



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

June 2, 2023

Ms. Mary Belanger, Manager
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 22, 2023**. 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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 03/22/2023 |
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| NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401 |
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| {R100} | Initial Comments: An unannounced on-site follow-up survey was conducted on 3/22/23 by the Division of Licensing and Protection to determine regulatory compliance after the completion of a complaint investigation conducted on 11/15/22 and a relicensure survey on 12/6/22. The following regulatory violations were identified to not be back in compliance with the Residential Care Home Licensing Regulations effective 10/3/2000: | {R100} | | |
| {R128} SS=E | V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure medication administration consistent with physician's orders for 3 applicable residents (Residents #1, #2, and #3). Findings include: 1. Resident #1's March 2023 Medication Administration Record (MAR) contained an order for Acetaminophen 325 mg tablets as needed (PRN) to be given every 4 hours as needed for pain, which allows for administration of this medication 6 times in 24 hours. The physician's order dated 2/3/22 for PRN Acetaminophen 325 mg tablets stated "not to exceed 5 times in 24 hours". This was confirmed by the Director of Nursing at 4:53 PM on 3/22/23. | {R128} | RI28 5.5 1. Resident #1 Tylenol order corrected to say "not to exceed 5 times in 24 hours." 2. Resident #2 Omissions for medications staff involved for Clonazepam counseled, the resident had signed out in the controlled book, it was given but omitted initials in MAR. The Docusate was not signed on 3/13/2023 staff member no longer here. Estradiol omission both involved counseled. 3. Resident #3 Acetaminophen's instruction for use has been added. The person responsible for future physicians' orders to be consistent with the MARs and TARs will be the DON. At the end of the shift med techs and nurses are responsible to check the MARs to make sure all is done and signed for. DON to check weekly. Complete by 5/10/2023 | |

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

Mary Belanger

Administrator

5/10/2023

TITLE

(X6) DATE

Division of Licensing and Protection

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| {R128} | Continued From page 1 2. Resident #2's March 2023 MAR does not include documentation of administration or refusal of Docusate Sodium 100 mg capsule on 3/13/23 as ordered; Estradiol 0.01 % Cream on 3/17/23 and 4/20/23 as ordered; and Clonazepam 0.5 mg at noon on 3/10/23 as ordered. 3. At 3:56 PM on 3/22/23 the Director of Nursing confirmed Resident #3's physician prescribed Acetaminophen 650 mg by mouth every 4 hours PRN for pain or temperature above 99.4. His/her March 2023 MAR did not include the physician's instructions for the symptoms this medication is intended to treat. | {R128} | | |
| {R147} SS=E | V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure medication orders contained the specific dose and frequency of administration for 3 applicable residents (Residents #1, #2, and #3). Findings include: 1. Resident #1's Medication Administration Record for March (MAR) of 2023 includes orders for Alcon Tears 0.5% eye drops One drop in each | {R147} | R147 5.9c Please see attached | |

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| {R147} | <p>Continued From page 2</p> <p>eye four times daily as needed (PRN), and Calcium Antacid 500 mg by mouth four times daily, which do not include the time between applications and the symptoms or condition the medications are intended to treat. Resident #1 has an order for Nystatin Oral Suspension 100,00 units/ml twice daily PRN which does not include the time between doses. These findings were confirmed by the Director of Nursing at 4:53 PM on 3/22/23.</p> <p>2. Resident #2's March 2023 MAR includes an order for PRN Calcium Antacid 500 mg by mouth four times daily which does not include the time between doses and the symptoms or condition the medications are intended to treat. His/her order for Mucus Relief Tab 600 mg by mouth twice daily PRN for a "head cold" does not include the amount of time between doses . These findings were confirmed by the Director of Nursing at 4:27 PM on 3/22/23.</p> <p>3. At 3:56 PM on 3/22/23 the Director of Nursing confirmed Resident #3's March 2023 MAR includes an order for Acetaminophen 650 mg by mouth every 4 hours PRN that does not include the symptoms or condition the medication is intended to treat.</p> | {R147} | | |
| {R167} SS=E | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN</p> | {R167} | | |

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| {R167} | Continued From page 3 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 there was a failure to ensure a written plan for the administration of a PRN (as needed) psychoactive medication by unlicensed staff was developed by the nurse for one applicable resident (Resident #2). Findings include: At 4:18 PM on 3/22/23 the Director of Nursing confirmed a plan for the administration of PRN Risperidone 0.5 mg once daily for agitation and anxiety to Resident #2 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 had not been developed. | {R167} | | |
| {R179} SS=E | V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services | {R179} | | |

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| {R179} | <p>Continued From page 4</p> <p>5.11.b The home must ensure that staff 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, handwashing, 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 record review and staff interview there was a failure to ensure the completion of all required yearly trainings by each staff person providing direct care to residents. Findings include:</p> <p>At 1:38 PM the Director of Nursing confirmed the facility did not provide Emergency Response and First Aid training to facility staff, and stated this training would "need to be added to the staff training list". One sampled staff (Staff #1) only completed a General Supervision and Care of</p> | {R179} | <p>Staff inservice are done monthly. DON is keeping completed inservices in binder sorted by staff members name. All completed inservices are also tracked on spreadsheet and reviewed weekly by DON. Completed 5/8/2023. Please also see attached</p> | |

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| {R179} | Continued From page 5 Residents training in the previous 12 months. | {R179} | | |
| {R250} SS=E | <p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure damaged canned goods are not maintained on the premises. Findings include:</p> <p>At 11:46 AM on 3/22/23 the facility Administrator confirmed four 6 lb dented cans of Dark Red Kidney Beans were stored in the dry food storage room on the same shelves as undamaged food items to be used in the kitchen.</p> | {R250} | <p>All dented cans will be kept in the freezer room away for all other canned goods. Staff has been inserviced and signs posted. Completed 5/10/2023</p> | |

R147 5.9 (4).

All PRN orders will have the name of the medication, dosage, frequency and reason for giving medication. This will be checked by RN/DON daily to see if a new PRN has been ordered and that it is correct with all the above. Weekly the PRNs will be checked by DON and MARs are checked before switching into the next month by the DON or designated staff.

- Education will be done to all that are passing medications reinforcing the importance of correct information on a PRN order. There will be a face to face and a signing off on the PRN Policy.
- That policy will be posted in Nurse's station as well as in the MAR.
- All PRNs given on a shift will be written down on the 24-hour sheet and passed on verbally to oncoming nurse/med tech.
- All present PRN orders will be corrected by June 6th, 2023

The responsibility falls on the DON/RN.

R167 5.10.d

1. The PRN Risperidone 0.5 mg use was developed on 11/28/22 and placed in the MAR on December 6, 2023. The RN spoke with all the Med Techs to reinforce the protocol for PRN anti-psychotics after that survey. This resident's plan for use was in place on March 22, 2023. What was not included in that plan was the what the desired effect would be, to document in the MAR and written in the resident's chart. Staff to be aware of potential side effects of the Risperidone and to observe resident for them to call nurse and document. The goal is for the desired effect and not any side effects.
2. All present Psychoactive medications that are PRN have a plan at present. When a new PRN order is obtained the RN will develop a plan of use within 24 hours. The plan will include the specific behaviors that it is ordered for, circumstances that indicate the use of the prn medication, the importance of documentation of administration and effect on the resident with education face to face on the desired effect wanted and possible side effects of drug also written and in the MAR. All new admissions that come with a PRN Psychoactive medication be the same.
The policy for use and the protocol will be posted and initialed by all that are passing medications.
3. The DON/RN responsible for this ongoing compliance
4. This process will be in place by June 6th, 2023.

Memorandum

To: Nurses & Med Tech

From: [REDACTED] **Director of Nursing**

Date: 5/8/2023

Subject: Administering PRN medication

REMINDER ABOUT ADMINISTERING & TAKING ORDERS FOR PRN MEDICATIONS.

When taking a PRN medication order, the order must include the following...

- Right Resident
- Right route
- Right medication
- Right dose
- Right time
- have the times between admissions
- reason/ symptoms for medication
- Max amount allowed daily

EXAMPLE:

Diphenhydramine 25 mg tab

1 tab by mouth every four hours as needed for mild allergic reaction determined by nurse**not to exceed 300 mg/ daily.

ALL Med Techs & Nurses, pls sign in acknowledgment.

R 179 5.11 B:

Staff member #1 Left for maternity leave on 12/23/22 and returned to work on 3/16/2023. Employee gave notice on 3/18/23, and the last day of work was at St. Joseph's Residential Care on 4/6/2023. During the 2 weeks the employee was back on the schedule, the employee did not complete the mandatory in-services.

Going forward, staff in-services are done monthly by topic to include all mandatory in-services. DON keeps completed in-services in binder sorted by staff member's name. All completed in services are also tracked on spreadsheets and reviewed weekly by DON. Completed June 6, 2023.

See attached annual schedule of monthly in-services.