with the Surveyor on 11/20/18.	

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R176	Continued From page 4 the resident will review all medications for the purpose of maintaining a current list of medications taken by the resident as required by the State Regulation. The Registered Nurse (RN), Manager confirms on 11/19 and 11/20/18 that s/he was unaware of the out dated medication in Resident #2, #4, and #5's room, was unaware that the medications were not secured and was unaware that discontinued medications were still at Resident #4 and #5's bedside. The RN Manager confirms that s/he is aware of the above noted policies and shares that the policies do need updating.	R176	Resident #5 has stated that she will lock her room if necessary, however feels that a locked box is inconvienient and would rather lock her door when she is not in her room. On 12/6/18 this Nurse/Manager will be having a meeting with all Residents regarding storage of medications, OTC's, and making sure their medications are properly secure. This was addressed already with Residents #2, #4, #5 as previously noted.	
R177 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to ensure that narcotics are accounted for daily and other controlled substances are accounted for on at least a weekly basis for 2 of 4 applicable residents sampled (Resident #2 and Resident #4). The findings include the following:	R177	All Residents who are prescribed a controlled substance will be required to have Their medication locked in the facility cabinet located in the Homestead office. Where the controlled substance will be accounted for daily and shift to shift by authorized staff.	

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R177	Continued From page 5 Per facility tour on 11/19/18 in the presence of the Resident Attendant (RA) the following medications were located at the bedside: -Resident #2, has a physician's order for Valium 2 mg tabs as needed for anxiety may self-administer. Valium is a controlled substance used for anxiety. The resident was able to present two bottles of Valium 2 mg tablets, (one bottle of which was not secured), was identified with 120 tablets that was recently refilled and the second bottle (secured), contains 14 tablets of Valium 2 mg each with an expiration date of 7/30/18; -Resident #4 does not have an order for Hydrocodone tablets. However, located in the bathroom in an unlocked box was a prescription bottle of Hydrocodone with 5 tablets prescribed on 4/22/15 with an expiration date of 4/21/16. (Hydrocodone is an opioid medication used for the relief of moderate to severe pain.). The Registered Nurse/Manager confirms on 11/19 and on 11/20/18, that the facility has not monitored neither the narcotic or the controlled substance.	R177	Please see explanation and plan of action as described on page 3 for Resident #2. Correction was made on 11/21/18. Please see explanation and plan of action as described on page 4 for Resident #4. Medication Hydrocodone was disposed of on 11/21/18.	