



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 4, 2024

Paula Pelkey, Manager
The Residence At Otter Creek
350 Lodge Road
Middlebury, VT 05753-4498

Dear Ms. Pelkey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 27, 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: 1008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/27/2024
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NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT OTTER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 350 LODGE ROAD MIDDLEBURY, VT 05753
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(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: On 8/27/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint. The following regulatory deficiencies were identified:	R100	This plan of correction is not an admission to and does not constitute an agreement with alleged deficiencies herein. To remain in compliance with the Division of Licensing and Protection regulations, The Residence at Otter Creek has taken and/or will take actions set forth in this plan of correction.	
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a Resident Assessment in response to a significant change for one applicable resident (Resident #2). Findings include:</p> <p>The facility's policy governing resident assessments is consistent with regulatory requirements.</p> <p>Per record review, Resident #2 was admitted into hospice care on 7/24/24. At 2:24 PM on 8/27/24 the Senior Residential Care Director confirmed a significant change assessment was not completed for Resident #2 in response to this change.</p>	R136	<p>R 136 5.7.c Resident Care Director will perform weekly assessment audits to ensure significant change assessments are completed within 14 days of significant change. Audits will be done weekly x3 months. Every 2 weeks x3 months. Re-education for nurses will continue as needed.</p> <p>R136-Accepted by C. Scott LTCM-10-1-24</p>	10/1/2024

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Paula Pelkey RN</i>	TITLE	(X6) DATE <i>10/1/2024</i>
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R147 R147 SS=E	<p>Continued From page 1</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure physician's orders included a specific dosage and frequency of administration for two applicable residents (Residents #1 and #2). Findings include:</p> <p>The facility's Physician's Orders policy provided for review does not ensure all medication orders include a specific dose and frequency of administration.</p> <p>Per record review Resident #1 was admitted into hospice care on 6/13/24 and Resident #2 was admitted into hospice on 7/24/24. Resident #1's and Resident #2's records contained physician's signed Standing Orders for hospice comfort care medications which were without a specific dosage and frequency of administration including orders for the medications Senna, Milk of Magnesia, Lactulose, Fleets and/or Therevac Enema, Dulcolax Suppository, Miralax, Compazine, Phenergan, Lorazepam, Zofran, Morphine Intenol, Valium, Haldol, Scopolamine, Levsyn, Atropine, Tylenol, Ibuprofen, Nystatin. These medication orders included dose ranges and/or</p>	R147 R147	<p>R 147 5.9.c The Resident Care Director will ensure any resident signing onto hospice does not have standing orders that include order ranges.</p> <p>R147-Accepted by C. Scott LTCM-10-1-24</p>	10/1/2024

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R147	Continued From page 2 ranges for the frequency of administration. During an interview commencing at 2:50 PM on 8/27/24 the Senior Residential Care Director confirmed the Standing Orders on file for Resident #1's and Resident #2's hospice comfort care medications did not include specific dosage and frequency of administration.	R147		
R162 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure the hospice medication orders for 2 applicable residents were signed by the prescribing physician (Resident #1's and Resident #2).</p> <p>The facility's Physician's Orders policy states a physician's order shall be on file at the facility for every medication and treatment.</p> <p>Per record review the hospice medication orders on file in Resident #1's and Resident #2's hospice Medication Profile were not signed by the prescribing physician. The hospice document containing the applicable resident's hospice medication orders was signed by a Registered Nurse from the health care agency which</p>	R162	<p>R 162 5.10.c Resident Care Director provided re-education for nurses immediately regarding proper procedures for accepting orders for residents on hospice. Nurses will not accept an order from a hospice nurse. Nurses will not implement any orders for residents on hospice until the resident's physician has signed off on the order or given the Otter Creek nurse a telephone or verbal order. The Resident Care Director immediately initiated conversation with hospice agency about the process and the procedure was immediately implemented.</p> <p>R162-Accepted by C. Scott LTCM-10-1-24</p>	8/28/2024

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R162	<p>Continued From page 3</p> <p>provides hospice care for the applicable residents. This finding was confirmed by the Senior Residential Care Director during an interview commencing at 2:50 PM on 8/27/24.</p> <p>During the interview commencing at 2:50 PM on 8/27/24 the Senior Residential Care Director stated the facility receives orders for hospice medications titrated to include the specific dose and frequency of administration appropriate for the hospice patient's current presentation. The specific dose and frequency of administration for changes to hospice medications orders are chosen from physician's Standing Orders written with ranges of doses and frequencies. The Residential Care Director confirmed changes to hospice medication orders are at times received from hospice Registered Nurses and implemented without a signed physician's order on file for the specific dose and frequency of administration.</p> <p>Please refer to tag 147</p>	R162		