
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

December 3, 2019

Mr. Richard Haslem, Manager
Pine Knoll Community Care Home
601 Red Village Road
Lyndonville, VT 05851

Dear Mr. Haslem:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 5, 2019**. 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
Licensing Chief

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0171 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 11/05/2019 |
|--|--|--|--|

NAME OF PROVIDER OR SUPPLIER: PINE KNOLL COMMUNITY CARE HOME
STREET ADDRESS, CITY, STATE, ZIP CODE: 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851

| (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-licensing survey was completed by the Division of Licensing and Protection on 11/5/19. The following regulatory deficiencies were identified. | R100 | | |
| R165 SS=E | 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: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the Registered Nurse (RN) failed to monitor and evaluate the designated staff performance in following documentation instructions for medication administration for 2 of 3 residents in | R165 | R 165 1. The process for documentation of medication administration has been reviewed and revised to include additional monitoring. 2. In-servicing will be completed by the RN responsible for oversight and medication management regarding the requirements and process for medication administration documentation. 3. Audits will be completed 3x weekly by the RN responsible for oversight or designee to monitor effectiveness of the plan. 4. Corrective action will be completed by December 1, 2019 | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Richard R. Hill* TITLE: Residential Care Manager (X6) DATE: 11-25-19
STATE FORM 3888 HLD011 If continuation sheet 1 of 4

R165 - R171 POC's accepted 12/2/19 mcofarn

Division of Licensing and Protection

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| R165 | <p>Continued From page 1</p> <p>the sample (Residents #1 and #3). Findings include:</p> <p>1. Per review of the medical record and the Medication Administration Record (MAR), Resident #1 is prescribed Rabeprazole (for gastric reflux) 20 milligrams (mg) orally (PO) at 8:00 AM. The 8:00 AM administration record was not initialed by staff on 10/8/19. Additionally, Resident #1 is prescribed Timolol 0.5% eye drops in both eyes twice daily. On 10/11/19, the 5:00 PM dose on the MAR was not initialed by staff. Further, Resident #1 is prescribed mirtazapine (an antidepressant) 15 mg orally at hour of sleep. On 8/20/19, 9/22/19, and 10/15/19, the MAR was not initialed by staff for the hour of sleep dose. When the staff fail to document medication administration, it is not known whether the medication was given.</p> <p>2. Per review of the medical record and MAR, Resident #3 is prescribed Metformin (for diabetes) 500 mg orally twice daily, and metoprolol (for high blood pressure) 25 mg orally twice daily. The MAR documentation is blank/not initialed by staff for the 8:00 AM dose of both Metformin and metoprolol on 10/8/19. On 11/3/19, the MAR is not initialed for the 6:00 PM dose of carbidopa-levodopa 25/100 mg prescribed for Parkinson's Disease, oral administration four times daily.</p> <p>Per interview on 11/5/19 at 1:30 PM, the current RN providing oversight and medication defegation confirmed the blank documentation for the medications.</p> | R165 | | |
| R171 SS=E | V. RESIDENT CARE AND HOME SERVICES | R171 | | |

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| R171 | Continued From page 2 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to establish a procedure sufficient to indicate to the physician or Registered Nurse (RN) that medications were administered as ordered, for 2 of 3 residents in the sample (Residents #1, #3). Findings include: 1. Per review of the medical record and the Medication Administration Record (MAR), Resident #1 is prescribed Rabeprazole (for gastric reflux) 20 milligrams (mg) orally (PO) at | R171 | R 171 1. The process for documentation of medication administration has been reviewed and revised to include additional monitoring. 2. In-servicing will be completed by the RN responsible for oversight and medication management regarding the requirements and process for medication administration documentation. 3. Audits will be completed 3x weekly by the RN responsible for oversight or designee to monitor effectiveness of the plan. 4. Corrective action will be completed by December 1, 2019 | | |

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| R171 | <p>Continued From page 3</p> <p>8:00 AM. The 8:00 AM administration record was not initialed by staff on 10/8/19. Additionally, Resident #1 is prescribed Timolol 0.5% eye drops in both eyes twice daily. On 10/11/19, the 5:00 PM dose on the MAR was not initialed by staff. Further, Resident #1 is prescribed mirtazapine (an antidepressant) 15 mg orally at hour of sleep. On 8/20/19, 9/22/19, and 10/15/19, the MAR was not initialed by staff for the hour of sleep dose. When the staff fail to document medication administration, it is not known whether the medication was given.</p> <p>2. Per review of the medical record and MAR, Resident #3 is prescribed Metformin (for diabetes) 500 mg orally twice daily, and metoprolol (for high blood pressure) 25 mg orally twice daily. The MAR documentation is blank/not initialed by staff for the 8:00 AM dose of both Metformin and metoprolol on 10/8/19. On 11/3/19, the MAR is not initialed for the 6:00 PM dose of carbidopa-levodopa 25/100 mg prescribed for Parkinson's Disease, oral administration four times daily.</p> <p>Per interview on 11/5/19 at 1:30 PM, the current RN providing oversight and medication delegation confirmed the blank documentation for the medications, and that there had not been a follow up process by the delegated staff or the RN.</p> | R171 | |