VERMONT

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

March 13, 2019

Mr. Dale Robb, Manager
Serenity House
Po Box 207
Wallingford, VT 05773-0207

Dear Mr. Robb:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 19, 2019.** 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
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
	0524	A. BUILDING: _____ B. WING _____	C 02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY HOUSE	PO BOX 207 WALLINGFORD, VT 05773

(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 An unannounced on-site relicensing survey and a complaint investigation was conducted by the Division of Licensing and Protection on 2/19/19. The following regulatory deficiencies were identified as a result of the survey:	T 001	Please see attached Plan of Correction.	
T 036 SS=D	V.5.8.b Resident Care and Services 5.8 Medication Management 5.8.b The manager of the residence is responsible for ensuring that all medications are handled according to the residence's policies and that designated staff are fully trained in the policies and procedures. The manager shall assure that all medications and drugs are used only as prescribed by the resident's physician, properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility manager failed to ensure that injectable insulin is handled and stored according to manufacturers recommendations for 1 applicable resident (Resident #1). The findings include the following: Per medical record review for Resident #1, has a physician order for Lantus Insulin 15 units subcutaneous (SC) at bed time and Novolog Insulin 6 units SC with meals and per sliding scale directions. Per inspection of the medications cart, Resident #1 has Insulin Pens (Lantus and Novolog) in use.	T 036		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dale A. Rutter — TITLE: Chief Executive Officer — (X6) DATE: 3/7/19

T036-T146 POCs accepted 3/7/19 MBertrand RN/PMC

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T 036	Continued From page 1 One of the insulin pens has a sticker that identifies the insulin is to be discarded after 28 days. There is a space to enter the date when the insulin pen was put in use. The second pen had no sticker nor was there any identification when the insulin was put in use. Manufacturer identifies that both types of insulin should be discarded after 28 days of use, and once open should be stored at room temperature. Confirmation was made by the Registered Nurse (RN) on 2/19/19 at 3:10 PM, that both insulin pens are in use, stored in the medication cart at room temperature and do not identifiy when the pens were put in use.	T 036		
T 052 SS=F	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence 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: (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	T 052		

Division of Licensing and Protection

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T 052	Continued From page 2	T 052		

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

This REQUIREMENT is not met as evidenced by:
Based on staff interview and employee file review, the facility failed to ensure that 4 of 5 employees have had education since dates of hire in the areas of Resident Rights, Abuse/Neglect/Exploitation and Infection Control, (Employee's #1, #2, #3, and #4). The findings include the following:

This regulatory requirement was previously cited during surveys conducted in 2016 and 2017.

Per interview with the Clinical Supervisor on 2/19/19 at approximately 3:25 PM confirmation is made that the following employees have not been educated or updated on either policy or regulatory changes since their dates of hire. The findings include the following:

Employee #1 was initially hired on 2/21/05 as the Maintenance Director and currently works in the Dietary Department, and has not been re-educated since orientation in 2005, some 14 years ago;

Employee #2 who is a Registered Nurse was initially hired on 8/5/13, and has not been

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T 052	Continued From page 3 re-educated since orientation in 2013, some 6 years ago; Employee #3 who is a Registered Nurse was initially hired on 5/17/11, and has not been re-educated since orientation in 2011, some 8 years ago; Employee #4 who is a Registered Nurse was initially hired on 12/2/16, and has not been re-educated since orientation in 2016, some 3 years ago; Confirmation was made by the Clinical Coordinator at the time of the interview, that s/he is unable to locate any evidence that the four (4) employees identified have been updated or re-educated on the required subjects.	T 052		
T 146 SS=F	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that the stove used for cooking in the main kitchen is free from visible grease and grime and that the three (3) showers were maintained in a safe, sanitary and	T 146		

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T 146	Continued From page 4	T 146		

homelike environment. The findings include the following:

Per facility tour in the presence of the Clinical Supervisor on 2/19/19 at approximately 10:30 AM the following areas of concern were identified:

-Tour of the kitchen evidenced the main cook stove to have visible dust and grime on the grates of the hood, the piping along the hood and the wall in the back of the stove, all of which could dislodge while cooking, especially with the exhaust fan on;

-Tour of the shower rooms on both floors identified dirty, stained shower curtains and numerous areas of the walls and cove base in need of repair. One bathroom was found to have a cracked toilet tank cover.

Confirmation was made by the Supervisor during the tour that the above identified areas need attention (cleaning and/or replacement).

3/7/2019

Plan of Correction resulting from Division of Licensing and Protection re-licensing Survey 2/19/2019

T 036 V.5.8.b Resident Care and Services T 036 SS=D 5.8 Medication Management

Recovery House Inc. has implemented protocol for the handling of insulin pens after consultation with both our local prescribing pharmacy and Vt. Medicaid. At this point in time Recovery House will accept a client report for the date of first use of any insulin pen brought to Serenity House already in use. Serenity House will use the client provided date of first use and will so label any insulin pens. Using the client provided date of first use Serenity House will label any insulin pens brought opened and will also label the pen with a discard date in accordance with manufacturer's instructions. Serenity House will also label any insulin pens opened during a client's residential stay with date of first use and with discard date (in accordance with manufacturer's instructions). Serenity House has also created a sheet with client's identifying information and opened date/discard date for attachment to the MAR as a second way to ensure compliance in this area. These measures will be completed on 3/11/19 and it will be the responsibility of the Nurse Manager to monitor these procedures for compliance and effectiveness.

T 052 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services T 052 - 5.9 Staff Services

While Recovery does not agree with everything contained in this item we do not dispute a shortfall in this item. For example, "Employee #1 was initially hired on 2/21/05 as the Maintenance Director and currently works in the Dietary Department, and has not been re-educated since orientation in 2005, some 14 years ago;" is more reflective of staff's inability to locate past training schedules and signed lists of attendance than 14 years without training.

To repair what is a systemic problem the CEO is appointing a full time employee as "Training and Certifications Officer". The responsibilities of this position will include the establishment and implementation of a training schedule that meets the requirements of the Department of Aging and Independent Living, the requirements of the Office of Alcohol and Drug Abuse Programs, the requirements of the Office of Professional Regulation, and organizational needs relative to best practice and employee qualifications.

The Training and Certification Officer shall have the responsibility of scheduling these training with appropriate trainers and tracking attendance at these trainings. The Training and Certifications Officer will establish individual charts for employees indicating the trainings they have completed and need. Employees will be informed of their training status and the requirement that these trainings be completed as a condition of employment. There will also be created an organizational accounting of training required, accomplished and needed. These records will be maintained at Serenity House in Wallingford. The appointment of a "Trainings and Certifications Officer" will be made by April 1, 2019 and the necessary files and schedules will be completed by April 30, 2019.

IX.9.1.a Physical Plant T 146 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.

Recovery House is currently developing a facility wide maintenance plan and procedure that will include weekly inspection of the entire facility. This plan will be implemented upon completion of addition and interior renovation remodeling. In addition to this weekly inspection Recovery House is implementing a "maintenance request" system allowing any staff person to identify any maintenance need and inform maintenance staff of the need. Construction completion is expected by the end of March 2019 and in the meantime maintenance has purchased and installed new shower curtains and is in the process of repairing/replacing items as identified. The Facility Maintenance Plan will be completed by April 1, 2019 and all repairs/replacements in bathrooms will be completed by April 1, 2019.