

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 <u>http://www.dail.vermont.gov</u> 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 12, 2024

Diane Driscoll, Manager North End Ranch 2 Westview Court Rutland, VT 05701

Dear Ms. Driscoll:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 29, 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,

Carolyn Scott, LMHC, MS State Long Term Care Manager Division of Licensing & Protection

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			B. WING			
		0667			10	/29/2024
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
ORTH E	ND RANCH		VIEW COURT ND, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLEI DATE
R100	Initial Comments:		R100			
	conducted by the Div	site relicensure survey was vision of Licensing and 24. Regulatory deficiencies ings include:				
R128 SS=E	V. RESIDENT CARE	AND HOME SERVICES	R128			
	5.5 General Care					
		s medication, treatment, and I be consistent with the				
	This REQUIREMEN	T is not met as evidenced				
	Based on staff interv was a failure to ensu administered accord	iew and record review there re medications are ing to physician's orders for ents (Resident #1 Resident #				
	applicable sample pl include specific direct and # 2. The as need	eview two residents of the hysician's orders did not tions of use for Resident #1 ded medication order(s) did s in the hours of frequency to dications.				
	following orders to no to indicate the freque (PRN) medication. T Imodium AD 2 mg, ta as needed, Calmose ointment, apply 1 film	cation record included the ot have complete directions, ency to administer as needed the orders are as follows, ake 1 tablet BID (twice daily) ptine 0.44% -20.6% topical mas needed to affected area ay) as needed, Nystain				

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

TITLE

(X6) DATE

If continuation sheet 1 of 5

STATE FORM

Junie Grookie

North End RANCH Manager

6899

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11/19/241

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A, BUILDING:			SURVEY
		0667	B. WING		10	/29/2024
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
	ND RANCH		VIEW COURT ND, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
R128	Continued From page	e 1	R128			
	unspecified as neede as needed.	ed topically BID (twice daily)				
	following medication directions, to indicate the as needed medic as, Mucinex 600 mg needed by oral route Per interview in the a Manager confirmed medications orders d	cation record included the order to not have complete the frequency to administer ation. The order is written tablet, take 1 tablet as twice as needed fternoon on 10/29/24, the the as needed (PRN) id not include complete uency the medications are to				
R136 SS=E	V. RESIDENT CARE	AND HOME SERVICES	R136			
	5.7. Assessment					
	annually and at any p	shall also be reassessed ooint in which there is a nt's physical or mental				
	by: Based on record revi Registered Nurse (RI resident records cont reassessment and a					

Division of Licensing and Protection STATE FORM

Juice Iron North and raner Manager 1/1/24

6899 O2XF11

If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	0667			10	/29/2024
			DDRESS, CITY, STATE	, ZIP CODE		
	ND RANCH		ID, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
R136	Continued From pag	je 2	R136			
	to the Residential Ca previous location in 3 most recent assess 4/23/2023. An annua identified within the r 2. Per record review to the Residential Ca the most recent asse record was on 9/20/2 was not identified wit completed.	sessments were not				
R179 SS=E	V. RESIDENT CARE 5.11 Staff Services	AND HOME SERVICES	R179			
	providing any direct of shall be at least twelf year for each staff pe	ency in the skills and expected to perform before care to residents. There ve (12) hours of training each erson providing direct care to ng must include, but is not				
	(3) Resident emerge such as the Heimlich or ambulance contact	emergency evacuation; ency response procedures, maneuver, accidents, police and first aid; cedures regarding mandatory				

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If continuation sheet 3 of 5

Janie Doown work End Rancer Manager

11/14/24

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU AND PLAN OF CORRECTION IDENTIFICATIO		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		0667	B. WING		10	/29/2024
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
IORTH E	ND RANCH		VIEW COURT ND, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE	(X5) COMPLE DATE
R179	Continued From pa	ge 3	R179			
	 (5) Respectful and residents; (6) Infection control limited to, handwas maintaining clean e pathogens and univ 	eglect and exploitation; effective interaction with I measures, including but not hing, handling of linens, nvironments, blood borne versal precautions; and ision and care of residents.				
	by: Based on record re RCH failed to ensur	NT is not met as evidenced view and staff interview the re 2 out of 5 sampled staff red yearly training. Findings				
	2 out of 5 staff that not complete all the include: resident rig evacuation, residen procedures, such as accidents, police, on aid, policies, and pr mandatory reports of exploitation, respec	ning records it was noted that provide direct patient care did required yearly training to hts, fire safety and emergency t emergency response s the Heimlich maneuver, r ambulance contact and first ocedures regarding of abuse, neglect and tful and effective interaction eral supervision, and care of				
	Manager confirmed	/29/24 at 12:00 PM, the 2 out 5 staff failed to ned annual trainings of the				
R302 SS=F	IX. PHYSICAL PLA	NT	R302			

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If continuation sheet 4 of 5

Imie Joon

North End manager

11/19/24

Division c	of Licensing and Protect	ction				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		0667	B. WING		10/29/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	D DANOU	2 WEST	VIEW COURT			
NORTHE	ID RANCH	RUTLAN	ID, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	LETE
R302	Continued From page	9 4	R302			
	9.11 Disaster and En	nergency Preparedness				
	9 11 c. Each home st	all have in effect, and				
		residents, written copies of				
		on of all persons in the				
		ne evacuation of the building				
		staff shall be instructed				
		informed of their duties				
	-	rills shall be conducted on				
		isis and shall rotate times of afternoon, evening, and				
		me of each drill and the				
		g staff members shall be				
	documented.					
	by: Based on staff intervia facility failed to ensure conducted at specific regulations. Findings During review of the f facility, 1 fire drill was within the last year. Per interview on 10/2 ^e confirmed the docume	rotating times of the day per include: ire drill logs kept by the documented as completed 9/24 12:10 PM, the Manager entation of 1 completed drill he confirmed no additional				
ision of Lice	nsing and Protection		1			

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If continuation sheet 5 of 5

Janin Grow

North and ranch manager

11/19/24

(x4) ID Prefix Tag	Summary statement of deficiencies (Each Deficiency must be preceded by full regulatory or LSC identifying information)	Providers Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)	(x5) complete date	Update
R128 SS=E	 5.5 General Care 5.5c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: R128 Based on staff interview and record review there was a failure to ensure medications are administered according to physician's orders for two applicable residents (Resident #1 Resident # 2). Findings include: Per resident record review two residents of the applicable sample physician's orders did not include specific directions of use for Resident #1 and # 2. The as needed medication order(s) did not include directions in the hours of frequency to administered the medications. 1. Resident #1 medication record included the following orders to not have complete directions, to indicate the frequency to administer as needed (PRN) medication. The orders are as follows, Imodium AD 2 mg, take 1 tablet BID (twice daily) as needed, Calmoseptine 0.44% -20.6% topical ointment, apply 1 film as needed to affected area TID (three times a day) as needed, Nystain 100,000 unit/gram topical cream, apply 1 unspecified as needed topically BID (twice daily) as needed. 2. Resident #2 medication record included the following medication order to not have complete directions, to indicate the frequency to administer the as needed 	Nursing Supervisor will review MARS weekly in supervision with Nursing to ensure medications are administered according to physician's orders- specifically including precise directions in hours and/or frequency to administer medications. R128 Accepted Jenielle Shea, RN 12/11/24	12/6/24 all current MARS will be reviewed- and ongoing in supervision	COMPLETE- process change Weekly Nursing supervision with Assistant Medical Director, APRN continues to involve review of MARS.

	600 mg tablet, take 1 tablet as needed by			
	oral route twice as needed.			
	Per interview in the afternoon on 10/29/24,			
	the Manager confirmed the as needed (PRN)			
	medications orders did not include complete			
	directions in the frequency the medications			
	are to be administered.			
R136	5.7 Assessment	Nursing Supervisor,	1/31/25	
сс_ г	5.7 c Fach resident chall also be reassand	Compliance Director, and		
SS=E	5.7.c Each resident shall also be reassessed	EMR specialist will meet to review and ensure VT		
	annually and at any point in which there is a	Nursing Assessment is		
	change in the resident's physical or mental	available for scheduling		
	condition.	outside of the Admission		
	This REQUIREMENT is not met as evidenced	forms group, for Yearly		
	by: R136 Based on record review and staff	Update, and updates as		
	interview the Registered Nurse (RN) failed to	needed.		
	ensure 2 out of 3 resident records contained	Credible DI Denert System		
	an annual reassessment and a significant	Credible BI Report System to be created for Nursing		
	change assessment (Residents #1 and #2).	Supervisor to track		
		timeliness, and review		
	Findings include:	Nursing Assessments		
	1. Per record review Resident #1, was	Nursing Supervisor to		
	admitted to the Residential Care Home	provide training during		
	(RCH), from the previous location in	Supervision specific to		
	September 9/2021. The most recent	"Significant Change		
	assessment was completed on 4/23/2023.	Assessment", when these		
	An annual reassessment was not identified	are to occur.		
	within the resident record as completed.			
	2. Per record review Resident # 2 was			
	admitted to the Residential Care Home			
	(RCH) on 5/16/22, the most recent	R 136 Accepted		
	assessment completed wit in the record was	Jenielle Shea, RN 12/11/24		
	on 9/20/22. An annual reassessment was	12/11/24		
	not identified within the resident record as			
	completed.			
	At 11:40 PM on 10/29/24 the Manager			
	confirmed the completed assessments			

	dates, acknowledging reassessments were not completed on an annual basis			
R179 SS=E	 5.11 Staff Services 5.11 Staff Services 5.11.b The home 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: (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, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. 	North End Ranch Supervisor to check staff training compliance weekly. Any Staff out of compliance with training are not permitted to work on the floor until training complies. All new hires are required to complete their 12hours of required trainings, following Agency Orientation, prior to being on the floor and/or shadowing. Supervisors will check and confirm Training has been completed prior to scheduling new hires for any shadowing/on the floor training/shifts. R179 Accepted Jenielle Shea, RN 12/11/24	Immediately - 11/19/24	Complete
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to ensure 2 out of 5 sampled staff completed all required yearly training. Findings include: Per review staff training records it was noted that 2 out of 5 staff that provide direct patient care did not complete all the required yearly training to include: resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich			

confirmed no additional fire drills have been		
completed.		