

**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 <u>http://www.dail.vermont.gov</u> 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 9, 2024

Robert Crego, Manager The Bradley House 65 Harris Avenue Brattleboro, VT 05301-2948

Dear Mr. Crego:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 16, 2024.** 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS State Long Term Care Manager Division of Licensing & Protection

## PRINTED: 04/26/2024 FORM APPROVED

Division of Licensing and Protec STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		0047	B. WING		C 04/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
THE BRAD	DLEY HOUSE		RIS AVENUE			
			EBORO, VT 053	· · · · · · · · · · · · · · · · · · ·	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
R100	Initial Comments:		R100			
				SEE ATTACHOO P.O.C		
		site re-licensure survey in facility reported incident was		<u> </u>		
	•	rision of Licensing and		$\square$		
		24. The following regulatory		+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$		
	violations were identi					
R176		AND HOME SERVICES	R176			
SS=F				R176 Accepted on 5/9/24. Sh Ross, RN	erry	
	5.10 Medication Man	agement				
	5.10.h (4)					
		the death or discharge of a				
		medications, shall be in accordance with the				
		plicable standards of				
	practice.					
		「 is not met as evidenced				
	by: Based on observation	n, staff interview and record				
	review the RCH failed					
		noved from the medication				
	carts per the facility's	policy and procedures.				
	Per observation of the	e medication at 9:30 AM, the				
	following medications	were identified as expired				
	and stored within the	medication cart.				
		l ounces, with an expiration				
		of Antacid 12 fluid ounce ,				
	with expirations of 2/2					
-		31 mg 300 tablet bottle with				
	-	24, Antacid Tums 750 mg				
	2/2024, Sooth and c	count- with an expiration of ool Barrier moisture				
		ttle, expired on 3/2024 Stool				
		mg (docusate sodium)				
	nsing and Protection			, , , , , , , , , , , , , , , , , , ,		
JURATORY E	JIKEGTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	~		バ (X6) DATE	
ATE FORM				ive DANECTON 3	1100	
			0000	ZZP911	If continuation sheet 1	

ZZP911

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If continuation sheet 1 of 2

## PRINTED: 04/26/2024 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIF/CATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		001		
		0047	B. WING		C 04/16/2024		
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
HE BRA	DLEY HOUSE		RIS AVENUE _EBORO, VT 05301				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
R176	Continued From pag	e 1	R176				
	<ul> <li>0.3mg single dos aut expired on 2/2024, Bisacodyk supposito on 2/2024, House sta Diphenhyrdramine 29 Ultra stomach relief th expired on 3/24, Med with witch hazl, 100 p Earwax removal kit, of The facility policy and Dates states "Medica effective until the exp medicine container b house stock medicat yearly (March and Se dates. Any out dated discarded. "</li> <li>In conclusion this definisk for more than mi residents related to resident's health relation</li> </ul>	5 mg, expired on 8/2023 bismuth 8 fl ounce bottle,e di-pads hemmroidal pads pads, expired on 2/8/22, expired on 10/23. d procedure titled Expiration ations are considered biration date printed on the by the manufacturer All ions will be checked twice eptember) for expiration					

ZZP911

## BRADLEY HOUSE PLAN OF CORRECTION 5/7/2024

5.10 Medication Management

5.10.h (4). Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and acceptable standards of practice.

**What action you will take to correct the deficiency:** *All outdated stock medications will be disposed of.* 

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: *The Home's Medication Policy and Procedure titled "Expiration Dates" has been changed from "All house stock medications will be checked twice yearly (March and September) for expiration dates. Any out dated medication will be discarded" to "All House stock medications are continuously checked for expiration dates. Outdated medications are discarded".* 

**How the corrective actions will be monitored so the deficient practice does not recur:** *It will be the responsibility of the Registered Nurse to ensure that this policy is being followed. A spreadsheet will be maintained and initialed weekly by the RN to acknowledge compliance and detail stock medication that is discarded.* 

**The dates corrective action will be completed:** All outdated stock medication has been disposed of. All care staff have been instructed regarding the policy and procedure to continuously check for expiration dates on stock medications. As of May 7, 2024, the RN has begun monitoring this process.

R176 Accepted on 5/9/24. Sherry Ross, RN