

Division of Licensing and Protection

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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

August 15, 2018

Ms. Cailyn Fleury, Manager  
Maplewood Recovery Residence  
195 Stratton Road  
Rutland, VT 05701

Dear Ms. Fleury:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 10, 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:  0614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/10/2018
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NAME OF PROVIDER OR SUPPLIER: **MAPLEWOOD RECOVERY RESIDENCE**  
STREET ADDRESS, CITY, STATE, ZIP CODE: **195 STRATTON ROAD  
RUTLAND, VT 05701**

(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:

R100

The Division of Licensing and Protection conducted an unannounced on site investigation of a facility self-reported incident on 7/10/2018. The following regulatory violations were identified.

R128 V. RESIDENT CARE AND HOME SERVICES  
SS=D

R128

5.5 General Care

5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the residence failed to ensure that all ordered care and treatment was delivered consistent with physicians' orders for one applicable resident (Resident #1). Findings include:

Resident #1, with a history of falls and documented mobility limitations, had physician orders not to ambulate outside the residence unsupervised. Per physician order dated 1/4/2018, "client is to have a person outside with them at all times due to falling and weakness". Per Residential Shift Note dated 1/7/2018, "client walked outside to shovel without telling anyone".

During a phone interview on the afternoon of 7/10/2018, the Risk Manager confirmed that two Recovery Specialists were present in the residence but slept through the incident of Resident #1 leaving the building unsupervised during the overnight shift of 1/7/2018.

R128

The staff member who was found to be sleeping out of turn was let go. A contract of expectations of overnight shift staff was created and signed off on by staff who work overnights. Furthermore, one of the procedure areas currently being finalized to soon be rolled out to staff is expectations of their job duties on each shift. Since the date of this incident there have been discussions at staff meetings as well as team-wide emails sent outlining how to best safely support this resident when he exits the building.  
\*New procedure outlining expectations on all shifts will be complete and presented to all staff by 9/1/2018.

*POC accepted  
R128/R145/R178/R200  
C. Schubert RN 8/13/18*

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

*[Signature]*

TITLE

*Program Coordinator*

(X5) DATE

*7/30/18*

Division of Licensing and Protection

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R145 Continued From page 1 R145

R145 V. RESIDENT CARE AND HOME SERVICES SS=D R145

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 *staff* interview and record review, the residence failed to ensure that written plans of care included the care and services necessary to assist residents with maintenance of independence and well-being for one applicable resident (Resident #1). Findings include:

Per review of the Resident Assessment dated 1/26/2018, Resident #1 was documented as requiring, "a cane/walker/crutch" and "other person wheeled" assistive devices as aids in physical functioning. Per Nursing Progress notes, Resident #1 had, "difficulty walking" and displayed a stiffed leg gait, wide stance, and utilized a four prong cane. Per review of physician orders, Resident #1, "is to have a person outside with them at all times due to falling and weakness". Resident #1's assessment dated 1/26/2018 identifies the use of pads and briefs due to multiple daily episodes of incontinence. Resident #1's Individual Plan of Care dated 3/1/2018 identifies the goal of, "working on incontinence issues" however, there

R145  
The residential Nursing Supervisor has now created medical treatment plans for each current resident and will do so for all future residents who enter the facility.  
\*this process has already been completed and will be completed for all future admissions.

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R145 Continued From page 2 R145

were no specific interventions listed to guide staff in addressing Resident #1's personal care needs. Upon review, Resident #1's Individual Plan of Care did not include interventions or strategies to address their fall risk and mobility issues, or supervision requirements as identified in the physician's order.

The failure of Resident #1's Individual Plan of Care to include the care and services required to meet personal care, ambulation, and supervision needs was confirmed with the Registered Nurse on the afternoon of 7/10/2018.

R178 V. RESIDENT CARE AND HOME SERVICES R178  
SS=D

5.11 Staff Services

5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and documentation review, the residence failed to ensure there were sufficient staff available at all times to in order to consistently meet the needs of one applicable resident (Resident #1). Findings include:

The residence Policy Manual (last revised 4/2017) under "Staffing" states, "the staffing ratio will be one staff for one resident during the day Mondays through Fridays, and three staff to four residents at other times. Nursing will be available on all shifts." As described in the Policy Manual,

R178  
Residential management, including Program Coordinator, Nursing Supervisor and Program Manager, frequently review the staff schedules and are available to cover open shifts in order to ensure minimum adequate staffing. Staff will be reminded at the next staff meeting that they cannot leave a shift early without obtaining coverage prior to leaving the premises. \*this process is already in place. Staff meeting reminder will take place on 8/2/2018.

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R178	Continued From page 3	R178		
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the residence provides supervised and supportive services to adults with impairments in functioning primarily from mental health conditions. Per review of the residence staffing schedule, two Recovery Specialists and one Licensed Nursing Assistant (LNA) were scheduled to work the overnight shift of 1/7/2018. According to the residence critical incident report, the LNA left the shift early due to a personal situation and the 2 Recovery Specialists slept through an incident where Resident #1, with a physician's order for supervision, exited the building unattended during the overnight shift of 1/7/2018.

During an interview on the afternoon of 7/10/2018, the Residential Coordinator confirmed that two staff remained on shift on 1/7/2018 after the LNA left early. Additional nursing or residential staff had not responded to the residence to fulfil the staffing ratios as stated in the Policy Manual.

R200 SS=D	V. RESIDENT CARE AND HOME SERVICES	R200		
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5.15 Policies and Procedures

Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and documentation review, the residence failed to ensure there were policies and procedures in place governing all provided services. Findings include:

R200  
Residential management is in the process of completing new procedure manuals for the residences. As this was a deficiency identified during this visit, we will complete a procedure outlining what is expected when a resident requires supervision for a medical condition such as fall risk.  
\*Will be completed by September 30, 2018.

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R200	Continued From page 4	R200		
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Per review of documents at the residence, there was no policy in place to direct staff when periodic supervision of residents was required due to a medical condition. While policies were in place to guide staff when residents needed continuous one-on-one observation based on their mental health condition, there were no procedures in place to identify interventions and documentation expectations when residents requiring periodic observations due to medical conditions.

During an interview on the morning of 7/10/2018, the Program Manager stated that several policies at the residence were currently being developed, but there was no established policy to include procedures for staff to follow when a resident required observation due to a medical condition.