



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

November 15, 2018

Ms. Lynn Pilcher, Manager
Spring Lake Ranch
1169 Spring Lake Road, Po Box 310
Cuttingsville, VT 05738-0310

Dear Ms. Pilcher:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 3, 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

PLEASE SEE ADDENDUM

PRINTED: 10/12/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0526	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2018
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NAME OF PROVIDER OR SUPPLIER SPRING LAKE RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 1169 SPRING LAKE ROAD, PO BOX 310 CUTTINGSVILLE, VT 05738
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T 001	Initial Comments	T 001		
	The Division of Licensing and Protection conducted an unannounced onsite relicensure survey from 10/2/2018 through 10/3/2018. The following regulatory violations were identified.			
T 038 SS=E	V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services 5.8 Medication Management d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider ' s diagnosis and orders. (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as	T 038		
			Tag T038 accepted LS 11/8/18	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lynn J. Pilcher

Executive Director / 10.24.18
Manager

STATE FORM

6899

GTCE11

If continuation sheet 1 of 7

Division of Licensing and Protection

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T 038	<p>Continued From page 1</p> <p>well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the residence failed to ensure that the Registered Nurse (RN) assessed residents and delegated the responsibility for administration of specific medication for residents prior to the administration of medication by unlicensed staff for three out of five residents in the sample (Resident #1, Resident #2 and Resident #3). Findings include:</p> <p>Per review of the resident Medication Administration Records (MARs) and confirmed during interview with the Registered Nurse (RN) on 10/2/2018, the RN had not assessed residents with medication changes, and had not delegated staff prior to the residents' receiving medication from unlicensed staff. Resident #1 was admitted to the residence in March 2018 and had orders for medication changes by the psychiatrist in September 2018. Resident #2 was admitted to the residence in August 2018 and had orders for medication changes by the psychiatrist in September 2018. Resident #3 was admitted to the residence in May 2018 and had orders for medication changes by the psychiatrist in August 2018. Per review of the resident MARs, medication had been administered by unlicensed</p>	T 038		
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T 038	Continued From page 2 staff since the medication orders had been changed. The residence provides treatment and services to individuals with complex psychosocial needs and per record review, Resident #1, Resident #2 and Resident #3 had received the orders for medication changes for psychiatric and behavioral symptom management. The RN confirmed that unlicensed staff had administered the medication without evidence of a nursing assessment or delegation of specific medication for designated residents at 1:15 PM on 10/2/2018.	T 038	
T 040 SS=E	V.5.8.5 Resident Care and Services 5.8. Medication Management 5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence 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 when staff other than a nurse administer PRN (as needed) psychoactive medications, a documented plan is in place which describes the specific behaviors the medication is intended to treat for 4 out of 5 residents in the sample (Resident #1, Resident	T 040	tag 040 accepted LL 11/8/18

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T 040	<p>Continued From page 3</p> <p>#2, Resident #3 & Resident #4). Findings include:</p> <p>Resident #1 had orders for clonazepam 0.5 mg daily PRN by mouth for anxiety. Per record review, there was no written plan including the specific behaviors for Resident #1 to guide unlicensed staff for when to administer the medication.</p> <p>Resident #2 had orders for zyprexa 5 mg daily PRN by mouth for psychosis. There was no written plan including the specific behaviors for Resident #2 to guide unlicensed staff for when to administer the medication.</p> <p>Resident #3 had orders for lorazepam 0.5 mg daily PRN by mouth for anxiety. There was no written plan including specific behaviors for Resident #3 to guide unlicensed staff for when to administer the medication.</p> <p>Resident #4 had orders including clonidine 0.1 mg daily PRN by mouth for agitation. There was no written plan including specific behaviors for Resident #4 to instruct unlicensed staff for administration of the medication.</p> <p>The lack of written descriptions of specific behaviors the PRN medications for Resident #1, Resident #2, Resident #3 & Resident #4 are intended to address was reviewed with the Registered Nurse at 1:15 PM on 10/2/2018.</p>	T 040	
T 052 SS=C	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</p> <p>5.9.b. The residence must ensure that staff</p>	T 052	

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T 052	<p>Continued From page 4</p> <p>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> <ul 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 interview and record review, the residence failed to ensure that direct care staff received annual training in all topic areas as required by the Licensing and Operating Regulations for Therapeutic Community Residences. Findings include:</p> <p>Per review of training records, five out of five</p>	T 052	<p><i>tag 052 accepted</i> <i>SS 11/8/18</i></p>

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T 052	Continued From page 5 direct care staff had not received annual training in mandatory reporting of abuse, neglect and exploitation. While employees receive this training at the time of hire, there was no evidence that Mandatory Reporting training had been offered in the past twelve months. Per interview on the morning of 10/2/2018, the Director of Human Resources confirmed the training had not been provided.	T 052		
T 071 SS=C	V.5.13 Resident Care and Services 5.13 Policies and Procedures Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request. This REQUIREMENT is not met as evidenced by: Based on interview and documentation review, the residence failed to ensure there were written policies and procedures in place to govern all services areas. Findings include: During an environmental tour on the afternoon of 10/2/2018, the Kitchen Manager was unable to provide evidence of a policy which addressed the labeling and dating of perishable and frozen food at the residence. The Kitchen Manager confirmed s/he was responsible for the management of safe food storage practices, and written guidelines were not available for review at the time of the survey.	T 071		

*tag 071 accepted
SS 11/8/18*

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T 127	Continued From page 6	T 127	
T 127	VII.7.2.b Nutrition and Food Services	T 127	
SS=C	7.2 Food Safety and Sanitation		
	<p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p>		
	<p>This REQUIREMENT is not met as evidenced by:</p>		
	<p>Based on observation and staff interview, the residence failed to ensure that all perishable food and drink are maintained at the appropriate temperature. Findings include:</p>		
	<p>During a tour of the kitchen on the afternoon on 10/2/2018, there was no evidence of temperature monitoring of a small refrigerator containing several gallons of milk and other drinks. The Kitchen Manager present for the tour confirmed that while a thermometer was present in the refrigerator, there was no log maintained by staff to monitor the temperatures and ensure beverages were being maintained safely.</p>		
			<p>tag 127 accepted SS 10/8/18</p>

Plan of Correction based upon site visit 10/2-3/2018
Spring Lake Ranch

T 038 5.8.d.1.2.3.i.ii.iii.iv Resident Care and Services

5.8 Medication Management

Action taken to correct the deficiency-

- The RN has instituted the use of a binder in which all medication changes are listed with side-effects that are among the possibilities. This listing will include new medication as well as increases and decreases in existing orders. These lists must be signed as read by all staff delegated to administer medications.

Measures put in place to ensure the deficient practice doesn't recur-

- The binder noted above has been put in place. Staff delegated to give medications must sign as read information written by the nurse noting medication side effects to look for.

How the corrective action will be monitored-

- The new binder has become a routine practice for the RN and all staff administering medications. The RN as part of her training will ensure delegated staff administering medications know to review the binder at the start of their duty shift.

Date correction action will be completed-

- Completed and ongoing.

T 040 V.5.8.5 Resident Care and Services

5.8 Medication Management

Action taken to correct the deficiency-

- The RN has instituted the use of PRN MAR sheets that describe the specific behaviors the medication is intended to address and specifies the circumstances that indicate the use of the medication. The undesired side effects are listed on the form as well as the time of administration, reason for use, and the response to the medication.

Measures put in place to ensure the deficient practice doesn't recur-

- The PRN MAR sheets noted above have been put in place. Staff delegated by the nurse to administer medications will have access to the information on the MAR.

How the corrective action will be monitored-

- The new PRN MAR sheets have become a routine practice for the RN and all staff administering medications. The RN as part of her training will ensure staff know to review the information prior to administering medications

Date correction action will be completed-

- Completed and ongoing.

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

5.9 Staff Services

Action taken to correct the deficiency-

- The Director Human Resources will implement an annual training schedule of all of the required DAIL trainings.

Measures put in place to ensure the deficient practice doesn't recur-

- The Director of Human Resources will utilize on-line and in person trainings to meet this requirement. The Manager will review the annual training calendar with the Director of HR and ensure that the requirement is being met.

How the corrective action will be monitored-

- The Manager will request of the Director of Human Resources a monthly training report including a list of any staff who have not met the ongoing training requirements.

Date correction action will be completed-

- The Manager will work with the Director of Human Resources to have the new training schedule in place by 12/1/18.

T 071 V.5.13 Resident Care and Services

5.13 Policies and Procedures

Action taken to correct the deficiency- The Kitchen Manager has written a policy and procedure for safe food storage practices. The policy and procedure will be posted in the stockroom for ready viewing and training purposes of all kitchen personnel.

Measures put in place to ensure the deficient practice doesn't recur-The Kitchen Manager will ensure that the policy and procedures stays visible and is used during training of kitchen personnel.

How the corrective action will be monitored-The Kitchen Manager will monitor that the policy is both visible for reference and being followed.

Date correction action will be completed-The action was completed on 10/24/18.

T 127 VII.7.2.b Nutrition and Food Services

7.2 Food Safety and Sanitation

Action taken to correct the deficiency-The Kitchen Manager has written a Procedure for Temperature Control. The procedure includes maintaining a log of refrigerator and freezer temperatures as well as a temperature log of the sanitizer rinse cycles. It will be posted on the door of the walk in cooler.

Measures put in place to ensure the deficient practice doesn't recur-The Kitchen Manager will oversee that the logs are being maintained and temperatures are where they should be to ensure food safety and sanitation of dishes and silver.

How the corrective action will be monitored-The Kitchen Manager will review the logs regularly.

Date correction action will be completed-This action was implemented on 10/24/18.

PDC accepted
with addendum
ES 11/8/18