



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

April 15, 2022

Ms. Beth Peer, Manager
Our House Outback
196 Mussey Street
Rutland, VT 05701-4839

Dear Ms. Peer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 22, 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

PRINTED: 03/29/2022
FORM APPROVED

Division of Licensing and Protection		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0693	A. BUILDING: _____ B. WING: _____	C 03/22/2022
NAME OF PROVIDER OR SUPPLIER OUR HOUSE OUTBACK		STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET 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: An unannounced on-site complaint investigation was conducted on 3/22/22 by the Division of Licensing and Protection. The following regulatory violation was identified:	R100		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to develop a written plan for the use of PRN (as needed) psychoactive medications for 2 applicable residents. (Residents #1 and #2) Findings include: 1. Resident #1 is prescribed Seroquel (antipsychotic) 1/2 tab/25 mg after 2 at night PRN for agitation and Risperidone (antipsychotic) 1 mg by mouth twice daily for agitation also PRN. The	R167	Written behavior plan form has been updated to include missing elements. (Sample included) A) WBP's will be rewritten no later than 4/8/22 RN and manager will monitor at monthly/qtrly review for compliance.	4/8/22

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

TITLE

(X6) DATE

Paola Pelt

owner

3/30/22

STATE FORM

ADDP CJ0Y11

If continuation sheet 1 of 2

Beth Pelt

manager

3/30/22

R167 POC accepted 4/11/22 Fmcintosh RN/AMC

PRINTED: 03/29/2022
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/22/2022
NAME OF PROVIDER OR SUPPLIER OUR HOUSE OUTBACK		STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET 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
R167	Continued From page 1 Written Behavioral Plan last updated on 5/24/21 discusses Resident #1's specific behaviors to include increased wandering and anxiety along with agitation especially associated with his/her family member who also resides at the RCH. However, the plan does not include the specific use of the PRN medications; and specific behaviors the medications are intended to correct or which medication should be administered first. 2. Resident #2 is prescribed Trazadone 1/2 tablet (12.5mg) orally daily for agitation. The Written Behavioral Plan discusses Resident #2's behaviors, however does not addresses the intended use of the prescribed medication and specific results to be expected.	R167		

Written Behavior Plan:

Residents with dementia often execute challenging behaviors; all of the individual behaviors should be considered and written on the Care Plan, sometimes a new behavior surfaces, it may become a norm, it may be a one-time situation, some of the behaviors may be but are not limited to: Anxiety, Aggression, Depression, Hearing voices, Talking with relatives that have been gone for years, Hoarding, Rummaging, Entering other residents rooms, Exit seeking, Sitting on another resident, Voiding in room or other rooms, Smearing/handling/eating feces, picking skin, Using a cane as a weapon. IF a new behavior develops let the Nurse and Manager know immediately. A facility to Nurse note should be written for any communication with the RN regarding behaviors.

ALL OF THESE STEPS SHOULD BE TRIED BEFORE ASKING THE RN FOR APPROVAL TO ADMINISTER A PRN MEDICATION.

Basic caregiver techniques should always include: "Never correct, Always Re-direct", "try a little one on one to see if you can calm them down", "A walk around the loop or outside if weather permits", "a back rub", "an empathetic ear", "tell them that you want to help them because you are their friend".

Prepared by: _____ Date: _____

This document is used in addition to info on the MAR & Behavior flow sheet.

Resident Name _____

Psychoactive meds: _____

PO (by mouth) ___ Tube (by feeding tube) ___ Crushed in food/beverage

Guidelines/Steps to evaluate necessity to administer drug

RN should be informed if desired effects are not achieved or if side effects are observed.