



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

May 16, 2024

Troy Parah, Manager
River Valley Therapeutic Residence
260 Woodside Drive, Colchester, Vt 05446
Essex, VT 05452

Dear Mr. Parah:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 22, 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: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVER VALLEY THERAPEUTIC RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 260 WOODSIDE DRIVE, COLCHESTER, VT 05446 ESSEX, VT 05452
---	--

(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
T 001	Initial Comments	T 001	Corrective actions for all tags cited were accepted by Jo A Evans RN on 5/16/24. Please refer to the attached document to review corrective actions accepted for each individual citation.	
T 040 SS=F	<p>V.5.8.5 Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop written plans for the administration of PRN (as needed) psychoactive medications by staff other than a nurse for all residents prescribed these medications. Findings include:</p> <p>The facility had not yet developed written plans for the administration of psychoactive medications administered as needed by staff other than a nurse on 4/22/24.</p> <p>Per record review, 2 out of 3 sampled residents (Residents #1 and #2) were prescribed PRN psychoactive medications. On 4/22/24 the Nurse</p>	T 040		

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

TITLE

(X6) DATE



Program Director

5/13/24

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVER VALLEY THERAPEUTIC RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 260 WOODSIDE DRIVE, COLCHESTER, VT 05446 ESSEX, VT 05452
---	--

(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
T 040	<p>Continued From page 1</p> <p>Manager was requested to provide written plans for the administration of PRN psychoactive medications by staff other than a nurse. On the afternoon of 4/22/24 the Nurse Manager stated nursing staff was not aware of the requirement to develop written plans for the administration of PRN psychoactive medications by staff other than a nurse; and confirmed the written plans had not yet been developed.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all applicable facility residents due to administration of PRN psychoactive medications without monitoring the medication's effect, and potential medication errors including misuse.</p>	T 040		
T 071 SS=F	<p>V.5.13 Resident Care and Services</p> <p>5.13 Policies and Procedures</p> <p>Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request.</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 related to the development of written plans for the administration of PRN (as needed) psychoactive medications by staff other than a nurse. Findings include:</p> <p>On the afternoon of 4/22/24 policies and procedures related to the administration of PRN</p>	T 071		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVER VALLEY THERAPEUTIC RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 260 WOODSIDE DRIVE, COLCHESTER, VT 05446 ESSEX, VT 05452
---	--

(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
T 071	<p>Continued From page 2</p> <p>(as needed) psychoactive medications by staff other than a nurse were requested for review. The Nurse Manager confirmed policies and procedures related to this area of service were not on file and available for review as they had not yet been developed.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to provide accessible information and clear instructions related to tasks staff are required to perform.</p>	T 071		
T 127 SS=F	<p>VII.7.2.b Nutrition and Food Services</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items were labeled and dated as required. Findings include:</p> <p>The facility's Nutrition Service Policy and Procedure Manual effective April 2024 includes a section entitled Nutrition Services Meal Preparation and Service which states, "All freshly prepared food must be properly labeled with an item description, date prepared, and a 6-day discard date and properly stored." This policy does not identify the requirement to label and date all perishable foods and beverages.</p>	T 127		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVER VALLEY THERAPEUTIC RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 260 WOODSIDE DRIVE, COLCHESTER, VT 05446 ESSEX, VT 05452
---	--

(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
T 127	<p>Continued From page 3</p> <p>During the tour of the Chef's Kitchen commencing at 10:15 AM on 4/22/24 perishable items in the reach-in refrigerator observed without the dates they were opened or prepared included trays of individual servings of prepared items, tomato juice, a glass containing a "smoothie", salad dressings, and chopped vegetables. The walk-in refrigerator contained opened undated containers of dressings, condiments and sauces, deli meats, shredded cheese, cream cheese, and cut pineapple and melon. The freezer contained opened undated containers of fruits, vegetables, sausage, pasta, and 2 opened containers of ice cream. In the dry goods storage area there were opened undated oils, vinegars, honey, molasses, and tahini.</p> <p>These findings were confirmed by the Chef and Director during the Chef's Kitchen tour on the morning of 4/22/24.</p> <p>In conclusion, this deficient practice is a potential risk for more than minimal harm due to food borne illness for all facility residents.</p>	T 127		

Deficiency Statement Plan of Correction (POC)

Survey Date: April 24, 2024

Facility Name: River Valley Therapeutic Residence

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
<p>T040 – V.5.8.5 Medication Management</p> <p>Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of reason for and specific results of the medication use.</p>	<p>The Nurse Manager and Nurse Educator have developed a written PRN Psychoactive Medication Plan template and a PRN Psychoactive Medication Plan Acknowledgment form to be used in the creation of written PRN Psychoactive Medication Plans for each PRN psychoactive medication prescribed. The written plans are for the administration of psychoactive medications administered as needed by staff other than a nurse.</p>	<p>PRN Psychoactive Medication plans written and implemented by 5/13/2024 for residents with PRN Psychoactive Medications.</p>	<p>PRN Psychoactive Medication plans will be created by the Nurse Manager, Charge Nurse, or nursing designee.</p> <p>The PRN Psychoactive Medication Plan will:</p> <ul style="list-style-type: none"> o Describe the specific behaviors the medication is intended to correct or address. o Specifies the circumstances that indicate the use of the medication. o Educates the staff about what desired effects or undesired effects the staff must monitor for. o Direct the staff where to document the time of, reason for, and specific results of the medication use. <p>The PRN Psychoactive Medication Plan Acknowledgment form will:</p> <ul style="list-style-type: none"> o Document that an RN has reviewed the PRN Psychoactive Medication Plan for each PRN Psychoactive Medication with the non-licensed delegated staff prior to the administration of the medication by the non-licensed staff. o By signing the PRN Psychoactive Medication Plan Acknowledgment form, the Medication Delegated Staff and RN Staff are attesting that the Medication Delegated Staff has reviewed, understands, and agrees to abide by the PRN Psychoactive Medication Plan. <p>The Nurse Manager will update the Nightly Audit Checklist, which is an audit tool completed by the Charge/Lead Nurse nightly, to include a review of active PRN Psychoactive Medication Plans and PRN Psychoactive Medication Plan Acknowledgment forms located in the MAR to ensure that all non-licensed delegated staff have reviewed and signed the PRN Psychoactive Medication Plan Acknowledgment forms. The night shift Charge/Lead Nurse will follow up with the non-licensed delegated staff via email and include the</p>	<p>Nurse Manager</p>

[Signature] 5/16/24

			<p>Nurse Manager on the email to ensure the non-licensed delegated staff has reviewed the PRN Psychoactive Medication Plans and signed PRN Psychoactive Medication Plan Acknowledgment forms during their next scheduled work shift.</p> <p>T040 Plan of Correction accepted by Jo A Evans RN on 5/16/24.</p>	
<p>T071 – V.5.13 Policy and Procedures</p> <p>Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request.</p>	<p>The Medication Administration and Medication Overview Policies have been updated to include PRN Psychoactive Medication Plans.</p>	<p>Medication Overview and Medication Administration Policies updated to include the PRN Psychoactive Medication Plan on 5/6/2024. Review of the updated Medication Administration and Medication Overview policies, as well as the new PRN Psychoactive Medication Plan template to be reviewed by all RN and non-licensed medication administration delegated staff to be completed by 5/20/2024.</p>	<p>The Nurse Educator will organize a required training to ensure all direct care staff are aware of the PRN Psychoactive Medication Plan, PRN Psychoactive Medication Plan Acknowledgment form, and Medication Administration and Medication Overview policy updates to ensure all direct care staff remain in compliance with the PRN Psychoactive Medication Plans.</p> <p>T071 Plan of Correction accepted by Jo A Evans RN on 5/16/24.</p>	<p>Nurse Educator</p>
<p>T127 – VII.7.2.B Nutrition and Food Services</p> <p>Food Safety and Sanitation</p> <p>All perishable food and drink shall be labeled, dated, and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p>	<p>The Nutrition Service Policy and Procedure Manual was updated to correct this deficiency.</p>	<p>Kitchen Closing Checklist Log initiated on 5/7/2024. RVTR Nutrition Service Policy and Procedure Manual, section 4 Labeling, updated on 05/15/2024.</p>	<p>The Nutrition Service Policy and Procedure Manual was updated to define the correct standard for food labeling. Food labels will be inspected once per day to ensure that outdated food items are disposed of.</p> <p>T127 Plan of Correction accepted by Jo A Evans RN on 5/16/24.</p>	<p>Supervising Chef or Designee</p>