



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

September 20, 2024

Adelit Rukomangana, Manager
Second Spring North
1071 Vt Route 15
Underhill, VT 05489-9341

Dear Mr. Rukomangana:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 19, 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: 0611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2024
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NAME OF PROVIDER OR SUPPLIER SECOND SPRING NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1071 VT ROUTE 15 UNDERHILL, VT 05489
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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: An unannounced onsite relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 8/19/24. The complaint review was unsubstantiated. The relicensure survey identified noncompliance with regulatory requirements. Findings include:	R100		
R175 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the RCH failed to ensure medications stored within Resident rooms, for self-administration, were provided a secure storage space to prevent unauthorized access to the medications. During the facility tour commencing at 10: 15 AM, in Resident #1's room, a medication pill planner was observed on the resident desk. Resident #1 confirmed to self-administer medications and store the medication pill planner on a dresser. Through the course of survey, the resident revealed a bag was provided initially when they	R175	R 175 Accepted Jenielle Shea, RN 9/20/24	

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



TITLE
Director of QI and Compliance

(X6) DATE
9/5/24

Division of Licensing and Protection

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R175	<p>Continued From page 1</p> <p>began self-administering medications to store in, however, confirmed to have not stored medications in that way for some time and is unable to locate the bag.</p> <p>Per interview on 8-19-24, the RN confirmed Resident #1 self-administers medications, with the exception of a controlled medication in which remains in the medication cart locked and accounted for by staff.</p> <p>In review of the Resident #1 record, documentation to identify competency of self-administration evaluation was not provided. observed. A physician ordered for resident #1 to be able to self-administer. A progress note written on 4/13/23 indicated Resident #1 expressing interest in self-administering medications.</p> <p>Per interview on 8/19/24 at 1:30 PM the Director of Quality Improvement and Compliance, confirmed Resident #1 to self-administer, and the current policies established for medication administration do not include policies for self-administering, to include review/evaluation of self-administration and the home's securement expectations by the residents.</p>	R175		
R200 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced</p>	R200	<p>R 200 Accepted Jenielle Shea, RN 9/20/24</p>	

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R200	<p>Continued From page 2</p> <p>by: Based on record review and staff interview the RCH failed to ensure Medication policies and procedures included a policy for self-administration.</p> <p>Per review of the Facility Medication Management Policy, self administration of medication practices were not established by the RCH.</p> <p>Per interview on 8/19/24 at 1:30 PM, the Director of Quality and Improvement, confirmed the RCH has 1 resident currently self-administering medications and confirmed the current medication policies do not include an established policy for Self-administration of medications, to include evaluation to self-administer, securement of medications stored in room or competency review practices of self administration of medications.</p>	R200		

Deficiency Statement Plan of Correction (POC)

Survey Date: August 19, 2024

Facility Name: Second Spring North

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
<p>R175</p> <p>R 175 Accepted Jenielle Shea, RN 9/20/24</p>	<p>On 8/19/2024 Resident was given a locked bag to store medications safely in their room.</p> <p>On 8/21/2024 medication policy #427; was updated with self-administration guidelines for residents to align with L&P regulations.</p>	<p>8/19/2024 and 8/21/2024</p>	<p>Nursing audited all residents; no other resident self-administers medications.</p> <p>Nursing to check in with resident weekly to ensure medications are locked in the lock bag supplied to them.</p>	<p>Nursing and Program Director will review monthly and check with Residents weekly</p>
<p>R200</p> <p>R200 Accepted Jenielle Shea, RN 9/20/24</p>	<p>On 8/21/2024 medication policy #427; was updated with self-administration guidelines for residents to align with L&P regulations.</p>	<p>8/21/2024</p>	<p>All policies and procedures will be reviewed annual, or sooner if needed to ensure compliance with Regulations.</p>	<p>Director of QI and Director of Human Resources</p>