



**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 17, 2023

Ms. Shireen Yahyazadeh, Manager  
Second Spring South  
Po Box 320  
Richmond, VT 05477

Dear Ms. Yahyazadeh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 2, 2023**. 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

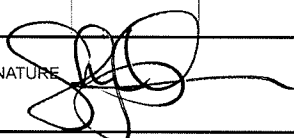
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SECOND SPRING SOUTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 320 RICHMOND, VT 05477</b>
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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 on-site re-licensure survey was conducted by the Division of Licensing and Protection on 5/2/23. The following regulatory violations were identified:	R100		
R176 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h (4)</p> <p>Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to ensure unused/outdated medications were disposed of per facility policy. Findings include:</p> <p>On 5/2/23 at 2:45 PM observation of the facility medication cart, it was noted that expired medication were observed to be in use. Findings include 3 oz muscle rub cream expired on 1/2022, hemorrhoidal suppositories expired on 1/2023, 60 tablet bottle of melatonin 3 mg expired on 2/2023, 24 capsules of anti-diarrheal expired on 9/2022, 60 tablet bottle of melatonin 1 mg expired on 4/2023, 500 tablets of Ibuprofen 200 mg expired on 1/2023, 2 Epinephrine injectable pens 0.3 mg expired on 4/2023, Nicotine gum 4 mg expired on 6/2022.</p> <p>On the afternoon of 5/2/23 the facility RN</p>	R176		

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



TITLE **Program Director**

(X6) DATE  
**5/16/2023**

Tags R176 - R302 accepted 5/4/2023 M. McIntosh/C. Scott

Correction to previous note - Tags R178 - R302 Accepted on 5/17/2023 - M. McIntosh/C. Scott

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SECOND SPRING SOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 320 RICHMOND, VT 05477</b>		
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R176	Continued From page 1  confirmed the medications are to be disposed of; however, the process had not been followed per the facility Policy for Resident Medication and Disposal of Medication (last revised 5/2022) which states " Two staff (one being a medical staff) will count and document the number of pills and name of medication destroyed. Designated disposal staff will then dispose via Stericycle medication waste disposal kits".	R176		
R302 SS=E	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide documentation of fire drills conducted during the previous 12 months. Findings include:  On 5/2/23 staff were asked to demonstrate via documentation that they were conducting fire	R302		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2023</b>
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R302	Continued From page 2  drills on a quarterly basis and rotating times among morning, afternoon, evening, and night. Based on record review the RCH failed to demonstrate that a fire drill was conducted during the night. This was confirmed by the maintenance director on the afternoon of 5/2/23.	R302		

**Collaborative Solutions Corporation - Second Spring South**  
**Annual Survey 5/2/23**  
**Plan of Correction**

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>Plan of Correction (POC) Your POC must contain the following:</p> <ul style="list-style-type: none"> <li>• What action you will take to correct the deficiency;</li> <li>• What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,</li> <li>• How the corrective actions will be monitored so the deficient practice does not recur.</li> <li>• The dates corrective action will be completed.</li> </ul>			
<p><b>1) R176 V. RESIDENT CARE AND HOME SERVICES</b>  <b>5.10 Medication Management</b>  <b>5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by:</b></p> <p>Based on observation and staff interview, the RCH failed to ensure unused/outdated medications were disposed of per facility policy. Findings include:</p>	<p>See below</p>	<p>See below</p>	<p>See below</p>

**Collaborative Solutions Corporation - Second Spring South  
Annual Survey 5/2/23  
Plan of Correction**

<p>On 5/2/23 at 2:45 PM observation of the facility medication cart, it was noted that expired medication were observed to be in use.</p> <p>Findings include 3 oz muscle rub cream expired on 1/2022, hemorrhoidal suppositories expired on 1/2023, 60 tablet bottle of melatonin 3 mg expired on 2/2023, 24 capsules of anti-diarrheal expired on 9/2022, 60 tablet bottle of melatonin 1 mg expired on 4/2023, 500 tablets of Ibuprofen 200 mg expired on 1/2023, 2 Epinephrine injectable pens 0.3 mg expired on 4/2023, Nicotine gum 4 mg expired on 6/2022.</p> <p>On the afternoon of 5/2/23 the facility RN confirmed the medications are to be disposed of; however, the process had not been followed per the facility Policy for Resident Medication and Disposal of Medication (last revised 5/2022) which states " Two staff (one being a medical staff) will count and document the number of pills and name of medication destroyed. Designated disposal staff will then dispose via Stericycle medication waste disposal kits".</p> <p><b><u>PLAN OF CORRECTION</u></b></p> <p><b>Correction of Deficiency:</b> All out-of-date medications were identified and disposed of on the day of the site survey.</p>	<p><b>Monitoring:</b> Monthly within the first week of each calendar month, the Director of Primary Care and Nursing</p>	<p><b>Responsibility:</b> PRIMARY: Nurse Manager MONITORING: Director of Primary Care and Nursing</p>	<p><b>Completion:</b> 5/2/23 – All out-of-date medications were identified and disposed</p>
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**Collaborative Solutions Corporation - Second Spring South**  
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<p><b>Systemic Changes:</b>  Each month on the day that pharmacy delivers monthly medications or within one week following that delivery, the Nurse Manager or an RN designated by the Nurse Manager for this task, plus one additional staff, will go through the medication cart to identify, count, and dispose of expired medications into Stericycle medication waste disposal kits. This will then be documented on a log kept on the medication cart, which will inquire for the name of the medication, its expiration date, pill count, the date of disposal, and staff initials.</p>	<p>Leadership (or in her absence, the Director of Quality Improvement) will check the med cart documentation log to ensure disposal occurred in the previous calendar month.</p>	<p>Leadership; Director of Quality Improvement</p>	<p>of on the day of the site survey in the presence of surveyor(s).</p>
<p><b>2) R302 IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness</b></p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by:</p>	<p>See below</p>	<p>See below</p>	<p>See below</p>

**Collaborative Solutions Corporation - Second Spring South  
Annual Survey 5/2/23  
Plan of Correction**

<p>Based on record review and staff interview there was a failure to provide documentation of fire drills conducted during the previous 12 months. Findings include:</p> <p>On 5/2/23 staff were asked to demonstrate via documentation that they were conducting fire drills on a quarterly basis and rotating times among morning, afternoon, evening, and night. Based on record review the RCH failed to demonstrate that a fire drill was conducted during the night. This was confirmed by the maintenance director on the afternoon of 5/2/23.</p> <p><b><u>PLAN OF CORRECTION</u></b></p> <p><b>Correction of Deficiency:</b> On 5/16/2023, a fire drill was performed at 1:00 AM (night), bringing Second Spring South into compliance with the regulation as we have now had morning, afternoon, evening, and night drills over the past four quarters.</p> <p><b>Systemic Changes:</b></p>	<p><b>Monitoring:</b> Monitoring / ensuring systemic changes take place is assigned to Directors of Operations and QI, and Operations Manager. Calendar items with reminders are set (for the 15th day of the second month of each Quarter) for each of those three roles to ensure they have received an appropriate report as described in bullet point 3 of "Systemic Changes".</p>	<p><b>Responsibility:</b> PRIMARY: Program Director, Associate Program Manager, B&amp;G Coordinator. MONITORING: Director of Operations, Director of Quality Improvement, Operations Manager</p>	<p><b>Completion:</b> On 5/16/2023, a fire drill was performed at 1:00 AM (night).</p>
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**Collaborative Solutions Corporation - Second Spring South**  
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<p>SOP changes include:</p> <ul style="list-style-type: none"><li>• Fire drills will be performed in the first month of each Quarter by the Program Director or if designated, by the Assoc. Program Manager or B&amp;G Coordinator.</li><li>• Calendar items with email reminders have been set up for those three roles for the first day of each quarter.</li><li>• Reporting of completed drills to Admin will include tracking time of day of each drill.</li></ul>			
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### Medication Disposal Log

Medication Name	Medication Exp Date	Pill Count	Date of Disposal	Staff 1 Initials	Staff 2 Initials
Muscle rub cream (3 oz)	01/2022	N/A	5/2/23	QW	
Hemorrhoidal suppositories	01/2023	N/A	5/2/23	QW	
Melatonin 3 mg	02/2023	60	5/2/23	QW	
Anti-diarrheal	09/2022	24	5/2/23	QW	
Melatonin 1 mg	04/2023	60	5/2/23	QW	
Ibuprofen 200 mg	01/2023	500	5/2/23	QW	
Epinephrine injectable pens 0.3 mg	04/2023	2	5/2/23	QW	
Nicotine gum 4 mg	06/2022	N/A	5/2/23	QW	



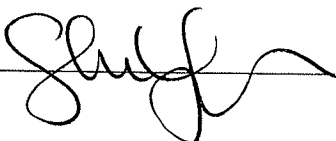
## Fire Drill Protocol and Form

- 1) Staff person performing Fire Drill assesses number of staff, residents, and visitors in the facility.
- 2) Call Central Station (1-800-639-2066), identify self and give account # and password, inform them of the time of the fire drill so they can take us off line, also call Williamston Fire Department (433-5907).
- 3) Pull fire station, begin timing of fire drill.
- 4) Post one staff at the shed (this is our outdoor meeting place, during inclement weather people can congregate inside), this staff performs outside headcount.
- 5) Two staff clear house, one upstairs and one downstairs checking all accessible rooms, bathrooms and closets.
- 6) When all people are accounted for at the shed, end timing of drill.
- 7) Reset station and call Central Station and Williamston Fire Department to inform them drill is over.
- 8) Document date and time of drill and elapsed time of evacuation with list of all participants (on back of this form).

Date: 5/16/2023 Time: 1:00 (am/pm) Elapsed time of drill: 1.52

Comments:

Staff Name: Shireen Yanyazadeh

Staff Signature/Date:  5/16/2023