



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

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Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 6, 2019

Ms. Katie Bourque, Manager
Soteria Vermont
125 College Street 2nd Floor
Burlington, VT 05401

Dear Ms. Bourque:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 2, 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,

A handwritten signature in black ink 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: 0650	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2019
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NAME OF PROVIDER OR SUPPLIER SOTERIA VERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 125 COLLEGE STREET 2ND FLOOR BURLINGTON, VT 05401
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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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T 001 Initial Comments T 001

An unannounced on-site relicensure survey was conducted by the Division of Licensing and Protection on 1/2/19 to determine compliance with the Licensing and Operating Regulations for the Therapeutic Community Residences. The following regulatory violations were identified:

T 035 V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and SS=F Services T 035

5.8 Medication Management

5.8.a Each therapeutic community residence must have written policies and procedures describing the residence's medication practices. The policies must cover at least the following:

- (1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse.
- (2) Who will provide the professional nursing delegation if the residence administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the residence.
- (3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff.
- (4) How medications shall be obtained for residents including choices of pharmacies.

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

C. Bourque

Soteria Services
manager

02/01/19

(X6) DATE

T035 - T146 POC's accepted 3/6/19 FmcIntschRv/pmc

Division of Licensing and Protection

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T 035	<p>Continued From page 1</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>(8) Procedures for assessing a resident ' s ability to self-administer and documentation of the assessment in the medical record</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the TCR failed to conduct a timely and appropriate assessment of each resident's ability to self-administer their prescribed medications. As a result of not conducting an assessment for self-administration of medications, the TCR permitted a patient to retain medications in their room who demonstrated incompetence and misuse. Utilizing the present assessment process, the TCR also failed to obtain a timely assessment for a resident until 5 days after admission, yet allowed self-administration to occur for 1 applicable residents. (Residents #1 & 2) Findings include:</p> <p>1. Per the TCR's Medication Assistance Curriculum and process, residents are assessed prior to admission to the TCR by a prescribing provider to determine if the resident is capable of independently performing medication self-administration (when a resident is able to direct the administration of their medication by</p>	T 035		
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T 035	Continued From page 2 being able to at least identify their medication and describe how, why and when a medication is to be administered; choose to take the medication or not; and to communicate to staff if the medication has had the desired effect or unintended side effects). Resident #1 was admitted on 9/20/18 from a psychiatric hospital with a past history of suicidal ideation and psychosis. According to the TCR's present policy, a request was made by TCR staff to the discharging facility to complete an assessment of Resident #1 ability to self-administer medications. The assessment dated 9/20/18 was completed by a nurse from the transferring facility and without further determination/assessment by the TCR nurse or psychiatrist, Resident #1 was permitted to retain medications in his/her room in a locked wall box. On 10/4/18 Resident #1 took an unknown quantity of prescribed Zyprexa (antipsychotic) and was found at 9:00 PM semiconscious laying face down on the floor in his/her room by TCR staff. 911 was called and Resident #1 was brought to the Emergency Department and Resident #1 was rehospitalized with suicidal ideation. Resident #1 was eventually returned to the TCR and no longer is allowed to retain medications in his/her room but is assisted by TCR staff with administering medications as per the resident's "plan for support" dated 11/20/18. 2. Resident #2 was admitted to the TCR on 11/1/18. Medications prescribed at the time of admission included: Omprazole 20 mg (used for heartburn) 1 capsule daily before meals; Diazepam (anxiolytic) 2 mg 1 x per day for panic attacks. Per 11/5/18 communication/progress note the TCR had difficulty obtaining from an outside transferring provider a signed Medication	T 035		

With regards to both 1 & 2:

Soteria will hold residents' prescribed medication(s) for 30 days upon intake and provide medication assistance. After this initial 30 day period, the Soteria nurse and/or associated psychiatrist will complete a self-administration assessment to ascertain whether someone can hold and self-administer their medications.

Intake Coordinator and/or Soteria nurse will attempt to obtain discharge summaries upon intake and during service course.

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T 035	Continued From page 3 Self Administration Checklist. However, Resident #2 was permitted by Soteria staff to retain the medications in his/her room although an assessment for self administration was not performed by either external referral source or RN and or psychiatrist associated with Soteria. Five days after admission a form was received which indicated Resident #2 was safe to self-administer medications. The day shift house manager confirmed on the afternoon of 1/2/19, the TCR's present process for the assessment of each resident's ability to self-administer their own medications prior to admission to the TCR has been cumbersome and difficult to obtain, and does not meet the TCR requirements.	T 035		
T 037 SS=E	V.5.8.c Resident Care and Services 5.8 Medication Management 5.8.c Staff shall not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's or other licensed health care provider'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 staff interview and record review, the TCR (Therapeutic Community Residence) failed to obtain signed physician orders for each medication prescribed for residents who are receiving assistance with medications by the TCR staff. (Residents #1, #2) Findings include:	T 037		

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T 037 Continued From page 4

T 037

1. Per review of the Medication Administration Record (MAR); Electronic Medical Record (EMR) and/or paper clinical record there was no evidence signed physician orders had been obtained for the following medications prescribed for Resident #1: Hydroxyzine HCL (antihistamine) 50 mg orally up to 4 times daily for anxiety; Cyclobenzapine (muscle relaxant) 5 mg. orally 3x per day as needed; Ondansetran HCL 8 mg 1 table 3 times per day as need for nausea; and Azithromycin 250 mg (antibiotic) taken over 4 days.

2. Per review of the MAR and EMR for Resident #2, a physician's signed order could not be found for Valium 2 mg tablet which can be taken once daily as needed for panic attacks.

Per Pathways Vermont Soteria polices and procedures related to medication management states: " Staff will not assist a resident with any medication, whether prescribed or over the counter, where there is not a written signed order.....". Per interview on the afternoon of 1/2/19, the day shift house manager confirmed the TCR failed to obtain written signed physician orders for medications taken by Resident #1 & Resident #2.

Soteria will update the self-administration assessment to indicate dosage, frequency, and instruction for all prescribed medications so this can serve as a physician order.

Resident #2 had a self-administration assessment completed on 11/15, and we received medical records from CHC on 11/27 which contained physician orders (digitally signed) for the Valium prescription. Soteria started doing medication assistance with Resident #2 on 12/20.

Soteria will update the self-administration assessment to indicate dosage, frequency, and instruction for all prescribed medications so this can serve as a physician order. We will also attempt to secure discharge summaries at intake and during service course for all medical appointments.

T 146 IX.9.1.a Physical Plant
SS=E

T 146

9.1 Environment

9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.

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T 146	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the TCR failed to ensure resident rooms were maintained to be safe and sanitary. Findings include:</p> <p>During a tour of Resident #3's room on the afternoon of 1/2/19, accompanied by the day shift house manager, the resident's room was found to be unsanitary and unsafe. Observation noted the room's floor was covered with clutter and piles of discarded cigarette butts and filters. The resident had piled on a desk and also on the floor hundreds of broken cigarettes and discarded filters. The resident confirmed s/he does not smoke in the residence but breaks off filters before and/or after use, but failed to dispose the remains and keeps accumulating them resulting in improper disposal and leaving a significant unsanitary environment. The day shift house manager stated s/he has not visualized this resident's room for approximately 2 months and was unaware of the condition, but did reconfirm there is no smoking within the residence and there is a designated area outside for residents who do smoke. The condition of Resident #3's room had not been reported to the day shift house manager by TCR staff.</p>	T 146	<div style="border: 1px solid black; padding: 5px;"> <ol style="list-style-type: none"> 1. Fire Marshall inspected all resident rooms on 12/16/18 - at which time nothing was reportedly unsafe and/or a fire hazard. 2. Resident #3 is the first resident we have had that is very guarded of their room/space. We have not had any issues in the past with access to spaces, and we have conducted a few periodic room checks within the last year in an effort to have "eyes on" Resident #3's room. 3. Soteria will implement a plan to have "eyes on" spaces at least 1x monthly. Staff will document that we have seen each resident room a minimum of 1x monthly, including the date the room was observed and by whom. We will document and follow up with any observable concerns, if applicable. 4. Soteria staff showed Resident #3 this section of the audit & requested that they keep loose tobacco in a tin can that was provided to them. Resident #3 was agreeable to this plan. </div>