



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

January 30, 2017

Ms. Rachael Parker, Manager
Sterling House At Richmond
61 Farr Road
Richmond, VT 05477-9301

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 4, 2017. 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, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0591 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/04/2017 |
|--|--|--|---|

NAME OF PROVIDER OR SUPPLIER
STERLING HOUSE AT RICHMOND

STREET ADDRESS, CITY, STATE, ZIP CODE
61 FARR ROAD
RICHMOND, VT 05477

| (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:

The Division of Licensing and Protection conducted an unannounced, onsite complaint investigation on 1/4/17. Regulatory violations were cited as a result.

R100

R162 5.10 Medication Management

R162 V. RESIDENT CARE AND HOME SERVICES
SS=D

R162

5.10 Medication Management

5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to ensure staff will not assist with or administer any medication, prescription or over-the-counter, for which there is not a physician's written, signed order for 1 of 4 applicable residents (Resident # 1). Findings include:

Per record review and confirmed by staff interview, the facility failed to obtain a physician's order for a medication administered to Resident # 1. Per review of staff notes, Resident # 1 was administered a Fleets enema in preparation for a medical procedure by a Caregiver on 10/3/16. There is no evidence in the clinical record of a physician order for the enema. On 1/4/17 at 12:34 PM, the Caregiver that administered the enema confirmed that h/she administered it. On 1/4/17 at 3:44 PM, the Facility Manager confirmed that there is no evidence of a physician order to administer the Fleets enema.

1. Current MD orders for resident #1 medications.
2. Procedure reviewed with licensed staff for new orders. Outline includes ensuring orders are in chart.
3. This process will be monitored by the manager with random weekly audits of the orders for three months.
4. 02/15/2017

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

Richard Paul

TITLE

Manager

(X6) DATE

1/25/17

STATE FORM

6899

S1TB11

If continuation sheet 1 of 4

R162-R165 POCs accepted 1/26/17 RRembley/Amc

Division of Licensing and Protection

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0591 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/04/2017 |
|--|--|--|---|

NAME OF PROVIDER OR SUPPLIER
STERLING HOUSE AT RICHMOND

STREET ADDRESS, CITY, STATE, ZIP CODE
61 FARR ROAD
RICHMOND, VT 05477

| (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 |
|--------------------------|--|---------------------|--|--------------------------|
|--------------------------|--|---------------------|--|--------------------------|

R164 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure a Registered Nurse delegate the responsibility for the administration of specific medications to designated staff for 1 of 4 applicable residents (Resident # 1). Findings include:

Per record review and staff interview, an unlicensed caregiver (UC) administered a medication to Resident # 1 without proper training or delegation by a Registered Nurse (RN). On 10/3/16, the UC administered a Fleets enema to Resident # 1 at the direction of a Licensed Practical Nurse (LPN). Per a telephone interview with the UC, h/she stated that the LPN gave instructions to administer the enema over the phone approximately 10 minutes prior to the procedure. The UC also confirmed that the Resident was positioned on his/her right side during the procedure. Lippincott's Textbook for Nursing Assistants, 2007, pg. 432 states that "an enema is given with the person on the left side in the Sims position".

R164

5.10.d Medication Management

1. This procedure is not currently ordered for Resident #1.
2. Reviewed with Licensed Staff that RN's must delegate the responsibility to designated staff for medication administration.
3. This process will be monitored by the manager. Administration of medications that require training will be reviewed by manager prior to administration to ensure the proper education has been provided by the RN and documented.
4. 02/15/2017

Division of Licensing and Protection

| | | | |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0591 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/04/2017 |
|---|---|--|--|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT RICHMOND | STREET ADDRESS, CITY, STATE, ZIP CODE 61 FARR ROAD RICHMOND, VT 05477 |
|--|---|

| (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 |
|--------------------------|--|---------------------|---|--------------------------|
| R165 | Continued From page 2 | R165 | R165 5.10.d Medication Management | |
| R165 SS=D | <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>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <p>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;</p> <p>ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to ensure that the Registered Nurse accept responsibility for the proper administration of medications, and is responsible for:</p> <p>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;</p> <p>ii. Establishing a process for routine communication with designated staff about the</p> | R165 | <p>1. This procedure is not currently ordered for Resident #1.</p> <p>2. Reviewed with Licensed Staff that RN's must delegate the responsibility to designated staff for medication administration.</p> <p>3. This process will be monitored by the manager Administration of medications that require training will be reviewed by manager prior to administration to ensure the proper education has been provided by the RN and documented.</p> <p>4. 02/15/2017</p> | |

Division of Licensing and Protection

| | | | |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0591 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/04/2017 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

STERLING HOUSE AT RICHMOND

STREET ADDRESS, CITY, STATE, ZIP CODE

61 FARR ROAD
RICHMOND, VT 05477

| (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 |
|--------------------------|---|---------------------|--|--------------------------|
| R165 | <p>Continued From page 3</p> <p>resident's condition and the effect of medications, as well as changes in medications;</p> <p>iii, Assessing the resident's condition and the need for any changes in medications; and</p> <p>Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions for 1 of 4 applicable residents (Resident # 1). Findings include:</p> <p>Per record review and staff interview, an unlicensed caregiver (UC) administered a medication to Resident # 1 without proper training or delegation by a Registered Nurse (RN). On 10/3/16, the UC administered a Fleets enema to Resident # 1 at the direction of a Licensed Practical Nurse (LPN). Per a telephone interview with the UC, h/she stated that the LPN gave instructions to administer the enema over the phone approximately 10 minutes prior to the procedure. The UC also confirmed that the Resident was positioned on his/her right side during the procedure. Lippincott's Textbook for Nursing Assistants, 2007, pg. 432 states that "an enema is given with the person on the left side in the Sims position". There is no indication that the UC received training regarding administration of the Fleets enema. This was confirmed by the Facility Manager on 1/4/17 at 12:34 PM.</p> | R165 | | |