

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

February 15, 2018

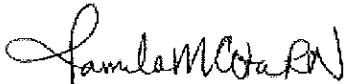
Ms. Taryn Austin, Manager
Middlesex Therapeutic Community Residence
1076 Us Route 2
Montpelier, VT 05602-8840

Dear Ms. Austin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 17, 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: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2018
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MIDDLESEX THERAPEUTIC COMMUNITY RES **1076 US ROUTE 2**
MONTPELIER, VT 05602

(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 The Division of Licensing and Protection conducted an unannounced on-site relicensure survey and investigation of a facility self-report on 1/17/2018. The following are Therapeutic Community Residence regulatory findings.	T 001	PLEASE SEE ATTACHED DOCUMENTATION 	
T 032 SS=D	V.5.7.b Resident Care and Services 5.7 Treatment Plan 5.7.b The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen (14) days of admission. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to ensure that all treatment plans included steps to be taken to solve presenting problems for one of three residents in the sample (Resident #2). Resident #2, with a diagnosis of schizophrenia, was admitted to the TCR on 12/22/2016, with an initial treatment plan completed within 24 hours after admission. Treatment plan updates were completed on 1/24/2017 and 8/11/2017 but did not include an identified problem related to maintaining appropriate physical and interpersonal boundaries while at the residence. Between 12/12/2017 and 12/29/2017 documentation in 10 progress notes indicate an increase in Resident #2's behaviors requiring redirection from staff and reminders about	T 032		

Division of Licensing and Protection

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

TITLE

(X6) DATE

Mitchell Hamill Director, MTCR

2-12-18

STATE FORM


6899

V87M11

If continuation sheet 1 of 8


T032 - T159 POC accepted 2/16/18 SShelbrooke RN/pmc

Division of Licensing and Protection

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T 032	Continued From page 1 maintaining appropriate physical boundaries. Behaviors included sitting in close proximity to other residents, rubbing another resident's arm and "blowing kisses". Resident #2 also engaged in behavior including opening the doors of other residents and "poking their head in the door" of other residents while they were sleeping in November and December of 2017. While Resident #2's treatment plan was updated on 1/4/2018 to include interventions addressing problems related to maintaining appropriate physical boundaries, the pattern of escalating behaviors was not updated in the treatment plan in a timely manner. The delay in including presenting problems in the treatment plan was reviewed with the Director at 3:15 PM on 1/17/2018.	T 032	PLEASE SEE ATTACHED DOCUMENTATION 	
T 040 SS=D	V.5.8.5 Resident Care and Services 5.8 Medication Management 5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop the required care plan to	T 040		

Michelle Wells, Director, MTR 2-12-18


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T 040	Continued From page 2 address administration of PRN psychoactive medication by staff other than a nurse for 1 applicable resident in the sample. (Resident #1). Findings include: Per record review, Resident #1 had provider orders upon admission for "Olanzapine, 10 mg. PO PRN (as needed) agitation". The facility staffing does not routinely include licensed nursing staff on the overnight shift. RN delegated non-nurse staff administer medications on the overnight shift. Vermont regulations require development of a specific care plan when staff other than a licensed nurse may need to administer a PRN psychoactive medication. The required care plan must address: the specific behaviors the medication is intended to correct, the circumstances that indicate the use of the medication, educates the staff about the desired effects or undesired side effects the staff must monitor for, and documents the time, reason for and specific results of the medication use. The lack of a specific plan for PRN medication administration by unlicensed staff was confirmed with the Nursing Supervisor at 3:45 PM on 1/17/2018.	T 040	PLEASE SEE ATTACHED DOCUMENTATION 	
T 052 SS=B	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:	T 052		

Michael Swalle Director, MTR

2-12-18


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T 052	Continued From page 3 (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview, the residence failed to ensure that all direct care staff received training in the the seven topic areas identified in the Therapeutic Community Residence regulations before working with residents (3 out of 3 staff) Findings include: During documentation review at the time of the survey, there was no evidence of completion of training in Resident Rights prior to working with residents for three direct care staff who were hired within the last year. The absence of evidence of training was confirmed with the Nursing Supervisor at 12:30 PM on 1/17/2018.	T 052	PLEASE SEE ATTACHED DOCUMENTATION 	

Michelle [Signature] Director, MTR

2-12-18

Division of Licensing and Protection

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T 071	Continued From page 4	T 071	PLEASE SEE ATTACHED DOCUMENTATION 	
T 071 SS=B	V.5.13 Resident Care and Services 5.13 Policies and Procedures Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to ensure there were written policies and procedures that govern all provided services. Findings include: Per review of the residence's policy and procedure manual, there was no evidence of a policy addressing treatment planning at the time of the survey. While treatment team meetings occur every business day and include the Director, Nursing Supervisor, Psychologist, Social Worker and senior direct care staff, there was no documented procedure directing treatment planning or a process for timely updates when clinically needed. The lack of a policy addressing treatment planning was confirmed with the Director at 3:15 PM on 1/17/2018.	T 071		
T 080 SS=D	V.5.16.c Resident Care and Services 5.16 Reporting of Abuse, Neglect and Exploitation 5.16.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an	T 080		

Michael Bazzoli Director, MTLR 2-12-18

Division of Licensing and Protection

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T 080	Continued From page 5 injury requiring medical intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident 's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a plan to manage a pattern of resident-to resident behaviors for one of three residents in the sample (Resident #2). This has the potential to effect all residents at the TCR. Findings include: Resident #2 was admitted to the TCR on 12/22/2016. Per record review, Resident #2 began exhibiting a pattern of behavior identified as being inappropriate for a therapeutic environment toward Resident #3 in December 2017. Between 12/15/2017 and 12/29/2017 Resident #2 engaged in behavior including rubbing Resident #3's arms, "blowing kisses", and opening Resident #3's door on two occasions. On 12/29/2017 Resident #2 followed Resident #3 "around for most of the shift". During an interview on 1/17/2018, a mental health specialist stated that staff had to, "keep a close eye" on Resident #2 and that s/he required monitoring every five to ten minutes due to Resident #2's inability to maintain appropriate physical boundaries with other residents. An incident report was filed on 1/4/2018 with the licensing agency and Adult Protective Services involving Resident #2, however there was no documented plan to address the pattern of	T 080	PLEASE SEE ATTACHED DOCUMENTATION	


Michelle Dale, Director, MTR
2-2-18

Division of Licensing and Protection
STATE FORM

Michael J. P. Director, MTR

2-12-18

Division of Licensing and Protection

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T 159	Continued From page 7 amended, and state building accessibility requirements as enforced by the Department of Public Safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the resident failed to ensure there was one fully functioning bathroom that meets the requirements of the Americans with Disabilities Act (ADA). Findings include: During an environmental tour of the residence, the shower head of the ADA equipped bathroom was turned on and found to be occluded and only minimally spraying water. Residence staff provided evidence that they had submitted several maintenance requests to the agency providing custodial services since May 2017. However, the shower had only been cleaned and not repaired or replaced. The ongoing lack of repair to the shower head was confirmed with the Director and Program Technician at 9:50 AM on 1/17/2018.	T 159	PLEASE SEE ATTACHED DOCUMENTATION 		

Michaela R. Director, MTR

2-12-18



FEB 12 2018

State of Vermont
Department of Mental Health
Middlesex Therapeutic Community Residence
1076 US RT 2
Montpelier, VT 05633
www.mentalhealth.vermont.gov

Agency of Human Service

phone 802-828-5800
fax 802-828-5821

February 12, 2018

Pamela M. Cota
Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
HC 2 South State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota,

Please find attached the Plan of Correction that addresses the findings of your visit to the Middlesex Therapeutic Community Residence on January 18, 2018.

1) T 032 Resident Care and Services

Treatment Plan – the Residence failed to ensure that all treatment plans included steps to be taken to solve presenting problems.

- What action will you take? Presenting problems in the treatment plans will be reviewed by the treatment team during morning rounds. Specific findings were discussed with staff by MTCR Director during staff meeting on 1/24/18
- What measures will be put into place to ensure this doesn't re-occur? Presenting problems will be reviewed daily during morning rounds by the treatment team to ensure that they are being addressed. When new patterns of concerning behavior are identified, the MTCR treatment team will decide on a plan of action and document these in a treatment plan update. This document will be filed in the resident's chart and the change will be communicated to all staff through the Clinical Leadership Meeting Notes and then put in the Day Book.
- How will this be monitored? Treatment team members will be canvassed routinely about whether or not emerging patterns of behavior are being observed.
- Date completed: 2/16/18

2) T 040 Resident Care and Services

Medication Management – The finding was that the facility failed to develop the required care plan to address administration of PRN psychoactive medication by staff other than a nurse.

- What action will you take? The MTCR Nurse Manager reviewed the TCR Regulations. In addition, the Nurse Manager reviewed all of the MARs/PRN sheets for psychoactive medications to ensure that next to every reason to dispense the medication, there were clear examples/circumstances of when to dispense the PRN medication, in order to ensure that documentation was current and up to date.
- What measure will be put into place to ensure this doesn't re-occur? MTCR Nurse Manager directly quoted from Page 26 section (5) of the TCR regulations in the 1/24/18 staff meeting, to ensure that staff acknowledged and understood the standard. This was typed in the meeting minutes and Nurse Manager will ensure that all staff read and sign meeting minutes.
- How will this be monitored? MTCR Nurse Manager will review MAR's on a regular basis to ensure that next to every reason to dispense the medication there are clear examples of when to dispense the PRN medication. In addition, there is a check box in the progress notes when a PRN medication is dispensed, that staff are required to complete.
- Date completed: 2/12/18

3) T 052 Residential Care and Services

Staff Services – There is no evidence of completion of training in Resident Rights prior to working with residents for three direct care staff who were hired within the last year.

- What action will you take: The MTCR Director spoke with staff regarding the lack of Resident's Rights documentation in the 1/24/18 staff meeting. A Read and Sign for Resident's Rights was sent to all staff prior to the staff meeting. MTCR maintains records of all minimum training requirements.
- What measure will be put into place to ensure this doesn't re-occur? We have acknowledgement of each staff member of their understanding of Resident Rights, from the Read and Sign. Resident Rights continue to be posted in a general common area, for all staff and residents to view. New hires will receive Resident Rights education during 2-day orientation at MTCR.
- How will this be monitored? The Resident's Rights training roster is monitored by the MTCR Program Technician.
- Date completed: Staff completed their training on Resident's Rights on 1/22/18

4) T 071 Resident Care and Services

Policies and Procedures – There was no evidence of a policy addressing treatment planning at the time of the survey.

- What action will you take: We have developed a policy that addresses treatment planning for the residence.
- What measures will be put into place to ensure this doesn't re-occur? This new policy will be uploaded into the electronic version of MTCR's Policy and Procedure Manual as well as a hard copy being placed in the Policy and Procedure Manual book on site. A Read and Sign will be distributed to staff with the new policy. Any questions will be addressed.

- How will this be monitored? This policy will be routinely monitored by the treatment team members to ensure implementation during morning reports.
- Date completed: This change in policy is effective as of 2/16/18

5) T 080 Resident Care and Services

Reporting Abuse, Neglect and Exploitation – Based on record review and staff interview, the residence failed to develop a plan to manage a pattern of resident to resident behaviors for one of three residents. This has the potential to effect all residents at the TCR.

- What action will you take: There will be documentation in the chart to reflect observed changes to patterns in behavior by residents.
- What measures will be put into place to ensure this doesn't re-occur? There will be updates made to the treatment plan by the clinical staff to address observed patterns of behavior in the residence.
- How will this be monitored? Changes to patterns in behavior will be discussed routinely in morning rounds by the treatment team and documented in Clinical Leadership Meeting Notes and placed in the Day Book.
- Date completed: 2/12/18

6) T 115 Nutrition and Food Service

- a. Food Services – During an environmental tour of the residence, there was no evidence of the menu being posted in a location accessible to residents or other interested parties. The absence of a posted menu was confirmed by the Director and Program Technician.

- What action will you take: The weekly menu will be posted the Friday before the week starting on Sunday.
- What measures will be put into place to ensure this doesn't re-occur? Program Technician has put a reminder on her task in Outlook to put new calendar up the Friday before the week starting Sunday.
- How will this be monitored? MTCR Director will verify weekly menu is posted before Monday morning.
- Date completed: 2/9/18

7) T 159 Physical Plant

Toilet, Bathing and Lavatory Facilities – Based on observation and staff interview, the residence failed to ensure there was one fully functioning bathroom that meets the requirements of the Americans with Disabilities Act (ADA).

- What action will you take: MTCR communicated to staff in staff meeting on 1/24/18. Contacted BGS on 1/30/18 to schedule time/day to replace shower heads
- What measures will be put into place to ensure this doesn't re-occur? BGS will come on at a regularly scheduled time to clean the shower heads

- How will this be monitored? BGS has developed a schedule for routine cleaning of shower heads
- Date complete: Shower heads replaced on 2/6/18

Submitted by:

Michelle Farrell, MS
Director, MTR

February 12, 2018