

## 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

July 2, 2021

Ms. Helen Bishop, Manager Our House At Park Terrace 196 Mussey Street Rutland, VT 05701-4163

Dear Ms. Bishop:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 12, 2021.** 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

Jamela McotaRN

Licensing Chief

Division o	of Licensing and Protect	tion					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		(X2) MULTIPL A BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		0146	B WING		05/12/2021		
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, S	DRESS, CITY, STATE, ZIP CODE			
OUR HOU	SE AT PARK TERRACE		SEY STREET D, VT 05701				
(X4) ID PREFIX TAG	TEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BIS PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
R100	Initial Comments		R100				
	,	ision of Licensing and 21. The following regulatory					
R128 SS=E	V RESIDENT CARE	AND HOME SERVICES	R128	RN's have been re-educated to the definition	on of PRN		
30-1.		medication, treatment, and be consistent with the		orders- If a PCP directs RN to use PRN me "regularly" RN must obtain a detailed order "temporary order" with detailed instructions when approving an OTC medication it mus for the reason on the standing orders, any also requires a physicians order. RN's and Managers will monitor monthly or med changes occur.	eds i.i.e. 5/10/21 i. Further, the used difference		
	by Based on staff interview Registered Nurse (RM medications were addrorders for two of four sample (Resident #2, include:  1. Per record review Fistanding order for Bei can cause drowsines: every 6 hours for itchineeded). Per review of Administration Record.	is not met as evidenced  ew and record review, the N) failed to ensure that ninistered per physician's residents in the applicable and Resident #3). Findings  Resident #2 has a facility hadryl (an antihistamine that is and/or sedation) 25 mg hg/congestion PRN (as of the residents Medication of (MAR), on 2/22/2021 at 021 at 9:00 PM a Med Tech					
	(an unlicensed staff m trained and found con direction of an RN to residents) administere [Resident #2] sleep." A Facility Nurse Note 3/18/2021, states that	J21 at 9:00 PM a Med Tech nember who has been npetent by, and under the administer medications to ed Benadry! 25 MG "to help signed by a Med Tech dated Resident #2 had been					
Division of Lice AHORATORY C	nsing and Protection WESTOR'S OR PROVIDERIS	UPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) CATE		

Division	of Licensing and Protect	ction			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED
		0146	B WING	,	05/12/2021
NAME OF I	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE	
OUR HOUSE AT PARK TERRACE 196 MUS		SSEY STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
R128	Continued From page	: 1	R128		
	complaining of not being able to sleep. The Med Tech administered 25 mg of Benadryl. The RN responded on 3/19/2021 requesting that the Med Tech let her/him know when the resident cannot sleep, and that the Benadryl was given with positive effect.				
	2. Per record review F	Resident #3 has a facility			
	for itching/congestion written by a Med Tech Resident #3 was very	nadryl 25 mg every 6 hours PRN. A Facility Nurse Note on 4/21/2021 states that restless, and waking up			
	completed by the RN	the Nurse Call Report on 4/21/2021 the resident granxiety, restless, and drain PRN due to these			
	immediately effective,	states "PRN Benadryl relaxation - this was not with encouragement and an to relax and watch TV."			
	approximately 4:10 PM Benadryl is a facility stitching and congestion administered as a slee	facility RN on 5/12/2021 at M she/he confirmed that anding order prescribed for However, it was p aid. S/he also confirmed ot be used for sleep or			
R184 SS=F	V. RESIDENT CARE A	ND HOME SERVICES	R184		
	5,11 Staff Services				
		gency may require a home ng levels in order to meet			
	This REQUIREMENT	is not met as evidenced			

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B. WING 05/12/2021 0146 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 196 MUSSEY STREET OUR HOUSE AT PARK TERRACE RUTLAND, VT 05701 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID. COMPLETE (X4) ID: (EACH CORRECTIVE ACTION SHOULD BE IFACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION) DEFICIENCY) R184 R184 Continued From page 2 Staffing has been a challenge, especially during the pandemic, we interview weekly if not twice weekly with minimal results. We have offered incentives and continue to do so. Prior to the survey and a COVID Based on observation, staff interview, and record outbreak, we had discussed moving one of the residents mentioned but had delayed the move due to review, the facility failed to provide specified "testing" which ended on 5/17/21. One resident was staffing levels to meet the needs of residents transferred out of this house on 5/14/21 and is doing requiring nursing home level of care for six (6) of There are two residents who do activities independently, ten (10) residents in the applicable sample and another who's daily activity is packing and unpacking her belongings daily, she brings her bags (Resident #s 2, 4, 5, 6, 7, and #8). officially down every afternoon to wait for "him" and most every morning also, after a time she just takes her bags back A memorandum from the Division of Licensing to her room and unpacks them, she also helps to prepare dinner several times a week and has daily video and Protection sent to Residential Care Providers chats with her children (in her room) otherwise these on February 14, 2019 states "The Division of residents will not normally join in when others are, we have a few families who like to help with their loved Licensing and Protection will now require ones "activities" planting, going for walks etc. and the Residential Care Home Residences to staff your pandomic has not been helpful with that. Visits are back on and some residents are getting out more even if it's home with at least two (2) caregivers per shift if just on the deck to get some sun. Another who's activity you maintain six (6) or more nursing home level is word puzzles and talking on her phone several times a day. Activities, are person centered and it must be of care residents." realized that having "company" sitting in their view of the television for nine hours does make a difference in what we are able to offer on that day. Some like to help fold Per review of the facility's Quarterly Level of Care laundry, some like to help set or clear the table, or make (LOC) Variance Update dated April 1, 2021 and cookies, these are activities. Reading the newspaper. We continue to find activities that make each resident signed by the facility Administrator, the facility happy like the floor bb. We continue to stimulate our requested, and received approval of LOC residents with things that make them happy variances for 6 residents in their care. Per review of the facilities Daily Shift Assignment for We have entered contracts with TLC and DNA with no help available. We have contacted Bayada, Rutland area Visting Nurses and they have nothing and are short-handed also- We 5/8/2021- 5/14/2021 there is one Caregiver assigned per shift for eighteen (18) of Twenty-one have called the SWVCOA, they no longer have a list of private duty caregivers. We have called Working Fields with no results, have a running ad in indeed, we have joined "Handshake" alob platform through UVM reaching students and alum across the (21) shifts: ongoing country. We continue our efforts recruiting people from Jamaica, renewal of VISA's is the hold up there, we reached out to On 5/12/2021 at approximately 10:00 AM the House Manager confirmed that she/he was the Leahy's office to look for help to expedite those but have not had a response from that office. We have contacted the only staff member on duty to care for the Department of Labor and have been asked to report people who interview but dont show up for training to their "fraud hotline". residents who reside at the home. Some days We contacted At Home Senior Care, spoke with Mark who told me they were short handed but would see if he could put there is another staff member assigned to the day something together and he would send me an email, I have not received an email and I have called a second time with no shift, but she/he is often the only staff on duty during the day results. We have contacted past employees with no results, we have emailed residents legal reps twice asking for any referrals with no results (except the info for "handshake"). We have and continue to do everything we can to find caregivers. We hope Per direct observation throughout the survey, that once the unemployment program corrects itself we will see residents were observed lined in a row of more applicants. recliners in one room and a recliner and couch in a joining room, with two televisions on. When the

residents were awake, none of them showed

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		0146	B WING		05/12/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	NIE ZIP CODE		
OUR HO	USE AT PARK TERRACE		SEY STREET  D, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
R184	Continued From page 3 interest in what was on the television. The Caregiver was observed administering medications, preparing meals, and assisting residents with toileting. At 12:02 PM seven (7) residents were observed sleeping in recliners and on the couch while the Caregiver was in the kitchen preparing the lunch meal. Residents were left unsupervised and were not engaged in any sort of activity. Staff did converse with residents		R184	We have contacted local colleges with no results. We have banners at three locations advertising for help. We have implemented a referral bonus for staff, we are paying extra money to existing staff and have implemented a monthly stay bonus.  Our census is low and must remain this way until we have proper staffing to accomodate needs as new residents arrive,		
	who were awake in particle Administrator did atter game of floor basketb time. However, there was activity or supervision.  Per interview on 5/12/. Caregiver who works whether is the only care the 10 residents who ready for bed before dishe/he stated that maincreased behaviors in	assing, and the mpt to engage residents in a all for a short period of was no evidence of planned throughout the survey.				
			92			
R198 SS≃D	V RESIDENT CARE A	ND HOME SERVICES	R198			

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B WING 05/12/2021 0146 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET OUR HOUSE AT PARK TERRACE RUTLAND, VT 05701 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG IAG DEFICIENCY) R198 Continued From page 4 R198 RN's have been re-educated to the definition of PRN orders. If a PCP directs RN to use PRN meds "regularly" RN must obtain a challenge the use of the restraint. A resident has detailed order i.e. "lemporary order" with detailed instructions Further, when approving an OTC medication it must be used for the right to meet with and discuss the challenge 5/10/21 the reason on the standing orders, any difference also requires a with the following individuals: RN's and Managers will monitor monthly or when med changes (1) The home manager; accur. (2) The licensing agency; (3) The Commissioner of the licensing agency. In the event that a resident does challenge the use of a restraint, the home operator shall inform the licensing agency at the time the challenge is raised. This REQUIREMENT is not met as evidenced Based on staff interview, and record review the facility failed to ensure that one (1) of four (4) residents in the applicable sample (Resident #3) was free from chemical restraints used for convenience. Findings include: 1. Per record review Resident #3 has a facility standing order for Benadryl 25 mg every 6 hours for itching/congestion PRN [as needed]. A Facility Nurse Note written by a Med Tech on 4/21/2021 states that Resident #3 was very restless, and waking up her/his roommate. Per a Nurse Call Report completed by the RN on 4/21/2021 the resident had been experiencing anxiety, restless, and pacing. Staff requested a PRN [a medication that is given on an as needed basis to treat symptoms] due to these behaviors. The report states "PRN Benadryl offered to assist [with] relaxation - this was not immediately effective, with encouragement and redirection, finally began to relax and watch TV " Per interview with the facility RN on 5/12/2021 at approximately 4:10 PM she/he confirmed that Benadryl is a facility standing order prescribed for itching and congestion. However, it was

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER		(X2) MULTIPL A, BUILDING:	(X3) DATE SURVEY COMPLETED		
		0146	B. WNG		05/12/2021	
			ADDRESS, CITY, STATE, ZIP CODE SSEY STREET			
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R198	also confirmed that B for sleep or to manage "Chemical Restraint" is used for discipline required to treat medi "Convenience" is defit the facility to control a manage a resident's but the facility to control a manage as ident's but the facility to control a manage as ident's but the facility to control a manage as ident's but the facility to control a manage as ident's but the facility to control a manage as identification.	the resident "relax". S/he enadryl should not be used e behaviors.  is defined as any drug that or convenience and not call symptoms. ned as any action taken by a resident's behavior or behavior with a lesser e facility and not in the	R198			