



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

September 4, 2024

Raequel Gordon, Manager
Mayo Residential Care
610 Water Street
Northfield, VT 05663-5640

Dear Ms. Gordon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 2, 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: 0199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2024
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NAME OF PROVIDER OR SUPPLIER
MAYO RESIDENTIAL CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**610 WATER STREET
NORTHFIELD, VT 05663**

(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 re-licensure survey was conducted by the Division of Licensing and Protection on 4/2/23. Regulatory deficiencies were identified. Findings include:	R100	The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our Residents lives.	5/19/24 DOC
R144 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c.(1) Complete an assessment of the resident in accordance with section 5.7; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure resident assessments are completed according to section 5.7 of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000 including regulations 5.7.a and 5.7.b which state resident assessments shall be completed using the assessment instrument provided by the licensing agency for all facility residents. Findings include: The facility's Admission/Readmission Procedure and Assessment policy effective 5/2023 states, "The Manager will review the completed admission assessment and the RN will review and sign." Per record review the Admission Assessment on file for Resident #1 was not signed as completed by a Registered Nurse. During review of Resident #1's Admission Assessment, it was observed the assessment instrument utilized by the facility was an altered version of the assessment instrument provided by the licensing agency which did not	R144	Resident #1's medical record has been reviewed by an RN and signed off as required. All residents are at risk for this alleged deficient practice. Point Click Care was modified immediately to accurately reflect the proper signing of the admission assessments by the RN, effective 4/2/24. A house wide audit was conducted for admissions from March 11, 2024 to present to ensure each resident's assessment is reviewed and signed off by the RN. Education was provided to the manager and the RN providing oversight to the PCC change in signing off of the admission assessment. The administrator or designee will conduct random weekly audits X 4 and monthly X 2 on all new admissions to ensure continued compliance. These results will be brought to QAPI for review and further interventions if needed	

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

Shereen Steens

TITLE

LADIA

(X6) DATE

4/25/24

Division of Licensing and Protection

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R144	Continued From page 1 include items #3 and #4 included in the N.1 Signatures section of the assessment instrument provided by the licensing agency. Item #3 is a line for the optional signature of the client (resident) or their legal representative. Item #4 is a line for the required signature of the Facility Registered Nurse following the statement "I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected/coordinated this information for this resident on the dates specified". On the afternoon of 4/2/24 the facility Manager confirmed Resident #1's Admission Assessment was not signed as complete by a Registered Nurse; and confirmed the assessment instrument utilized by the facility for all residents is not consistent with the assessment instrument provided by the licensing agency as it does not contain all aspects in the N.1 Signatures section including a line for the required signature of a Registered Nurse. In conclusion this deficient practice is a risk for more than minimal harm resulting from the failure to ensure the oversight of a Registered Nurse during the assessment process; and the failure to ensure the facility's assessment process is consistent with all aspects of assessment required by the licensing agency.	R144	R144-Accepted By LTCM-9-4-24	
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 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	R147		

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R147	<p>Continued From page 2</p> <p>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 staff interview and record review there was a failure to ensure prescriber's orders for PRN (as needed) medications include the specific dosage and frequency of administration for one applicable resident (Resident #1). Findings include:</p> <p>The facility policy and procedures for Transcribing Provider Orders includes a practice for receiving provider's orders which states, "Check to see that the order is complete, as follows ...If medication: drug name, dose, route, frequency, duration of order (if needed) and supporting diagnosis for use.". While this document includes instructions for transcribing orders into the Medication Administration Record (MAR), the document does not include instruction to ensure the instructions include entering the dose and frequency of administration for each medication order.</p> <p>Per review of Resident #1's March 2024 Medication Administration Record, the following PRN Medication orders do not include the specific dose and frequency of administration:</p> <p>1."Hydromorphone 2 mg, 4 times daily try to dose 30-60 minute before PT. Give doses closer together". This order does not include the frequency of administration including the specific amount of time between doses. Additionally, this order does not identify the dosage form to be administered. Hydromorphone is available as a</p>	R147	<p>Resident #1 has had their orders clarified and rewritten.</p> <p>All residents have a potential to be affected by this alleged deficient practice.</p> <p>The administrator or designee revised the policy and reeducated MRC staff on the "Transcribing Provider Orders" to include the dose and frequency of administration for each order.</p> <p>A house wide audit was conducted to ensure all PRN's contained required dose and frequency as required.</p> <p>The administrator or designee will conduct random weekly audits X 4 and monthly audits X4 to ensure continued compliance.</p> <p>The results of these audits will be brought to QAPI for review and further interventions if needed.</p> <p>R147-Accepted By LTCM-9-4-24</p>	

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R147	<p>Continued From page 3</p> <p>tablet, injectable solution, oral solution, and rectal suppository. This medication order also does not include the symptom the medication is intended to treat.</p> <p>2. "Tylenol , 1000 mg, three times a day". This order does not include the frequency of administration including the specific amount of time between doses. Additionally, this order does not identify the dosage form to be administered, and the strength and number of the dosage form to be given. Tylenol is available in many different dosage forms and strengths. This medication order also does not include the symptom the medication is intended to treat.</p> <p>3. "Lidocaine Viscous (Lidocaine Hydrochloride oral topical solution USP) may use homer med until gone". Additional information added to the right of this order states, "15 ml's Q 8 hrs for mouth pain" This order does not include the specific strength and dose to be administered.</p> <p>These findings were confirmed by the Admissions Director who is also the Registered Nurse responsible for Nursing oversight at the facility at 2:32 PM on 4/2/24.</p> <p>In conclusion this deficient practice is a risk for more than minimal harm due to administration of PRN medications at an incorrect dose and/or frequency to address the symptoms the medication is intended to treat, and the failure to ensure the information listed on the MAR conveys instructions for administration as the prescriber intended.</p>	R147		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES	R171		

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R171	<p>Continued From page 4</p> <p>5.10 Medication Management</p> <p>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:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure documentation of the effects of PRN medications administered to one applicable resident (Resident #1). Findings include:</p> <p>The Facility's Documentation of Medication policy provided for review on 4/2/24 states, "Documentation must include, as a minimum ...Resident response to the medication, if applicable (e.g., PRN, Pain Medication,etc.)"</p>	R171	<p>Resident #1 continues to reside a the home and have their needs met.</p> <p>All residents who receive PRN medications are at risk for this alleged deficient practice.</p> <p>A house wide audit was conducted on all PRN medications to ensure PRN effectiveness was being documented in 1 location (was split between paper and electronic records).</p> <p>MRC staff were reeducated on the " Medication Documentation" Policy to include documenting the effectiveness of PRN administration in the MAR.</p> <p>The administrator of designee will conduct random weekly audits X4 and monthly X 2 on PRN medications to ensure continued compliance with documenting effectiveness.</p> <p>The results of these audits will be brought to QAPI for review and further interventions if needed.</p>	

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R171	<p>Continued From page 5</p> <p>Per review of Resident #1's March 2024 Medication Administration Record the following PRN Medications were given without documentation of the effects of administration:</p> <ol style="list-style-type: none"> 1. Lorazepam (psychoactive medication for anxiety) was given without documentation of effects on 3/7/24, 3/10/24, 3/14/24, twice on 3/15/24, 3/16/24, 3/17/24, twice on 3/19/24, twice on 3/20/24, 3/21/24, 3/22/24, 3/23/24, 3/25/24, twice on 3/26/24, 3/29/24, and twice on 3/30/24 2. Tylenol (for pain) was given without documentation of effects on 3/8/24, 3/9/24, 3/10/24, 3/11/24, twice on 3/12/24, 3/16/24, 3/17/24, 3/19/24, and 3/20/24 3. Biofreeze Gel (for pain) was given without documentation of effects on 3/9/24 and 3/13/24 4. Meloxicam (for pain) was given without documentation of effects on 3/16/24, 3/26/24, 3/29/24, and twice on 3/30/24 5. Hydromorphone (for pain) was given without documentation of effects on 3/7/24, 3/26/24, and twice on 3/30/24 6. Dilaudid (for pain) was given without documentation of effects on 3/29/24. Dilaudid is a brand name for the generic medication Hydromorphone. The generic name is listed on the March 2024 MAR, and the brand name does not appear on the MAR. The use of the brand name to document administration of this medication is a risk for overdose resulting from failure to recognize a medication by a name other than the name used in the orders listed on the Medication Administration Record. 	R171	R171-Accepted By LTCM-9-4-24	
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R171	<p>Continued From page 6</p> <p>7. Promethazine (for nausea) was given without documentation of effects on 3/29/24 and 3/30/24</p> <p>8. Banatrol (for loose stools) was given without documentation of effects on 3/30/24</p> <p>At 2:13 PM on 4/2/24 the Admissions Director who is also the Registered Nurse responsible for Nursing oversight at the facility confirmed medications were administered without documentation of the effects of administration in March 2024.</p> <p>This deficient practice is an actual risk for more than minimal harm due to administration of PRN medications more or less frequently and in greater or lesser amount than needed; and potential for inaccurate reporting of the medication's effects to the prescribing physician.</p>	R171		
R176 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h (4)</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to promptly dispose of outdated and discontinued medications for 6 applicable</p>	R176		

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R176	<p>Continued From page 7</p> <p>residents (Residents #2, #3, #4, #5, #6, and #7). Findings include:</p> <p>The Discarding and Destroying Medications policy provided for review on 4/2/24 states, "Medications will be disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances."</p> <p>1. During the inspection of a facility medication cart commencing at 10:45 AM on 4/2/24 medications observe to the expired and stored in the care included Aspirin with Lidocaine expired 11/2020 belonging to Resident #2, and Hemorrhoid Ointment expired 9/2023 belonging to Resident #3. This finding was confirmed by the Med Delegated Staff assigned to the cart at 11:00 AM on 4/2/24.</p> <p>2. During an inspection of the facility medication storage room commencing at approximately 12:40 PM on 4/2/24, the following outdated medications were observed:</p> <p>a. The emergency medication kit contained 7 outdated house stock medications including 6 antibiotics and 1 diuretic which were packaged in medication cards. Per confirmation of the RN responsible for nursing oversight at the facility, and per information listed on each medication card, the medication cards are labeled to be discarded 6 months after the date listed on the package. The following outdated medications were observed to be stored in the house stock emergency medication kit:</p> <p>* Amoxicillin 250 mg capsules dated 6/16/23, to be discarded 12/16/23.</p> <p>* Doxycycline Hyclate 100 mg tablets dated</p>	R176	<p>The medication carts were immediately audited for expired or undated medications. The discharged medications were sent back to the pharmacy or destroyed per policy.</p> <p>A house wide audit was conducted to ensure continued compliance of medication discarding and storage per policy.</p> <p>MRC staff were reeducated on the policy "Medication Discarding and Destroying"</p> <p>The administrator or designee will conduct random audits weekly X 4 and monthly X 2 to ensure continued compliance with the Medication Discarding and Destroying policy.</p> <p>The results of these audits will be brought to QAPI for review and further interventions if needed.</p> <p>R176-Accepted By LTCM-9-4-24</p>	

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R176	<p>Continued From page 8</p> <p>6/16/23, to be discarded 12/16/23.</p> <p>* Cephalexin 250 mg tablets dated 2/13/23, to be discarded 8/13/23.</p> <p>* Ciprofloxacin 250 mg tablets, dated 6/16/23, to be discarded 12/16/23.</p> <p>* Furosemide 20 mg tablet, dated 6/15/23, to be discarded 12/15/23.</p> <p>* Nitrofurantoin Macrocrystal monohydrate 100 mg capsules dated 6/16/23, to be discarded 12/16/23.</p> <p>* Sulfamethoxazole - Trimethoprim 400/80 mg tablets dated 6/30/23, to be discarded 12/30/23.</p> <p>b. A Medication Disposal Box in the Medication Storage Room was observed to contain discontinued and outdated medications not disposed of promptly including:</p> <p>* House Stock Acetaminophen 650 mg Suppositories expired 9/2023</p> <p>* Senna 8.6 mg tablets and Tizanidine HCl 2 mg tablets outdated on 2/17/24 prescribed for Resident #4</p> <p>*Cyanocobalamin IM injection vial discontinued 10/10/23 for Resident #5</p> <p>*3 Medication Cards of Acetaminophen 650 mg tablets discontinued 3/9/24 for Resident #6</p> <p>*Omeprazole DR 20 mg capsules outdated 2/17/23 for Resident #7</p> <p>These findings were confirmed by the Admission Director who is also the Registered Nurse responsible for Nursing Oversight at the facility on the afternoon of 4/2/24.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm to all facility residents due to use of medications which are exposed and ineffective.</p>	R176		
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R247 R247 SS=F	<p>Continued From page 9</p> <p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items were labeled and dated as required. Findings include:</p> <p>The policy and procedures entitled Food Storage provided for review on request includes procedure 14. Refrigerated Food Storage which states "All foods should be covered, labeled, and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use dates, or frozen (where applicable) or discarded."</p> <p>At approximately 10:30 AM on 4/2/24 perishable foods and beverages were observed to be stored in the walk in refrigerator in Main Kitchen without labels indicating the dates the items were opened including 4 gallons of milk; 1 carton of beverage thickener and a second carton of thickener dated as opened 19 days prior to the survey on 3/14/24, with the label on the carton indicating discard 7 days after opening; a large bag of shredded potatoes; a 5 gallon bucket of pickles; 3 tubs of soup base; 7 bottles of juice; 4 bottles of soda including one without a top; 7 types of cheese in opened bags or plastic wrap; sauces and</p>	R247 R247	<p>The items were immediately removed from use that were not dated.</p> <p>All residents are at risk for this alleged deficient practice.</p> <p>A house wide audit was conducted to ensure food was properly stored per policy.</p> <p>The dietary department was reeducated on the labeling and dating of food/drinks regulations and per policy.</p> <p>The administrator or designee will conduct random audits weekly X 4 and monthly X 2 to ensure continued compliance.</p> <p>The results of these audits will be brought to QAPI for review and further interventions as needed.</p> <p>R247-Accepted By LTCM-9-4-24</p>	

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R247	<p>Continued From page 10</p> <p>condiments including containers of BBQ sauce, garlic with an unsealed lid, and prepared horseradish. Additionally, raw meats transferred from the freezer to the fridge were observed without the dates they were moved to the refrigerator to thaw including ground pork and 3 tubes of hamburger.</p> <p>These findings were confirmed by the Cook at 10:44 AM on 4/2/24.</p> <p>In conclusion, this deficient practice is a potential risk for more than minimal harm due to foodborne illness for all facility residents.</p>	R247		