



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

May 13, 2021

Mr. Aaron Aldridge, Manager
Spruce Mountain Inn, Inc
Po Box 153, 155 Towne Avenue
Plainfield, VT 05667-0153

Dear Mr. Aldridge:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 12, 2021**. 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,

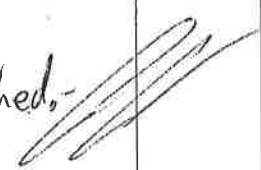
A handwritten signature in cursive script that reads "Pamela M. Cota RN".

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 C 04/12/2021
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NAME OF PROVIDER OR SUPPLIER SPRUCE MOUNTAIN INN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 153, 155 TOWNE AVENUE PLAINFIELD, VT 05667
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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
T 044	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to ensure that there was sufficient documentation to indicate that the medication regimen was appropriate and effective. Findings include:</p> <p>Per review of the Medication Administration Record (MAR) for March and April 2021, there were blank spaces on the record that had no explanation for why it was not signed off, or reason that the resident did not take the prescribed dose if that was the case.</p> <p>Resident #1 has an order for Lithium Carbonate ER 300 mg., take two tablets twice a day. There are blank spots on the March 2021 MAR on 3/12/21 (AM and PM doses), 3/13/21 (AM and PM doses), 3/14/21 (AM and PM doses), and blank spots for the evening scheduled doses on 3/20/21 and 3/27/21. The April MAR has no initials or explanations for the 8AM doses of Lithium Carbonate on 4/10 and 4/11/21. The resident also has prescribed Propanolol HCL 20 mg. tab twice daily. The blank spots on the MAR match the same missing sign off initials as the dates for the Lithium Carbonate as listed above. In April, the Propanolol was not signed off for the 8 AM doses on 4/10 and 4/11/21. For Resident #1, there is also an order for Quetiapine 25 mg. one tablet at bedtime. This medication was not signed off on the evenings of 3/12-3/14/21, 3/20/21, and 3/27/21. There is no explanation on the back of the MAR in March or April as to why these entries were left blank to indicate why the resident did not receive these medications if that</p>	T 044	<p>Please see attached, - </p>	

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T 044	<p>Continued From page 2 was the case.</p> <p>Resident #2 also had missing sign offs for multiple medications on the March 2021 MAR. Prescribed medication Mercaptopurine 50 mg. one tab daily has missing initials on 3/11, 3/15, 3/29-3/31/21. Doxycycline 100 mg. one cap daily, has missing initials on 3/11, 3/29, and 3/30/21. Intuniv ER 4 mg. One tab at dinner, was missing initials for the dates of 3/18, 3/19, 3/20, 3/25/21. Rexulti 0.5 mg. one tab at 8 PM was missing initials on 3/25/21. Seroquel 50 mg. 4 tabs = 200 mg. at 8 PM had missing initials on 3/25/21. There are no explanations written on the back of the MAR to explain why these were not signed off by the staff, or not taken by the resident.</p> <p>Resident #3 has an order for Escitalopram 20 mg tab. Take 2 tabs every day at noon. Per the MAR, there are no sign-off initials on 3/7, 3/3/9-3/11, 3/16-3/21, and also 3/26- 3/31/21. There is no explanation on the back of the MAR to indicate if it was not given for some reason. For the month of April 2021; there were missing initials on 4/1-4/3, and 4/7/21. These missing entries did not have an explanation on the back of the MAR page to indicate if it was taken or not, and the reason why.</p> <p>Resident #4 has an order for Escitalopram 20 mg., one tab in the evening. In the month of April 2021, the MAR had missing initials on 4/1-4/3, and 4/7/21. There was no explanation on the back of the MAR to indicate if it was refused, or for another reason.</p> <p>Per interview on 4/12/21 at 1:30 PM, the Assistant Director confirmed that the Medication Administration Record was missing the documentation as listed above.</p>	T 044		

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Plan of Correction Re: Regulation 5.8 g Violation

5.8 g Residences must establish procedures for documentation sufficient to indicate to the healthcare 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.**
 - A. Action to correct deficiency:
 1. MAR will be completed correctly. Staff initials denote effective supervision of the medication self-administration. An encircled "R" denotes a medication refusal (see section below for greater detail). An encircled "M" denotes a missed dose of medication. There will be a corresponding log note on the back of the MAR page.
 - B. Measures or systemic changes to ensure the deficiency does not recur:
 1. MAR will be checked at the end of each shift. This check will occur during staff change, allowing for accountability between outgoing and incoming staff. The designated outgoing and incoming staff will sign their name as a marker of responsibility for the completion of this review.
 2. Doctor's orders will include medication time intervals, allowing for greater clarity as to when a medication is considered missed.
 3. MAR will be reviewed weekly by the Medication Coordinator. Any errors will be noted and reviewed with the responsible staff member (per the staff sign-off sheet).
 - C. Plan for monitoring:
 1. Measures and changes (above) will be monitored weekly.
 2. Assistant Director will review documentation and oversee staff to ensure understanding and compliance.
 3. MAR will be subject to random review.
 - D. Date corrective action will be completed: June 1, 2021.
- 2. All instances of refusal of medications, including the reason why and the actions taken by the residence.**
 - A. Action to correct deficiency:
 1. MAR will be completed effectively in the event of a refused medication. This will include an encircled "R" in the cell corresponding to the date, with a note on the back of the MAR sheet including the reason why the medication was refused and the action taken by the residence.
 2. At the end of each week, the Medication Coordinator will review all refused medications and log to the resident's team via our electronic medical records software.
 3. In the event of three consecutive missed or refused doses of a single medication, the prescribing physician will be notified to determine further action.
 - B. Measures or systemic changes to ensure the deficiency does not recur: MAR will be reviewed at the end of each staff shift, as well as audited once per week.
 - C. Plan for monitoring: see above.
 - D. Date corrective action will be complete: June 1, 2021.
- 3. All PRN medications administered, including the date, time, reason for giving the medication and effect.**

- A. Action to correct deficiency: PRN medication (both prescribed and OTC) will be documented first on the front page of an MAR form. On the back of the form, the administration of the PRN medication will be documented, including the dose, date, time, reason, and effect.
 - B. Measures to systemic changes to ensure the deficiency does not recur:
 - 1. Pertinent staff will be trained on this new policy.
 - 2. Staff will review and ensure compliance at shift change (occurring three times/day).
 - 3. The Medication Coordinator will review the MAR once per week to ensure compliance.
 - 4. The Assistant Director will review monthly and at random to ensure compliance.
 - C. Plan for monitoring: see above
 - D. Date corrective action will be complete: June 1, 2021.
- 4. A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration.**
- NOTE: Spruce Mountain Inn supervises the self-administration of medication.**
- A. Action to correct deficiency: The Medication Coordinator will maintain a list of staff who are cleared to assist with medication self-administration.
 - B. Measures or systemic changes to ensure the deficiency does not recur:
 - 1. The Medication Coordinator will maintain adjust this list as necessary to accommodate staffing changes.
 - 2. The Payroll and Benefits Manager will ensure that training documentation pertinent to this list is updated on a monthly basis.
 - C. Plan for monitoring: see above.
 - D. Date corrective action will be complete: July 1, 2021.
- 5. For residents receiving psychoactive medications, a record of monitoring for side effects.**
- A. Action to correct deficiency: Please see Guidelines for the Dispensing of Prescription and OTC Medications at SMI (attached)
 - B. Measures or systemic changes to ensure the deficiency does not recur: The Medication Coordinator will review pertinent resident logs on a monthly basis to ensure compliance.
 - C. Plan for monitoring: see above
 - D. Date corrective action will be complete: June 1, 2021.
- 6. All incidents of medication errors.**
- A. Action to correct deficiency:
 - 1. A "medication error" form will be created and implemented to aid in documenting and tracking all medication errors.
 - 2. Staff will be trained on the use of this form.
 - 3. The Medication Coordinator and Assistant Director will review medication errors (to include errors associated with the "five rights" – right patient, medication, time, dose, and route – as well as errors associated with documentation, action/reason, form, and response).
 - 4. The Assistant Director will review best practices on preventing medication errors and incorporate these into medication policies and procedures at Spruce Mountain Inn.
 - B. Measures or systemic changes to ensure the deficiency does not recur:
 - 1. Forms will be collected and reviewed monthly by the Medication Coordinator and the Assistant Director.

2. Forms will be checked for patterns and used in programmatic review, remediation, and training of staff assisting with self-administration.
- C. Plan for monitoring: see above
 - D. Date corrective action will be complete: July 1, 2021.

Guidelines for the Dispensing of Prescription and OTC Medications at SMI

NEUROLEPTIC (ANTI-PSYCHOTIC) MEDICATIONS, NEUROMUSCULAR AND METABOLIC CONSIDERATIONS:

Because of the risk of serious side effects, medications in this class will be prescribed only for the specific conditions for which they have been approved, at the lowest effective dose and for the shortest length of time. Informed consent will be obtained prior to prescribing. Residents new to SMI currently taking a neuroleptic will be screened on admission for abnormal movement and pre-diabetic state. The result will be recorded in the Physician's Intake Note under Mental Status Examination and/or Medical history. If no involuntary motion is found, this will be stated. If involuntary motion is detected it will be scaled on the A.I.M.S. form. Residents at SMI for whom a neuroleptic is newly prescribed or continued will be screened every three months using the above system. Metabolic assessment for pre-diabetic state will also be performed on a three-month schedule. The results will be recorded in the Physician's Progress Note and appropriate action taken.

TIMELINESS OF DISPENSING MEDICATION:

Most psychotropic medications are long acting. Some psychiatric medications are more activating than others. Some are more sedating. Rarely is there an indication for them to be taken at a specific time relative to meals. When the medication is prescribed, the psychiatrist will discuss with the resident the most appropriate time for taking each one. This time can be updated in subsequent conversations. A medication prescribed for A.M. dispensing may be given until noon. A medication prescribed for P.M. dosing may be given until bedtime unless it has been previously noted as an activating medication. Missed or refused dosages in the A.M. should not be compensated for in the P.M. These guidelines are appropriate for both weekday and weekend dispensing. Deviations should be noted in the MARS. Medications requiring special hours of dispensing or those not to be dispensed under specific conditions should be ordered as such in the Physician's Orders.

DISPENSING OF PRN MEDICATIONS:

The dispensing of all PRN psychotropic medications should be based on the targeting of a specific complaint, condition, sign or symptom. These conditions will be specified by the psychiatrist in the Physician's Orders. The dispensing of a PRN and its resulting effect (including lack of effect) will be noted in the MARS. Questions related to PRN dosing not addressed in the orders should be answered by a licensed medical care provider. Non-psychotropic medications are generally prescribed by clinicians at The Health Center. Dispensing of these medications on a PRN or specified basis is the responsibility of the prescribing clinician.

OVER-THE-COUNTER (OTC) MEDICATIONS:

These medications do not require a physician's prescription or directive. They should be dispensed as indicated on the label. This means that the original container needs to be retained for reference. OTC medications taken in excess of the printed instructions may be allowed if the resident is: A) of sound judgment. B) over 18 years of age. C) familiar with the medication and its effect from previous experience. And D) assumes responsibility for his/her actions. If the dispensing staff member is uncomfortable with the amount of OTC medication being requested, consultation should be sought from a licensed medical provider.

Richard A. Bernstein, M.D., Consulting Psychiatrist
4/22/21