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

July 13, 2022

Mr. Jonathan Phyfe, Manager
Roadhouse
5 Giudici Street
Barre, VT 05641-3410

Dear Mr. Phyfe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 7, 2022**. 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

Pamela M. Cota, RN
Licensing Chief

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
	0615	A. BUILDING: ______ B. WING ______	06/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROADHOUSE	5 GIUDICI STREET BARRE, VT 05641

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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted on 6/7/22 by The Division of Licensing and Protection. The following regulatory deficiencies were identified:	R100	Please see attached Plan of Correction	
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: Per staff interview and record review there was a failure to administer medications for 1 resident (Resident #2) according to physician's orders. Findings include: Per record review an After Visit Summary from a medical appointment for Resident #2 dated 4/1/22 included a list of medication changes including orders to stop taking Fish Oil and Multivitamins with Minerals. Per review of Medication Administration Records (MARs) orders for Fish Oil and Multivitamins were not discontinued from Resident #2's MAR and administration of the discontinued medications had continued through the date of the site visit on 6/7/22. On the afternoon of 6/7/22 the Registered Nurse and Administrative Coordinator confirmed there was a failure to implement the medication changes ordered by Resident #2's provider on 4/1/22.	R128		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Residential Coordinator	7/1/2022

R128-R314 POC accepted 7/13/22 J. Evans, RN/SL

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R134 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, nursing staff failed to use the assessment instrument provided by the licensing agency for 3 of 3 applicable residents (Residents #1, #2 and #3). Findings include: Upon review of resident assessments completed in 2021 for 3 of 3 applicable residents it was noted the agency that provides oversight and management of the Residential Care Home (RCH) had restructured the Resident Assessment form into a format that does not replicate the assessment instrument created and provided by the licensing agency. Components of the licensing agency assessment were noted to be missing throughout the reformatted assessment used by the RCH nurse for the 2021 annual reassessments completed for Residents #1, #2 and #3. At 2:56 PM on 6/7/22 the Registered Nurse confirmed the resident assessments completed in 2021 for Residents #1, #2, and #3 were completed using an assessment form created by	R134		

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R134	Continued From page 2 the designated agency.	R134		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure to develop a written plan of care for 1 applicable resident. (Resident #1) Findings include: Resident #1 was admitted to the Residential Care Home (RCH) in 2005. The resident requires medication administration and monitoring for a diagnosis of hypertension. In addition, the resident also has an obsessive-compulsive disorder which requires staff to monitor the resident's behavior and always accompany the resident when traveling in the community. Per interview on the afternoon of 6/7/22, the RCH Registered Nurse confirmed a care plan has not been developed for Resident #1.	R145		
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R162		

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R162	Continued From page 3 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and record review the facility failed to assure that staff did not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order for 1 applicable resident. (Resident #3) Findings include: Per review of the Medication Administration Record (MAR), Resident #3 is receiving Seroquel (antipsychotic) 100 mg orally every 8 hours PRN (as needed) for extreme agitation not to exceed 300 mg of Seroquel in 24 hours. However, per review of physician orders, Seroquel 100 mg could be administered 4 x per day for a total of 400 mg in 24 hours. Per interview on 6/7/2022 at 3:50 PM, the RCH RN stated s/he thought changes to the Seroquel order occurred in 2019, however no evidence of the change in the physician's order could be located to validate this change in the maximum amount of Seroquel which could be administered in 24 hours.	R162		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and	R179		

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R179	Continued From page 4	R179		

techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:

(1) Resident rights;
(2) Fire safety and emergency evacuation;
(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;
(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;
(5) Respectful and effective interaction with residents;
(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
(7) General supervision and care of residents.

This REQUIREMENT is not met as evidenced by:
Based on review of staff training records the Administrative Coordinator failed to ensure all staff received the required hours of training each year. Findings include:

During the course of the survey on 6/7/22 the Administrative Coordinator was requested to demonstrate via training records that all staff employed at the Residential Care Home (RCH) had received the 12 hours of required yearly training to include: Resident's Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions; and General Supervision. Per review of staff

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R179	Continued From page 5 training records 3 of 5 staff members had not completed all 12 hours of required yearly training. At 2:25 PM on 6/7/22 the Administrative Coordinator confirmed 3 out of 5 staff had not completed the required yearly training.	R179		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and confirmation by the Administrative Coordinator there was a failure to label and date all opened perishable food and drinks stored in the refrigerator in the facility kitchen. Findings include: Per observation during a tour of the facility commencing at 9:50 AM on 6/7/22 the open containers in the facility refrigerator were not labeled with the date they were opened. On the afternoon of 6/7/22 the Administrative Coordinator acknowledged food containers were not labeled when opened.	R247		
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment	R266		

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R266	Continued From page 6 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmation by the Administrative Coordinator there was a failure to ensure the upstairs bathroom and the facility kitchen were maintained as a safe and sanitary environment. Findings include: Per observation during a facility tour commencing at 9:50 AM on 6/7/22 the caulking around the base of of the shower on the second floor of the facility had areas of brown discoloration and was in need of repair; and the hood above the stovetop in the kitchen had areas of rust with bubbling paint surrounding the rusted areas. On the afternoon of 6/7/22 the Administrative Coordinator acknowledged the second floor bathroom shower caulking was discolored and in need of repair, and the hood above the stovetop in the kitchen had areas of rust with damage to the surrounding paint.	R266		
R313 SS=E	XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the	R313		

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R313	Continued From page 7 terms of same, the funds or property and persons involved. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to obtain written requests for the management of personal funds for 3 applicable residents. (Residents #1, #2, #3) Findings include: During the course of survey, the RCH Administrator Coordinator confirmed on the afternoon of 6/7/22 although the staff manage personal spending funds for all three residents residing at the RCH, there was a failure to obtain consent from either the residents, their guardians or representative payee for the management of such funds.	R313		
R314 SS=E	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on staff interview and review of accounting of resident funds noted a failure to maintain an accurate record of all transactions and to provide a quarterly accounting statement to each resident, guardian and/or representative payee. (Residents #1, #2, #3) Findings include: On the afternoon of 6/7/22 the Administrator	R314		

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R314	Continued From page 8 Coordinator confirmed although the facility holds small amounts of funds for each of the residents, the accounting of transactions was inaccurate. Money is stored securely in a locked cabinet, however the envelopes containing cash or checks and the accounting of monthly deposits and/or daily withdrawals did not match what was documented on the envelopes for all 3 residents.	R314		

Roadhouse Plan of Correction site survey of June 7, 2022

V. RESIDENT CARE AND HOME SERVICES

R128-5.5c Per staff interview and record review there was a failure to administer medications for 1 resident (Resident #2) according to physician's orders.

POC: All resident medication change orders will be confirmed by delegated staff and implemented within 24 hours of receipt of medical provider order. Site RN will review and confirm accuracy of all medication orders, including stop orders, on a weekly basis in conjunction with established site visitation schedule. The effective date of this correction action will be June 25, 2022.

R134-5.7 RN staff failed to use the assessment instrument provided by the licensing agency for 3 of 3 applicable resident

POC: The RN staff member at the Roadhouse residential facility, will document resident nursing assessment data, on the instrument authorized and approved by the licensing agency, for this purpose for all residents of this facility. Additionally, RN will document interactions and assessments for residents following each visit to facility. The effective date of this correction action will be June 25, 2022.

R145-5.9 c (2) Based on staff interview and record review, there was a failure to develop a written plan of care for 1 applicable resident (Resident #1).

POC: RN will provide a written plan of care for all residents of the facility, available for review by either the resident, or other concerned personnel, including resident guardian as requested, at any time. The effective date of this corrective action will July 1, 2022.

R162 5.10.c. Based on observation, staff interviews, and record review the facility failed to assure that staff did not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order for 1 applicable resident. (Resident #3)

POC: All resident medication orders will be confirmed by supervisory RN at the Roadhouse level III residential facility, who will review and confirm the accuracy of all medication orders, confirming written physician medication orders are on file and readily available for review, on a weekly basis, or as needed, based upon current medication change orders, in conjunction with currently established site visitation schedule, on a weekly basis. All medication change orders will be reviewed and signed confirming acknowledgement and understanding, by all facility employees. The effective date of this corrective action will be June 25, 2022.

R179 5.11.b Based on review of staff training records the Administrative Coordinator failed to ensure all staff receive the required hours of training each year. Per review of staff training records 3 of 5 staff members had not completed all 12 hours of required yearly training.

POC: All staff will achieve 12 hours of required training on an annual basis. Staff training will occur in conjunction with scheduled monthly staff meetings. The Administrative Coordinator will audit the training attendance documentation, maintained on site, on a monthly basis, ensuring that all staff have met, and continue to meet, this required standard of training and development. The effective date of implementation of this corrective action will be June 20, 2022.

VII. NUTRITION AND FOOD SERVICES

R247 7.2.b Based on observation and confirmation by the Administrative Coordinator there was a failure to label and date all opened perishable food and drinks stored in the refrigerator in the facility kitchen.

POC: All food and drink items stored in the refrigerator in the facility kitchen will be properly labeled, dated and stored, once it has been opened by staff and/or residents. Staff will inspect contents of refrigerator daily and discard any items that are out of date or are found to be not labeled properly, to guarantee sanitary food and beverage items are available for all residents at this facility. Additional food safe storage containers will be purchased as necessary, to facilitate clear and effective labeling of all opened food and beverage items being stored in the kitchen refrigerator, that is accessible to all residents of this facility. The effective date of this corrective action will be June 8, 2022.

IX. PHYSICAL PLANT

R266 Based on observation and confirmation by the Administrative Coordinator there was a failure to ensure the upstairs bathroom and the facility kitchen were maintained as a safe and sanitary environment. On the afternoon of 6/7/22 the Administrative Coordinator acknowledged the second-floor bathroom shower caulking was discolored and in need of repair, and the hood above the stovetop in the kitchen had areas of rust with damage to the surrounding paint.

POC: Appropriate maintenance personnel have been notified of these identified areas of poor and/or unsanitary condition. Steps have been taken to replace discolored caulking around the second-floor shower area. Additionally, steps have been initiated to properly and safely repair and repaint the areas of rust and damage noted on the range hood in the kitchen area. Facility management and staff members will inspect and evaluate all areas of the residence to proactively identify areas in need of maintenance action, on a weekly basis. Implementation of this corrective action will be June 8, 2022.

XI. RESIDENT FUNDS AND PROPERTY

R313 11.1 Based on staff interview and record review, the RCH failed to obtain written requests for the management of personal funds for 3 applicable residents. (Residents #1, #2, #3).

POC: The Administrative Coordinator has filed a letter from each of the residents who are requesting that the residential staff manage their personal funds. All three (3) residents were informed of this opportunity and two (2) requested this additional support. A letter from each participating resident has been reviewed and signed as required by guardian and will be maintained on file at the residence. This arrangement will continue until such time as the resident and/or guardian request otherwise, with written notice to terminate, provided to the administrative coordinator. The administrative coordinator may also elect to terminate this arrangement, by providing a written notice to terminate such support, no less than 15 days in advance. The effective date to implement this corrective action will be July 15, 2022.

R314 11.2 Based on staff interview and review of accounting of resident funds noted a failure to maintain an accurate record of all transactions and to provide a quarterly accounting statement to each resident, guardian and/or representative payee. (Residents #1, #2, #3)

POC: The Administrative Coordinator will develop and implement the use of a financial tracking mechanism to accurately document the total funds overseen by the residential facility staff, and will

follow up on a weekly basis, to ensure that all financial transactions are effectively and accurately documented. The administrative coordinator will provide a statement of account activity on a quarterly basis, to the resident and/or guardian, as required. The corrective action described herein, will be implemented by all residential staff, on or before July 1, 2022.