



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

November 19, 2018

Ms. Betsy Hutchinson, Manager
Second Spring South
118 Clark Road
Williamstown, VT 05679-9449

Dear Ms. Hutchinson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 30, 2018**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

NOV 14 2018

PRINTED: 11/02/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/30/2018
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NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
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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
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R100 Initial Comments:

R100

Please see attached Plan of Correction.

R167
SS=D

The Division of Licensing and Protection conducted an unannounced, onsite re-licensure survey from 10/29/2018 through 10/30/2018. The following regulatory violations were identified.

R167

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:

(5) Staff other than a nurse may administer PRN psychoactive medications only when the home 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.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the residence failed to ensure that written plans for as needed (PRN) psychoactive medications contained all required elements prior to the administration of the medication by unlicensed staff for 2 out of 3 residents in the sample (Resident #1 & Resident #2). Findings include:

Resident #1 had orders for olanzapine 2.5 mg PRN for "severe anxiety and agitation" and

*Tag R167 accepted
ES 11/19/18*

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

Betsy Hutchinson

TITLE

Program Manager 11/9/18

(X6) DATE

Division of Licensing and Protection

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R171

Continued From page 2

R171

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 staff interview and record review, the residence failed to ensure that documentation of medication administration was sufficient to indicate that the medication regimen as ordered is appropriate and effective for 1 out of 3 residents in the sample (Resident #1). Findings include:

Per review of the resident medication administration record (MAR), Resident #1 had orders for olanzapine 2.5 mg by mouth every four hours as needed (PRN) to manage symptoms of "severe anxiety and agitation". Resident #1 had received the medication on 10/19/2018 and 10/24/2018 due to symptoms of anxiety, however there was no documentation to reflect the medication's effectiveness after it was administered.

Per review of the MAR, Resident #1 had orders for hydroxyzine 100 mg by mouth every four hours PRN to manage symptoms of anxiety. Resident #1 received the medication on 10/21/2018 and 10/23/2018 due to symptoms of anxiety, however there was no documentation to reflect the medication's effectiveness after it was administered. The findings were reviewed with the Nurse Manger on the morning of 10/30/2018 and s/he confirmed that per policy and training, staff are expected to document the effectiveness of PRN medication after administration.

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2018
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R179 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and 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:</p> <ol style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure all staff received annual training in the subject areas as required by the Vermont Residential Care Home Licensing Regulations. Findings include:</p> <p>Per review of training records for five direct care</p>	R179	<p>Please see attached Plan of Correction</p> <p>tag R179 accepted 88 11/19/18</p>	
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Division of Licensing and Protection

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R179	Continued From page 4 staff members, none had received training in Resident Rights within the last year. On the afternoon of 10/29/2018, the Program Manager confirmed that staff receive Resident Rights training at the time of orientation, but the training had not been offered to current staff within the last year.	R179		
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Collaborative Solutions Corporation

Second Spring South Plan of Correction

Complaint Investigation

10-30-2018

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>3. 5.11 Staff Services 5.11b The home must ensure that staff demonstrate competency in the skills and 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:</p> <ol style="list-style-type: none"> 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, hand washing, handling of linens,, maintaining clean environments, blood borne pathogens and universal precautions; and 7. General supervision and care of residents <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure all staff received annual training in the subject areas as required by the Vermont Residential Care Home Licensing Regulations. Findings</p>	<ol style="list-style-type: none"> 1. Learning Management System (Relias) will track staff training completion. 2. Staff who are out of compliance with training will not be providing direct care with residents. There will be a one week grace period per Training Policy. 	<p>Training Manager (recently hired 9/2018)</p>	<p>12/31/18 – all staff will be retrained in Resident Rights</p>

*POC accepted
LB Newbrook
11/19/18*

<p>include: ‘Per review of training records of five direct care staff members, non had received training in Resident Rights within the past year. On the afternoon of 10/29/18, the Program Manager confirmed that staff receive Resident Rights training at the time of orientation, but the training had not been offered to current staff within the last year.</p> <p><u>POC:</u> CSC will train each staff member in resident rights in accordance with L&P regulations. All staff will receive Residents Rights training through a combination of 1:1 training, small group training, and e-learning through our learning management system.</p>			
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Collaborative Solutions Corporation Second Spring South Plan of Correction

Complaint Investigation

10/30/18

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1 V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home 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, the residence failed to ensure that written plans for as needed (PRN) psychoactive medications contained all required elements prior to the administration of the medication by unlicensed staff for 2 out of 3 residents in the sample (Resident #1 & Resident #2). Findings include:</p> <p>Resident #1 had orders for olanzapine 2.5 mg PRN for "severe anxiety and agitation" and</p>	<p>On Friday, November 2nd, 2018 the Director of Nursing completed a Medication Administration Record (MAR) audit and reconciled thoroughly the completion of all psychoactive medications as needed (PRN) to include the indication for use, specific behaviors the PRN medication is intended to address and a list of desired effects or undesired side effects that staff must monitor for. The Director of Nursing will provide additional training for all nursing and med-delegated staff on November 28th, 2018 to review our psychoactive PRN policy which includes identifying psychoactive PRN's, how to complete the full plan of care and documenting the medication effectiveness.</p>	<p>Director of Nursing</p>	<p>November 28, 2018 and subsequent Medication Delegation trainings</p>

*POC accepted
28 Nov 2018
11/19/18*

<p>Continued From page 1</p> <p>hydroxyzine 100 mg PRN every four hours for "anxiety". Per review of Resident #1's PRN medication administration record, there were no descriptions of specific behaviors included in the written plan for administration.</p> <p>Resident #2 had orders for olanzapine 5 mg PRN every four hours for "agitation and paranoia". Per review of Resident #2's PRN medication administration record, there were no descriptions of specific behaviors included in the written plan for administration. During an interview on the morning of 10/30/2018, the Nurse Manager confirmed the medication records did not include specific descriptions of behavior within the written plans.</p>			
<p>2 V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>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:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom</p>	<p>Since Friday, November 2nd, 2018, The Director of Nursing has made MAR checks a requirement per shift and this will be part of all medication delegation trainings. The person assigned medication duties, whether it be a nurse or a med-delegate, prior to the end of their shift shall check the MAR and PRN forms to ensure that all signatures for medication administration and medication effectiveness have been documented. Nursing staff will follow up with the individual(s) missing documentation on the MAR and PRN forms when they become aware of it.</p>	<p>Nursing and Med-delegated staff.</p>	<p>November 2, 2018</p>

Continued From page 2

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(5) For residents receiving psychoactive medications, a record of monitoring for side effects.
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*POC accepted
2/28/2018*