

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

July 26, 2018

Ms. Becky MacDonald, Manager
Loch Lomond
700 Willson Road
North Concord, VT 05858-7007

Dear Ms. MacDonald:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 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: 0062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2018
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NAME OF PROVIDER OR SUPPLIER LOCH LOMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLSON ROAD NORTH CONCORD, VT 05858
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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
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R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 6/20/18. Based on findings, the following regulatory violations were identified:	R100		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to document a record of monitoring side effects of psychoactive	R171	6/23/18 complete The nurse was able to complete a review of potential side effects from the use of the anti-psychotic medication (Risperidone) on Resident #3. No potential side effects were noted. To ensure this does not reoccur in the future the Nurse has included in her monthly check list the importance of reviewing and providing evidence of such review in the psychoactive Medication Binder held in the office of the facility to be conducted quarterly. The home manager will also add this to her monthly check list to over see that the Nurse has indeed performed these checks on a regular basis. This was completed 6/23/18	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sally L. MacDonald owner/manager
TITLE
DATE
7/5/2018
STATE FORM 8806 W00711 If continuation sheet 1 of 3

R171- R183 POC accepted 7/11/18 JHsmRN/pmc

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NAME OF PROVIDER OR SUPPLIER
LOCH LOMOND

STREET ADDRESS, CITY, STATE, ZIP CODE
**700 WILLSON ROAD
NORTH CONCORD, VT 05858**

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R171	Continued From page 1 medication for 1 of 3 residents in the sample (Resident #3). Findings include: Per record review, including the medical record, the Medication Administration Record and the Psychoactive Medication binder, the facility failed to provide evidence that the RN had periodically monitored Resident #3 for potential side effects from the use of an anti-psychotic medication (Risperidone). This was confirmed on 6/20/18 at 2:30 PM during an interview with the delegated staff person on duty.	R171		
R183 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There shall be a record of the staff on duty, including names, titles, dates and hours on duty. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that when the census of the residence was more than 15, a staff person was awake overnight, as required. Findings include: During review of the staffing schedule provided by the facility, it was noted that the night shift runs 11:00 PM to 7:00 AM and is staffed by one person. During interview on 6/20/18 at	R183	6/20/18 completed Completed on 6/20/18 we actually had 1 resident who was away staying with his mother the day the survey was conducted. During his stay with his mother he decided that he would not be returning to Loch Lomond. He told us that he would officially be discharged on 6/28/18 however he did not return to Loch Lomond between 6/20 - 6/28/18 except to pick up his belongings. The current resident census at Loch Lomond is 15 and has been since 6/20/18. The home manager will ensure that in the future if the census goes above 15 residents there will be at least 1 responsible staff member on duty and awake at all times.	

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R183	Continued From page 2 approximately 9:00 AM, the delegated staff on duty confirmed that the census is currently 16 residents, and that the overnight staff person generally sleeps during that shift. Later at approximately 10:30 AM, the Manager confirmed that the overnight staff is not expected to be awake when the census goes above 15.	R183	