



HUMAN SERVICES

AGENCY OF

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

August 2, 2023

Ms. Paula Patorti, Manager
Our House Too Residential Care Home
196 Mussey Street
Rutland, VT 05701

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 21, 2023**. 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

Disability and Aging Services	Blind and
Licensing and Protection	Vocational
Rehabilitation	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER
OUR HOUSE TOO RESIDENTIAL CARE HOME

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 onsite re-licensure survey was conducted by the Division of Licensing and Protection on 6/21/23. The following regulatory violations were identified:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that medications were administered in the correct form per Physicians order and specific medication. Per record review Resident #1 has a physicians order that state Mucinex 600mg Tab ER [extended release] 12 hours take one tab PO (by mouth) daily. Mucinex extended release contain an immediate release layer and an extended release layer. Crushing this medication can result in administration of a large dose all at once causing an increased risk for side effects. During interview on 6/21/2023 at 12:15 PM the Medication Tech (MT) was asked how Resident #1 takes her/his medications. The MT reported that all of Resident #1's medications are crushed and that the resident cannot swallow them whole. The MT confirmed that the Mucinex ER is routinely crushed.	R128 R128	All medications were checked immediately by the RN and Manager - med techs were updated as it appears that the previously displayed Verbiage from the pharmacy who supplies the MAR disappeared from the MAR. In speaking with the pharmacy manager this change was undetected previous to my call. The pharmacy is investigating and is looking for a fix. Any new medications will be checked for warnings from manufacturers before crushing when necessary.	6/21/23

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

Paula Babt TITLE
Manager

(X6) DATE

7/25/23

If continuation sheet 1 of 2

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER OUR HOUSE TOO RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET RUTLAND, VT 06701
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R128	<p>Continued From page 1</p> <p>During interview on 6/21/2023 at 12:20 PM the facility owner confirmed that Resident #1's medications were administered after being crushed and s/he had just reached out to the facility nurse to address the concern.</p>	R128	<p><i>RN and Manager have Completed a weekly monitoring of all resident medications x 5 weeks.</i></p> <p><i>All new medications will be reviewed by RN to assure administration follows the manufacturers recommendations.</i></p> <p><i>RN and Manager will monitor on a monthly basis or as changes occur.</i></p>	<p><i>7/26/23</i></p>
			Tag R126 accepted on 8/1/23 - S. Freeman RN	