

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

July 2, 2018


Ms. Joy Partridge, Manager
The Gary Residence
149 Main Street
Montpelier, VT 05602

Dear Ms. Partridge:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 6, 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: 0130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2018
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NAME OF PROVIDER OR SUPPLIER THE GARY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 149 MAIN STREET MONTPELIER, VT 05602
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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
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R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite relicensing survey on 6/6/2018. The following regulatory violation was identified.	R100	<p>The submission of this plan of correction does not imply agreement with existence of deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our resident's lives.</p> <p>It is also important to note that while the documentation was not present on the result of the PRN medication, it does not mean a follow up was not completed, but rather the nursing staff did not document.</p> <p><i>POC accepted / R171 Edwards, RN 6/28/18</i></p>	
R171 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, 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; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that documentation of medication administration contained all required	R171		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dawn K. Provost</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>6/15/18</i>
STATE FORM 6899 <i>Joy Partridge</i> Manager	XEN011 <i>6/15/18</i>	If continuation sheet 1 of 3

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R171	<p>Continued From page 1</p> <p>elements sufficient to indicate to the licensing agency that the medication regimen as ordered is appropriate and effective for 3 out of 5 residents in the sample (Resident #1, Resident #2 and Resident #3) Findings include:</p> <ol style="list-style-type: none"> 1. Resident #1 received 650 mg of acetaminophen as needed (PRN) on 4/11/2018 per physician's order following a fall in his/ her apartment. Per record review, the medication was administered at 20:15, but there was no documentation present in the Medication Administration Record (MAR) or nursing progress notes reflecting whether or not the medication was effective in addressing Resident #1's symptoms. 2. Resident #2 received 650 mg of acetaminophen PRN on 5/9/2018 per physician's order due to back pain. Per record review, the medication was administered at 22:20, but there was no documentation present in the MAR or nursing progress notes reflecting whether or not the medication was effective in addressing Resident #2's symptoms. Per record review, Resident #2 received 1 mg doses of Ativan on 4/9/2018 and 4/10/2018 for the management of anxiety. However, there was no documentation present in the MAR or nursing progress notes to reflect whether or not the medication was effective in addressing Resident #2's symptoms of anxiety. 3. Resident #3 received 4 mg of Imodium PRN on 6/4/2018 per physician's order following an episode of diarrhea. Per record review, the medication was administered at 20:20, but there was no documentation present in the MAR or nursing progress notes reflecting whether or not the medication was effective in addressing 	R171	<p>R171 We have reviewed our medication management policy with all nursing staff. We have also implemented a PRN Response Log (attached). Each time a nursing staff member administers a PRN they will fill this out the log (along with the MAR) with the time that the PRN was given and the time after 30 minutes the nursing staff need to check on resident to determine the effectiveness of the PRN. This will then remind them to enter in the MAR the results. RN or LPN will review MAR on daily basis to be sure this has been completed. Manager and/or Executive Director will review weekly that this has been completed by all Nursing Staff.</p>	
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R171	<p>Continued From page 2</p> <p>Resident #3's symptoms after the medication had been administered.</p> <p>During an interview, the residence Manager confirmed the lack of documentation for as needed (PRN) medication at 2:30 PM on 6/6/2018.</p>	R171		
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PRN Response Log

DATE	RESIDENT/ TIME Given & 30 min FOLLOW UP	RESPONSE DOC in MAR

1. Give PRN, sign off in MAR, make entry on back of page with date, time, medication, dose, reason given, and your initials.
2. Make entry on the new "PRN Response Log"
3. Check in with resident 30 minutes after the PRN medication is given.
4. If PRN medication is given towards the end of a shift and the staff that administered it will not be present at the time the response needs to be checked, the outgoing staff needs to report verbally during report to the incoming staff that the prn was given and that the response needs to be checked and documented.
5. During report the incoming staff must look at the "PRN Response Log" and the PRN page of the MAR to confirm that a response has been documented.
6. If the need for the response to be checked is to be done during the incoming staff shift, they must check for efficacy within the appropriate time frame and complete the process.
7. The RN or LPN will review all prn's given each weekday and after each weekend.