VERMONT

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

August 11, 2023

Mr. Joseph Olio, Manager
Our Lady Of The Meadows
1 Pinnacle Meadows
Richford, VT 05476-7637

Dear Mr. Olio:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 5, 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,

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0197 | A. BUILDING: _____ B. WING _____ | R-C 06/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OUR LADY OF THE MEADOWS | 1 PINNACLE MEADOWS RICHFORD, VT 05476 |

| (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 |
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| {R100} | Initial Comments:<br><br>On 6/5/23 the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to determine regulatory compliance from a previous follow up survey conducted on 4/19/23. The following regulatory deficiencies were identified as not back in compliance with the Residential Care Home Licensing Regulations effective 10/3/2000: | {R100} | Please see Attachments. | |
| R101 SS=E | V. RESIDENT CARE AND HOME SERVICES<br><br>5.1. Eligibility<br><br>5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview there was a failure to ensure 2 applicable residents (Residents #2 and #3) met level of care eligibility for admission to the home. Findings include:<br><br>1. Per record review, on 4/26/23 Resident #2 was admitted to the facility on hospice. An admission nursing note on 4/26/23 at 3:05 PM states, "Resident is covered by Bayada Hospice...Please be very gentle with his/her turning every 4 hours now and care, two assist to get that done please. S/he is no longer eating or drinking...has a Foley catheter in place with minimal drainage". At 5:26 AM on 4/27/23 a nursing note states, "Resident | R101 | | |

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| R101 | Continued From page 1<br>now has changes to his/her breathing" and indicates orders and medications were not available to address Resident #2's needs. at 11:24 AM. A subsequent nursing note states Resident #2 passed away at 6:10 AM on 4/27/23. Per record review a level of care variance was not on file with the licensing agency for Resident #2.<br><br>2. Per record review, Resident #3 was admitted to the facility on 5/12/23. An admission nursing note for Resident #3 states, "S/he was admitted [after] fall at home with multiple compression fractures...his/her children have agreed to keep him/her on Comfort Care and are seeking no further treatment." This note further documents Resident #3 had an "illeus" (inability of the intestines to contract and move waste from the body); was "NPO" ("nothing per oral", unable to eat or drink); had a Foley catheter in place and a pressure area to his/her sacrum (skin breakdown/ulceration due to pressure over the bony prominences between the low back and tail bone). Resident #3 was admitted to hospice on the day of admission. Per nursing notes Resident #3 passed away at 11:00 PM on 5/18/23. Per record review a level of care variance was not on file with the licensing agency for Resident #3.<br><br>At 2:02 PM the Admission Nurse confirmed Residents #2 and #3 were "hospice admissions" and were admitted for "end of life care". The Nurse stated s/he was unsure if there were level of care variances for admission of Resident #2 and #3. | R101 | | |
| {R126} SS=E | V. RESIDENT CARE AND HOME SERVICES | {R126} | | |



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| {R126} | Continued From page 2<br>5.5 General Care<br><br>5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview there was a failure to provide nursing care and services to meet the needs of 5 applicable residents (Residents #2, #3, #4, #5 and #6). Findings include:<br><br>1. There was a failure to ensure medications were administered as ordered for Residents #5, and #6. Per review of June 2023 Medication Administration Records (MARs) the medications for Residents #5, and #6 were not consistent with physician's orders. On the evening of June 2023 the Director of Nursing (DON) confirmed the following medications were not administered as ordered:<br><br>* Resident #6's physician order for Risperidone 0.25 mg ODT (orally disintegrating tablet) One tablet by mouth twice daily for 30 days was administered longer than the prescribed length of treatment. Administration of Risperidone 0.25 mg ODT began on 4/26/23 and was scheduled to end on 5/26/23, however this medication was still being administered on 6/5/23. Resident #6's order for "Docusate Sodium 100 mg softgel One-Two Capsules by mouth daily as needed" did not include "for constipation" as instructed in the the physician's written order. Additionally, this | {R126} | | |



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| {R126} | Continued From page 3<br>order does not include a specific dose as required.<br><br>*Resident #5's order for "Vitamin D3 1,000 tablet" did not include the physician's instructions to administer one tablet by mouth daily; and Resident #5's order for "Nitroglycerin 0.4 mg tablet Take one tablet by mouth every 15 minutes up to 3 times as needed for chest pain" did not include the physician's instructions which stated "Do not use if BP is less than 100 Systolic" .<br><br>Please refer to tag 128<br><br>2. On the evening of 6/5/23 the DON confirmed the failure to ensure physician's signed orders for 4 applicable residents (Residents # 2, #3, #4, and #5) as follows:<br><br>* There were no signed hospice orders on file and available for review for Residents #2, #3, and #4. The Director of Nursing stated s/he was not aware of the facility's responsibility to ensure and maintain signed orders for hospice meds.<br><br>* Resident #5's June 2023 Medication Administration Record Lists "Genteal Tears Severe 3-94% ointment Apply thin film to the left eye Four (4) times daily". A signed order for Genteal Tears Ointment was not on file and available for review.<br><br>Please refer to tag 162<br><br>3. There was a failure to ensure 2 applicable residents (Residents #2 and #3) were assessed to determine level of care eligibility requirements were met for admission to the home.<br><br>a) On 4/26/23 Resident #2 was admitted to the | {R126} | | |



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| {R126} | Continued From page 4<br><br>facility on hospice. An admission nursing note on 4/26/23 at 3:05 PM states, "Resident is covered by Bayada Hospice...Please be very gentle with his/her turning every 4 hours now and care, two assist to get that done please. S/he is no longer eating or drinking...has a Foley catheter in place with minimal drainage". At 5:26 AM on 4/27/23 a nursing note states, "Resident now has changes to his/her breathing" and indicates orders and medications were not available to address Resident #2's needs. A subsequent nursing note states Resident #2 passed away at 6:10 AM on 4/27/23. Per record review a level of care variance was not on file with the licensing agency for Resident #2.<br><br>b) Per record review, Resident #3 was admitted to the facility on 5/12/23. An admission nursing note for Resident #3 states, "S/he was admitted [after] fall at home with multiple compression fractures...his/her children have agreed to keep him/her on Comfort Care and are seeking no further treatment." This note further documents Resident #3 had an "illeus" (inability of the intestines to contract and move waste from the body); was "NPO" ("nothing per oral", unable to eat or drink); had a Foley catheter in place and a pressure area to his/her sacrum (skin breakdown/ulceration due to pressure over the bony prominences between the low back and tail bone). Resident #3 was admitted to hospice on the day of admission. Per nursing notes Resident #3 passed away at 11:00 PM on 5/18/23. Per record review a level of care variance was not on file with the licensing agency for Resident #3.<br><br>At 2:02 PM the Admission Nurse confirmed Residents #2 and #3 were "hospice admissions" and were admitted for "end of life care"; and stated s/he was unsure if there were level of care | {R126} | | |



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| {R126} | Continued From page 5<br>variances on file for admission of Resident #2 and #3.<br><br>Please refer to tag 101 | {R126} | | |
| {R128} SS=E | V. RESIDENT CARE AND HOME SERVICES<br><br>5.5 General Care<br><br>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview there was a failure to administer medications as ordered for 2 applicable residents (Residents #5 and #6), Findings include:<br><br>1. Per review June 2023 Medication Administration Records (MARs) the following medications were not consistent with physician's orders:<br><br>a) At 6:30 PM on 6/5/23 the DON confirmed Resident #6's physician order for Risperidone 0.25 mg ODT (orally disintegrating tablet) One tablet by mouth twice daily for 30 days was administered longer than the prescribed length of treatment. Administration of Risperidone 0.25 mg ODT began on 4/26/23 and was scheduled to end on 5/26/23, however this medication was still being administered on 6/5/23.<br><br>b) At 6:40 PM on 6/5/23 the DON confirmed Resident #6's order for "Docusate Sodium 100 | {R128} | | |



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| {R128} | Continued From page 6<br>mg softgel One-Two Capsules by mouth daily as needed" did not include "for constipation" as instructed in the the physician's written order. Additionally, this order does not include a specific dose as required.<br><br>c) At 7:10 PM on 6/5/23 the Director of Nursing (DON) confirmed Resident #5's order for "Vitamin D3 1,000 tablet" did not include the physician's instructions to administer one tablet by mouth daily.<br><br>d) At 7:33 PM on 6/5/23 the DON confirmed Resident #5's order for "Nitroglycerin 0.4 mg tablet Take one tablet by mouth every 15 minutes up to 3 times as needed for chest pain" did not include the physician's instructions which stated "Do not use if BP is less than 100 Systolic" . | {R128} | | |
| {R162} SS=E | V. RESIDENT CARE AND HOME SERVICES<br><br>5.10 Medication Management<br><br>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview there was a failure to ensure physician's signed orders for 4 applicable residents (Residents #2, #3, #4, and #5). Findings include:<br><br>1. The Director of Nursing was requested to provide signed orders for hospice medications for | {R162} | | |



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| {R162} | Continued From page 7<br><br>Resident #2, Resident #3, and Resident #4. Resident #2 was admitted to the facility on hospice on 4/26/23 and passed away the following day; Resident #3 was admitted to the facility and into hospice care on 5/12/23, and passed away on 5/18/23; and Resident #4 was admitted to the facility on 6/23/22, and was admitted into hospice care on 4/19/23.<br><br>On the evening of 6/5/23 the Director of Nursing confirmed signed orders for hospice medications for Residents #2, #3, and #4 were not on file and available for review; and stated s/he was not aware of the facility's responsibility to ensure and maintain signed orders for hospice meds.<br><br>2. Resident #5's June 2023 Medication Administration Record Lists "Genteal Tears Severe 3-94% ointment Apply thin film to the left eye Four (4) times daily". On the evening of 6/5/23 the Director of Nursing confirmed a signed order for Genteal Tears Ointment was not on file and available for review. | {R162} | | |



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**Deficiency Statement Plan of Correction (POC) for Survey Date: June 5, 2023**

**Facility Name: Our Lady of the Meadows**

| Deficiency Regulation | How the deficiency was corrected | Date corrected | System changes to ensure compliance of the regulation | Who will monitor to ensure compliance |
|---|---|---|---|---|
| R101<br>5.1.a. | The Facility Manager has instructed the Nursing Manager and the RN Admissions Coordinator that all residents who are admitted to Our Lady of the Meadows and are supported by a Medicare-Certified Hospice Program must be granted a variance by the licensing agency. *(Please refer to tag 126 for Resident #2 and #3)* | 7/12/23 | On 7/11/23 the Facility Manager met with the Nurse Manager and the RN Admissions Coordinator to review the amended Admission Process Policy which states that the home must request a variance from the Licensing Agency to retain or admit a resident whose needs exceed that for which the home is licensed to provide.<br><br>The policy also states that the written request must include:<br>• A current assessment, with a description of the resident's care needs and how the home will meet those needs.<br>• A written statement from the resident or the resident's legal representative stating the resident's fully informed choice to remain in the home; and that they have been informed the resident will have to leave if the variance is terminated.<br>• A written statement from the resident's physician giving the resident's prognosis and recommending retention at or admission to the home. | Facility Manager<br><br>Tag R101 accepted on 8/9/2023 - J. Evans |
| R126<br>5.5.a. | Resident #2<br>• Copies of the physician signed medication orders have been received from the Medicare-Certified Hospice Program.<br>• For residents who are admitted to Our Lady of the Meadows and are supported by a Medicare-Certified Hospice Program, a | 7/6/23<br><br>7/12/23 | The Nurse Manager instructed the nursing team on 6/14/23 that all administered PRN Medications must include the date, time, reason for giving the medication and the effect. | Nurse Manager |

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| R126<br>5.5.a.<br>(continued from page 1) | variance will be requested by the licensing. *(Please refer to tag R101)*<br><br>Resident #3<br>• Copies of the physician signed medication orders have been received from the Medicare-Certified Hospice Program.<br>• For residents who are admitted to Our Lady of the Meadows and are supported by a Medicare-Certified Hospice Program, a variance will be requested by the licensing. *(Please refer to tag R101)*<br><br>Resident #4<br>• Copies of the physician signed medication orders have been received from the Medicare-Certified Hospice Program. | 6/17/23<br><br>7/12/23<br><br>6/17/23 | Additionally, the Nurse Manager and the entire nursing team will reconcile the resident's medication orders and the Medication Administrative Record (MAR)monthly to ensure that the orders are signed by the physician and that the MAR is accurate, including those residents being served by a Medicare-Certified Hospice Program.<br><br>The Nurse Manager met with the nursing team on 6/14/23 to educate them on the updated computer-generated automatic Stop Date function on the EMR and the expectation that this newest version be used as of 6/14/23. | |
| | Resident #5<br>• "One tablet by mouth daily" was added to the Vitamin D3 1,000 tablet on the Medication Administration Record<br>• "Do not use if BP is less than 100 Systolic" was added to the Nitroglycerin 0.4 mg tablet on the Medication Administration Record.<br>• A copy of the physician signed order for Genteal Tears Ointment was obtained from the ordering physician.<br><br>Resident #6:<br>• The Risperidone 0.25 mg ODT ended on 6/5/23.<br>• "For Constipation" was added to the Docusate Sodium 100 mg soft gel on the Medication Administration Record and a new physician's order has been obtained that states a specific dose. | 6/14/23<br><br>7/7/23<br><br>7/7/23<br><br>6/5/23<br><br>6/5/23 | Tag R126 accepted on 8/9/2023 - J. Evans | |

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| R128<br>5.5.c. | Resident #5:<br>• "One tablet by mouth daily" was added to the Vitamin D3 1,000 tablet on the Medication Administration Record<br>• "Do not use if BP is less than 100 Systolic" was added to the Nitroglycerin 0.4 mg tablet on the Medication Administration Record.<br><br>Resident #6:<br>• The Risperidone 0.25 mg ODT ended on 6/5/23.<br>• "For Constipation" was added to the Docusate Sodium 100 mg softgel on the Medication Administration Record and a new physician's order has been obtained that states a specific dose. | 6/14/23<br><br>7/7/23<br><br>6/5/23<br><br>6/5/23 | The Nurse Manager and the entire nursing staff will reconcile the resident's medication orders and the Medication Administrative Record (MAR) monthly to ensure that the orders are signed by the physician and that the MAR is accurate, including those being served by a Medicare-Certified Hospice Program.<br><br>The Nurse Manager met with the nursing team on 6/14/23 to educate them on the updated computer-generated automatic Stop Date function on the EMR and the expectation that this newest version be used as of 6/14/23.<br><br>Tag R128 accepted on 8/9/2023 - J. Evans | Nurse Manager |
| R162<br>5.10.c. | Resident #2:<br>• A copy of the physician signed medication orders have been received from the Medicate-Certified Hospice Program.<br><br>Resident #3:<br>• A copy of the physician signed medication orders have been received from the Medicate-Certified Hospice Program.<br><br>Resident #4:<br>• A copy of the physician signed medication orders have been received from the Medicate-Certified Hospice Program.<br><br>Resident #5:<br>• A copy of the physician signed order for Genteal Tears Ointment was obtained from the ordering physician. | 7/6/23<br><br>6/17/23<br><br>6/17/23<br><br>7/7/23 | The Nurse Manager and the entire nursing staff will reconcile the resident's medication orders and the Medication Administrative Record (MAR) monthly to ensure that the orders are signed by the physician and that the MAR is accurate, including those being served by a Medicare-Certified Hospice Program.<br><br>Tag R162 accepted on 8/9/2023 - J. Evans | Nurse Manager |