



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

January 17, 2019

Ms. Candace Beardsley, Manager  
Spruce Mountain Inn, Inc  
Po Box 153, 155 Towne Avenue  
Plainfield, VT 05667-0153

Dear Ms. Beardsley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 19, 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  12/19/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  SPRUCE MOUNTAIN INN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 153, 155 TOWNE AVENUE PLAINFIELD, VT 05667
--	---

(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	T 001		
	An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 12/19/18. Based on information gathered, the following regulatory violations were identified.			
T 044 SS=D	V.5.8.g.1.2.3.4.5.6. Resident Care and Services  5.8 Medication Management  5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered;  (2) All instances of refusal of medications, including the reason why and the actions taken by the residence;  (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;  (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration;  (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and	T 044		

*Paula J. Gandy, LICSW, Director*  
12/20/18

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

TITLE (X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0527	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  12/19/2018
NAME OF PROVIDER OR SUPPLIER  SPRUCE MOUNTAIN INN, INC		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 153, 155 TOWNE AVENUE PLAINFIELD, VT 05667	
(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 044	Continued From page 1  (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that staff are documenting results of as needed (PRN) medication assistance for 2 of 3 residents (Residents 1 & 3) in the sample. Findings include:  During review of the Medication Administration Record (MAR) on 12/19/18, documentation in the MAR lacked notation by staff of the effects or results of PRN medications taken by Residents 1 and 3 during December, 2018. This was confirmed by the medication coordinator at approximately 11:00 AM	T 044	Staff will be trained on proper documentation of effects of PRN medication(s) on the MAR. This training will take place at the next staff training. Training will be conducted by the medication coordinator and/or the Program's Assistant Director  The medication coordinator will conduct weekly audits on the MAR and provide coaching and counseling with individual employees as needed to ensure proper documentation.  <i>T-044 POC accepted 1/14/19 J. Hosmer w/ S. Reay</i>
T 062 SS=D	V.5.10.b.4 Resident Care and Services  5.10 Records/Reports  5.10.b.4 The results of the criminal record and abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to keep on record the required pre-employment background checks for 1 of 3 staff in the sample. Findings include:  During pre-employment background screening review on 12/19/18, 1 of 3 staff in the sample did not have evidence on file of Vermont Child and Adult Abuse Registry checks. At 11:30 AM the Human Resources staff person confirmed that	T 062	Our Human Resource employee is new to our company. The plan of action is for the HR employee to verify all current employees' files are up to date. Any background checks that cannot be located will be resubmitted  Going forward, a task checklist will be setup on all employees. There will be an annual audit done on all existing employee files to ensure compliance on documentation  <i>POC accepted on page 3</i>



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0527	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  12/19/2018
NAME OF PROVIDER OR SUPPLIER  SPRUCE MOUNTAIN INN, INC		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 153, 155 TOWNE AVENUE PLAINFIELD, VT 05667	
(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 062	Continued From page 2 the facility could not provide evidence of the Abuse Registry checks.	T 062	T 062 POC accepted 1/16/19 J. Hosmer rw/s. Reuy, R