

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

July 27, 2018

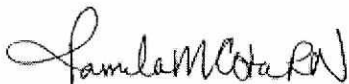
Ms. Anna Henderson Jones, Manager
South Bay Home
121 Kingdom Way
Newport, VT 05855

Dear Ms. Henderson Jones:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 10, 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,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0538	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2018
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NAME OF PROVIDER OR SUPPLIER SOUTH BAY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 121 KINGDOM WAY NEWPORT, VT 05855
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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: An unannounced onsite relicensing survey and an investigation of four self-reported incidents was conducted by the Division of Licensing and Protection from 7/9 - 7/10/18. The following is a regulatory finding.	R100		
R167 SS=E	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 record review and staff interview, the home failed develop a written plan for unlicensed staff to administer PRN (as needed) psychoactive medications for 3 of 4 residents reviewed (Residents #1, 2, 3). Findings include: 1. Per record review, Resident #1 has a physician's order for Alprazolam 1 mg. scheduled to be given at 7 AM, 11 AM, and 3 PM daily. The	R167	See attachment	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Disha Koshla</i>	TITLE Senior Director of Licensed Residential Services	(X6) DATE 7/25/18
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STATE FORM 6899 SLH211 If continuation sheet 1 of 3

R167 - POC accepted 7/25/18 K Campos RN/PMC

Division of Licensing and Protection

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R167	<p>Continued From page 1</p> <p>resident also has a scheduled dose of Lorazepam 1 mg. to be given at 7 PM daily. In addition to the scheduled dosages of these benzodiazepene medications, there is an order for a PRN dose of Lorazepam 0.5 mg intended to treat increased agitation/anxiety. There was no written plan in place for the unlicensed staff to indicate appropriate use of the medication that included specific behaviors, circumstances that indicate appropriate use of the medication, and the side effects to monitor. There was also no parameters for adequate time spacing of the PRN dose in relation to the scheduled doses of the anti-anxiety medications. Per interview on 7/10/18 at 11:00 AM, the Registered Nurse confirmed that there were no time parameters for the administration of the PRN Lorazepam, and that there was no written plan to guide the staff in appropriate administration of the PRN psychoactive medication.</p> <p>2. Per record review, Resident #2 has a physician's order for Clonazepam 1 mg. daily at 7 AM. In addition to this scheduled dose, there is also an order for Lorazepam 1 mg. PRN for agitation/anxiety (max dose 2 mg. in 4 hours, and 4 mg. total in 24 hours). There was no written plan in place for the unlicensed staff to indicate appropriate use of the medication that included specific behaviors, circumstances that indicate appropriate use of the medication, and the side effects to monitor. There was also no parameters for adequate time spacing of the PRN dose in relation to the scheduled dose of the anti-anxiety medication. Per interview on 7/10/18 at 11:00 AM, the Registered Nurse confirmed that there were no time parameters for the administration of the PRN Lorazepam, and that there was no written plan to guide the staff in appropriate administration of the PRN psychoactive</p>	R167		
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R167	Continued From page 2 medication. 3. Per record review, Resident #3 has a physician's order for Lorazepam 1 mg. scheduled to administer at 8 AM, and also at 12 PM noon. In addition to these scheduled doses, the resident has a PRN order for Lorazepam 1 mg. to treat increased agitation/ anxiety. There is no written plan for unlicensed staff to indicate appropriate use of this medication, including time parameters for how close the PRN dose can be given to a scheduled dose. Per interview on 7/10/18 at 11:00 AM, the Registered Nurse confirmed that there were no time parameters for the administration of the PRN Lorazepam, and that there was no written plan to guide the staff in appropriate administration of the PRN psychoactive medication.	R167		
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Facility: South Bay Home

Survey Date: July 25, 2018

R167 – V. RESIDENT CARE AND HOME SERVICES

5.10 Medication Management – 5.10.d (5)

Plan of Correction:

- The Registered Nurse developed and implemented resident-specific written plans for each identified PRN psychoactive medication. The plans identify the specific targeted behaviors, circumstances for use, dosages, timing/spacing information, and desired/undesired side effects. The Registered Nurse will review the plans monthly or sooner if indicated or required.

Date of corrective action – 7/12/18 and ongoing

- The Residential Manager will provide additional oversight through regular chart reviews to ensure that the plans are current, applicable and readily available to delegated staff. The Residential Manager will immediately notify the Registered Nurse of any issues or changes.

Date of corrective action – immediate and ongoing

- The Licensee will complete periodic chart audits to ensure ongoing regulatory compliance

Date of corrective action – immediate and ongoing