



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

October 24, 2024

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 **August 21, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2024
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NAME OF PROVIDER OR SUPPLIER OUR HOUSE AT PARK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET RUTLAND, VT 05701
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R100	Initial Comments: On 8/21/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	R100	Owner does not agree with Surveyors findings. Surveyor arrived at two locations on the same day and approx. same time. This Surveyor agreed to give until the end of the next business day but did not reply to email.	
R151 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (8)</p> <p>Ensure that the resident's record documents any changes in a resident's condition;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure to update one applicable resident's records to reflect a change in the applicable resident's Advanced Directives (Resident #2). Findings include:</p> <p>Per review, Resident #2's record contained a Clinician Orders for Life-Sustaining Treatment (COLST) form which indicated Resident #2's legally documented change to DNR (Do Not Resuscitate) status on 8/5/24. Resident #2's record contained a fax cover sheet dated 8/13/24 indicating notification to the pharmacy that provides the home's Medication Administration Records regarding this change in Resident #2's Code Status.</p> <p>On the morning of 8/21/24 the surveyor was provided a list of all Residents of the home including each resident's Code Status, which defines the individual resident's desires regarding resuscitation in a life threatening emergency. The Code Status listed for Resident #2 stated s/he</p>	R151	<p>COLST was done in the hospital, resident was discharged late on 8/12 - Owner updated the chart and added a red dot to the chart and sent order to the pharmacy. RN and owner communicated in writing about the DNR/DNI and owner showed the surveyor.</p> <p>Manager was on vacation at the time of the survey but answered the phone when the owner called per norm. All staff had been updated to the change in status by memo board. In the future if the Manager is away the RN and/or owner will manually update the MAR and any known lists. RN, Manager and Owner will monitor for compliance.</p> <p>R151 Plan of Correction accepted by Jo A Evans RN on 10/23/24</p>	8/21/24

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

TITLE

(X6) DATE

 owner

10/07/24

Division of Licensing and Protection

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R151	Continued From page 1 was a "full code", indicating Resident #2's desire to be resuscitated should a life threatening emergency occur. During a tour of the facility kitchen and medication administration area commencing at 9:40 AM on 8/21/24 the same list was observed on file in a similar handwritten format in the medication area of the home. This list also indicated Resident #2 was a "Full Code". The chart containing Resident #2's resident record was observed without a red sticker on the outside indicating Resident #2's Do Not Resuscitate (DNR) status. During review of Resident #2's August 2024 Medication Administration Record (MAR) on 8/21/24 his/her Code Status was observed to have not been updated to reflect DNR status by handwritten strike out of Full Code Status with entry of DNR status, or by an updated printed MAR . On the morning of 8/21/24 the Staff on duty confirmed records on file for Resident #2 did not accurately reflect his/her DNR status. The Staff took immediate corrective action to update the Code Status list observed in the medication administration area, and add a red sticker to the outside of Resident #2's chart to indicate his/her DNR status.	R151		
R189 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including	R189	Provider does not agree with interpretation of the regulation. Manager has a document for resident charts and maintaining documentation. Regulations are referenced when necessary if no p&p has been developed. PCP's RN's or Managers do and will create periodic progress notes when applicable using the care service note form as agreed to on 1/1/24 by approved POC by this Surveyor.	8/21/24

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R189	Continued From page 2 changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to maintain and keep on file progress notes for 3 out of 3 sampled residents of the home (residents #1, #2, and #3). Findings include: Policies and procedures governing documents to be maintained on file in resident records had not been developed by the home as of 8/21/24. Upon review of the resident records for a sample of 3 residents of the home, the resident records for 3 out of 3 sampled residents did not include Progress Notes which provide a written chronological narrative of the individual resident's care and presentation, and describe changes in the resident's condition and actions taken. This finding was confirmed by the Staff on duty at 1:15 PM on 8/21/24 and acknowledged by the Owner at approximately 6:15 PM on 8/21/24.	R189	R 189 Plan of Correction accepted by Jo A. Evans RN on 10/23/24	
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.	R200	Provider does not agree with interpretation of regulation. When no written p&p is developed we refer to the RCH regulations. 1) Housekeeping of resident charts is a written p&p for Manager only. Owner and Manager monitor.	8/21/24

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R200	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop policies and procedures that govern all services provided by the home. Findings include:</p> <p>On the afternoon of 8/21/24 the Owner was requested to provide policies and procedures for review. At approximately 6:15 PM on 8/21/24 the Owner acknowledged policies and procedures had not been developed governing the following areas of service:</p> <ol style="list-style-type: none"> 1. Maintaining required documents in resident records 2. Maintaining accessible exits 3. Completion of Care Plans and Resident Assessments 	R200	<p>2) In addition to requesting approval for maintaining the locks, per regulation 5.14F - We will add signs above the red button that override the locks the owner will create a written policy and procedure for proper use of the locks- If permission is not approved existing chimes will remain in place so that residents are safe if they leave unsupervised- Owner and Manager will monitor for safety and compliance.</p> <p>3) Owner will create a written policy for creating care plans and resident assessments. RN's will help with the written plan. Owner, Manager and RN will monitor for completion and compliance.</p> <p>R200 Plan of Correction accepted by Jo A Evans RN on 10/23/24</p>	<p>10/14/24</p> <p>10/10/24</p>
R213 SS=F	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure treatment with consideration, respect and full recognition of the resident's dignity and individuality related to the right to access outside areas without locked doors prohibiting exit for all residents; and the right to be informed and give consent when receiving</p>	R213	<p>Provider does not agree with interpretation of regulation.</p> <p>Owner will explore options to keep facility safe - Keypad locks will be removed if not approved when requested. Locks require electrician and fire department to be removed as they are wired into the fire alarm system - calls in to the lock company have not been returned.</p> <p>If locks are removed we will maintain the door chimes that are in place to alert staff that a resident has left the building so they can make sure they are safe. Second floor curtain is open and child safety cover has been removed.</p>	<p>10/10/24</p> <p>10/1/24</p>

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R213	<p>Continued From page 4</p> <p>medications for one applicable resident (Resident #1). Findings include:</p> <p>1. During a tour of the home commencing at 9:40 AM on 8/21/24 the doors of the home were observed to be locked with a security mechanism which requires a code or key to enter and exit the building. On the second floor of the home a curtain was observed in front of the emergency exit, blocking view of the doorway. A child lock encompassing the doorknob was in place on the door at this exit. The application of locks and barriers to prevent residents from exiting the home during an emergency and at will is a safety hazard and a violation of the residents' right to go outside. Staff on duty on the morning of 8/21/24 confirmed "as a rule" residents and visitors including family members and resident's responsible parties are not permitted to have the code to open locking mechanisms on first floor doors; and confirmed the curtain in front of the second-floor exit is intended to prevent residents from seeing this doorway.</p> <p>Per review of the facility's license posted at the home and on file with the licensing agency, the home is a Level III Residential Care Home without approval or variance to operate as a Special Care Unit or a locked facility. The Owner stated the facility had been granted approval to operate as a locked facility, however s/he was unable to provide documentation of this approval on request. At 10:15 AM the Owner of the home confirmed the facility doors are locked to prevent residents from exiting the home.</p> <p>2. Based on observation, staff interview and record review there was a failure to inform Resident #1 when medications are added to his/her food and beverages, and to respect</p>	R213	<p>Crushing meds has been approved by residents legal representative and PCP's as per resident rights 6.13 - Staff has been instructed to tell residents that the food or beverage contains medication - Manager, RN and owner will monitor for compliance.</p> <p>R 213 Plan of Correction accepted by Jo A Evans RN on 10/23/24.</p>	10/1/24

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R213	<p>Continued From page 5</p> <p>his/her individual right to give consent when medications are administered. Findings include:</p> <p>Per record review the Facility's Permission to Treat form states, "When admitted to [the home], I understand that I am consenting to being cared for as best seen fit by my attending physician and the staff of [the home] as based on their professional judgement deemed necessary or beneficial" This form further states, "There are times when administering medications must be done in order for a resident to live within a community, it is the position of [the home] that when necessary medications may be administered through crushing and adding to food or beverage"</p> <p>During an interview commencing at 11:05 AM on 8/21/24 the Staff on duty stated Resident #1 takes a scheduled dose of Acetaminophen daily at 1:00 PM; and stated Resident #1 won't take it unless it is mixed it into a drink. The staff confirmed this treatment occurs regularly with all residents due to their dementia. The Staff confirmed understanding of residents' right to refuse medications, then stated due to the resident's cognitive ability, their refusal is no longer a sound judgement. The Staff confirmed Resident #1's medications are routinely crushed, added to beverages or food, and administered without informing the resident they are taking medications.</p> <p>Following afternoon shift change the incoming Staff was observed pulling Resident #1 into a standing position from a recliner and walking Resident #1 into the dining room as Resident #1 said "no, no, no". The Staff stated to Resident #1 that s/he had not eaten and needed to eat. A few minutes later Resident #1 was observed eating</p>	R213		

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R213	<p>Continued From page 6</p> <p>what appeared to be ice cream in the dining room. When asked if medication was added to the food in the container the staff confirmed the food contained the resident's medication. At 2:10 PM the incoming Staff confirmed Resident #1 was given medication in food without being informed there was medication in the food, and stated staff don't ask the residents.</p> <p>Additionally, per review of handwritten Resident Care Notes with instructions for care provided for all facility residents, the care instructions for Resident #4 state, "...gets Miralax every other morning, we hide in [his/her] tea".</p>	R213		