

Division of Licensing and Protection

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Waterbury, VT 05671-2060

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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

February 9, 2018

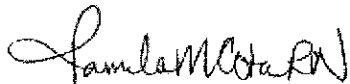
Ms. Jeanne Schmelzenbach, Manager
St Joseph Kervick Residence III
131 Convent Avenue
Rutland, VT 05701

Dear Ms. Schmelzenbach:

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



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0298 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/03/2018 |
|--|--|---|--|

NAME OF PROVIDER OR SUPPLIER
ST JOSEPH KERVICK RESIDENCE III

STREET ADDRESS, CITY, STATE, ZIP CODE
131 CONVENT AVENUE
RUTLAND, VT 05701

| (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 |
|--------------------|--|---------------|---|--------------------|
| R100 | Initial Comments: | R100 | | |
| R173 SS=E | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of temperature logs, the facility failed to assure refrigerated medications were stored at the proper temperatures. Findings include:</p> <p>Per observation on 1/3/17 at 8:55 AM, staff failed to take action and notify a supervisor when temperatures in a refrigerator where medications are stored where recorded to be out of range. Per review of Temperature Log for Refrigerators for November and December/2017 noted recorded temperatures of the refrigerator located in the Nursing office ranged from 29 degrees to 50 degrees Fahrenheit (F). Although the Log states "Keep refrigerators temperature at 35-38. If</p> | R173 | | |

Division of Licensing and Protection

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

TITLE

(X6) DATE

J. Schmelzer, Administrator

1/3/2018

STATE FORM

6899

W76G11

If continuation sheet 1 of 2

R173 POC accepted 2/8/18 Fmcintosh/rmc

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0298 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 01/03/2018 | |
|---|--|--|---|--------------------|
| NAME OF PROVIDER OR SUPPLIER ST JOSEPH KERVICK RESIDENCE III | | STREET ADDRESS, CITY, STATE, ZIP CODE 131 CONVENT AVENUE RUTLAND, VT 05701 | | |
| (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 |
| R173 | <p>Continued From page 1</p> <p>Higher call supervisor", night staff responsible for temperature monitoring failed to notify administrative staff. In addition, other staff who access the refrigerator failed to note the fluctuation in recorded temperatures.</p> <p>Medications stored in the refrigerator included:</p> <ol style="list-style-type: none"> 1. Promethazine 25 mg suppositories. Manufactured states this medication should be stored at 36 - 46 degrees (F) 2. Lantus SoloStar injection pens 100 units (Insulin). If refrigerated should be stored at 36 - 46 degrees (F). Noting if the medication freezes the medication should be disposed. 3. Xalatan 0.0005 % eye drops when unopened should be under refrigeration at 36 degrees - 46 degrees. <p>Per interview at the time of the observation, the Director of Nurses was unaware the refrigerator temperatures were recorded to be, at times, out of range.</p> | R173 | | |

Plan of Correction St. Joseph Kervick Residence 1/03/2018

R173 Resident Care and Home Services Requirements 5.10.h

The requirement was not met because the facility failed to assure that refrigerated medications were stored at the proper temperatures.

What action you will take to correct the deficiency?

The Director of Nursing immediately brought the deficiency to her team and reeducated the nursing team to not only record temperatures on the refrigerator, but to also contact the supervisor with a note if and when the refrigerator temperature is out of range.

What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

The St. Joseph Kervick Residence immediately amended the daily Temperature Log sheet by highlighting the acceptable temperature ranges in red. (Attachment A)

How the corrective actions will be monitored so the deficient practice does not recur?

A weekly Medication Refrigerator Audit was initiated immediately to ensure that the temperatures and details of the recommended temperatures for specific refrigerated medications are audited weekly instead of monthly. The Director of Nursing will collect these audits weekly. (Attachment B)

The dates corrective action will be completed.

These new process documents were put into place 1/3/18.

Medication Refrigerator Audit

Temperature logs completed last week?

Yes

No

~~Correct temperature for the medications in the~~
refrigerator?

Medication

Temperature Recommended?

Are temperatures in the correct range?

Yes

No

If no, please correct and update supervisor with a note.

Audit completed by _____ on _____

This form should be given to House Nurse who will give to DON.

Temperature Log for Refrigerators

Month/Year

Location

| Date/Time | Inside Thermometer | Outside Thermometer | Initials | Date/Time | Inside Thermometer | Outside Thermometer | Initials |
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Keep refrigerators temperature between 35-40 degrees F. Notify supervisor if out of range, update supervisor with note.