



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 20, 2022

Ms. Jamie Goodwin, Manager
North End Ranch
2 Westview Court
Rutland, VT 05701

Dear Ms. Goodwin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 12, 2022**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0087 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 10/12/2022 |
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NAME OF PROVIDER OR SUPPLIER
NORTH END RANCH

STREET ADDRESS, CITY, STATE, ZIP CODE
**2 WESTVIEW COURT
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 |
|--------------------|--|---------------|---|--------------------|
| R100 | Initial Comments: On 10/12/22 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint and one facility reported incident. The following regulatory deficiencies were identified as a result of the investigation: | R100 | | |
| R167 SS=D | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse failed to develop a written plan for the use of a PRN (as needed) psychoactive medication for one applicable resident (Resident #1) which describes the specific behaviors the medication is intended to address, the circumstances that indicate the use of the medication, and educates staff about the desired</p> | R167 | | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jessie Goodwin TITLE Manager LHA (X6) DATE 12/8/2022

STATE FORM 071K11 If continuation sheet 1 of 6

R167- R999 poc accepted 12/15/22 JEVAN RN/mmc

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0067 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 10/12/2022 |
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| NAME OF PROVIDER OR SUPPLIER NORTH END RANCH | | STREET ADDRESS, CITY, STATE, ZIP CODE 2 WESTVIEW COURT RUTLAND, VT 05701 | | |
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| R167 | <p>Continued From page 1</p> <p>effects and undesired side effects the unlicensed med delegated staff must monitor for when administering the PRN medication. Findings include:</p> <p>Resident #1 is an 84 year old with developmental disabilities, digestive issues including frequent nausea and vomiting, osteoarthritis; and recent history of pneumonia, pleural effusion, rib fractures, and multiple pressure ulcers. S/he is on hospice due to failure to thrive and declining health.</p> <p>Resident #1 has frequent insomnia and prefers to sleep on the couch in the facility living room at night. The Registered Nurse, in collaboration with hospice providers, began to encourage Resident #1 to sleep in a hospital bed in his/her room to address poor sleep and impaired skin integrity exacerbated by sleeping on the couch. Lorazepam 0.5 mg by mouth PRN (as needed) every 2 hours for restlessness and nausea was ordered; and the Registered Nurse instructed staff to prompt Resident #1 to sleep in his/her hospital bed each night and offer PRN Lorazepam to ease restlessness and improve sleep.</p> <p>Per record review the Registered Nurse failed to develop a written plan for the use of PRN Lorazepam, which is a psychoactive medication, that describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; and 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.</p> | R167 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0857 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 10/12/2022 |
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| NAME OF PROVIDER OR SUPPLIER NORTH END RANCH | STREET ADDRESS, CITY, STATE, ZIP CODE 2 WESTVIEW COURT, RUTLAND, VT 05701 |
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|--------------------|--|---------------|---|--------------------|
| R167 | Continued From page 2 At 1:50 PM on 10/4/22 the Registered Nurse confirmed a written plan was not developed for the use of PRN Lorazepam for Resident #1. | R167 | | |
| R173 SS-E | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h:</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure only authorized personnel have access to the keys to the medication cart. Findings include:</p> <p>On the morning of 10/12/22 the designated med delegated staff responsible for medication administration was requested to open the medication cart for review of the controlled substances locked in the cart. The med delegated staff was observed opening a supply closet accessible to all facility staff and retrieving keys to the medication room and med cart stored in the closet.</p> <p>At 11:30 AM on 10/12/22 the med delegated staff confirmed the keys retrieved from the closet open the medication room and the med cart, and all</p> | R173 | | |

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0657 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 10/12/2022 |
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| R173 | Continued From page 3 facility staff have the keypad code used to unlock the supply closet door. During an interview commencing at 1:30 PM on 10/12/22 the Registered Nurse acknowledged the medication room and med cart keys were accessible to staff not authorized for access to medications. | R173 | | |
| R200 SS=F | V. RESIDENT CARE AND HOME SERVICES 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 observation, staff interview, and record review there was a failure to ensure written policies and procedures that govern all services provided by the home are maintained at the home and available for review upon request. Findings include: During the course of the investigation on 10/12/22 the Manager was requested to provide access to facility policies and procedures that govern all services provided by the home for review. On the morning of 10/12/22 the facility Manager confirmed written policies and procedures governing all services provided by the home had not been developed and were not available for review on request. | R200 | | |
| R899 SS=F | MISCELLANEOUS RCH requirement 4.4.c: Failure to provide | R899 | | |

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| R999 | <p>Continued From page 4</p> <p>complete, truthful and accurate information within the required time during the application or re-application process shall be grounds for automatic denial or revocation of a license.</p> <p>RCH requirement 4.13.b: Whenever the authority is vested in the governing board of a firm, partnership, corporation, company, association or joint stock association, there shall be appointed a duly authorized qualified manager, however named, who will be in charge of the daily management and business affairs of the home, who shall be fully authorized and empowered to carry out the provisions of these regulations, and who shall be charged with the responsibility of doing so. The manager of the home shall be present in the home an average of 32 hours per week. The 32 hours shall include time providing services, such as transporting, or attendance at educational seminars. Vacations and sick time shall be taken into account for the 32-hour requirement. In the event of extended absences, an interim manager must be appointed.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, staff interview, and record review there was a failure to provide truthful and accurate information to the Division of Licensing and Protection regarding the staff person appointed by the agency to manage the facility, and there was a failure of the staff member responsible for the daily management of the home to be present in the home an average of 32 hours a week. Findings include:</p> <p>During the course of the investigation on 10/12/22 it was discovered the Registered Nurse listed on the Residential Care Home's license certificate as</p> | R999 | | |

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER: 0687 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 10/12/2022 |
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| R999 | Continued From page 5 the Manager of the home is not the staff person who has been appointed by the agency that manages the facility as the staff member responsible for maintaining compliance with the licensing regulations and daily management of the home including supervision of employees and residents. At 10:00 AM on 10/12/22 a member of the facility staff other than the staff member listed on the license as the facility manager introduced himself/herself as the manager of the home. During an interview 10:55 AM on 10/12/22 a direct care staff member stated the Registered Nurse listed on the license as the home's Manager had repeatedly informed direct care staff his/her role at the home was not supervisory and staff were never informed the Registered Nurse is the Manager of the home. At 12:10 PM on 10/12/22 the Risk and Compliance Manager confirmed the staff member identified to the Division of Licensing and Protection as the facility Manager and listed on the license certificate as the facility Manager is not responsible for the daily management of the home including supervision of employees and residents; and confirmed the Registered Nurse of the home was falsely identified as the Manager because the actual Manager of the home manages two additional facilities and is therefore unable to meet the regulatory requirement to be present at the home for an average of 32 hours a week. Please refer to 4.4.c | R999 | | |

R167 / 5.10 Medication Management

-No written plan for psychoactive medication

Action Taken: DS nurse reviewed medication list for each resident and identified psychoactive medications that need plan.

Measures or Systemic Changes: Psychoactive medication plan will be added to nursing care plan in the EMR. To ensure staff training and implementation, nurse will print out medication description, side effects to monitor, and staff will read and sign off that they have reviewed and understand the instructions.

Monitoring: Residential nurse and DS nurse will update this with any change in Nursing care plan, and retrain the staff using the above process.

Date of Completion: 12/15/22

R173 / 5.10 Med Management

-Access to keys for med admin cart was in closet available to all

Action Taken: Policy for the med cart keys was changed immediately. Only the person assigned to medication management has possession of the keys to the med cart. The keys are on a clip that allows them to be attached to the individual on med management. This key clip is passed to the next staffer at change of shift, so that the med cart keys are never out of control of the med management staffer on duty.

Measures or Systemic Changes: The above action is in place and is now policy, which staff are trained on during onboarding, and during med delegation.

Monitoring: NER Manager continues to review this at staff meetings and nurse will review during training and med delegation.

Date of Completion: 10/13/22

R200 / 5.15 Policies & Procedures

-Written policies and procedures on all services provided by the home were not available for review.

Action Taken: Risk Manager and Quality Improvement manager are working with Adult Services director and residential manager to review and collect the service policies for North End Ranch, update and gather them in a three-ring binder for the NER.

Measures or Systemic Changes: Policy binder will be on site in staff workroom, and a copy in the manager's office. It will be incorporated into all training and onboarding as a reference for the practices that staff are trained on. Policies will also be available through the employee web portal, so staff and nurse will know where to look for reference.

Monitoring: Once the policy binder is complete, maintenance and updating will be completed as changes occur, but at least annually, by the Quality Improvement Manager and the NER Manager.

Date of Completion: 12/20/22

R999 Miscellaneous

-Manager on License was not manager in practice

Action Taken: NER changed the management structure to place an experienced residential manager in charge of the home, based at the NER office. RMHS applied for a new license with a change for the license to put it under this manager's name.

Measures or Systemic Changes: The organizational structure is now reorganized so a full-time manager who is not the residential nurse is in place at North End Ranch. This manager is on site more than 32 hours per week, and tasked with supervising staff and managing the operation of the facility.

Monitoring: The manager of NER now reports directly to the director of Adult Services, who will monitor their performance and ensure the updating of the license.

Date of Completion: 10/20/22