



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

July 13, 2022

Ms. Allison Jones, Manager
The Gary Residence
149 Main Street
Montpelier, VT 05602

Dear Ms. Jones:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 3, 2022**. 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

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 05/03/2022
NAME OF PROVIDER OR SUPPLIER THE GARY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 149 MAIN STREET MONTPELIER, VT 05602		
(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: An unannounced on-site re-licensure survey was conducted on 5/3/22 by the Division of Licensing and Protection. Findings were delayed due to ongoing conversations regarding compliance with Division of Fire Safety. Compliance decisions for Fire Safety will be sent in a separate statement, when a final conclusion has been reached. The following regulatory deficiencies were identified during the 5/3/22 relicensing survey:	R100	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.	
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN 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 staff interview and record review, there was a failure to ensure a written plan of care was developed for the use of a PRN (as needed) psychoactive medication for 1 applicable resident (Resident #1). Findings include:	R167	R167 OM Fisher Home, Inc. has a policy & procedure for Behavior Tracking to be entered into the eMAR system. On stated medication this was not in the system. Executive Director has verified that all other psychoactive medications prescribed to residents do currently have Behavior Tracking in place. Policy & Procedure going forward will be for RN's to notify ED of psychoactive medication being prescribed and ED to verify Behavior Tracking in place before medication to be	

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

James N. Palomasi

TITLE

Executive Director

(X6) DATE

7/5/2022

R167 - R303 POC accepted 7/12/22 J. Evans, RN/SL

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R167	<p>Continued From page 1</p> <p>Per record review Resident #1 has a physician's order for Clonazepam 0.5 mg (anxiety medication) to be administered by mouth twice daily as needed with a minimum of 8 hours between doses. Resident #1's diagnoses include Depression, Anxiety, Restlessness, Auditory Hallucinations, and Mood Disorder Due To Known Physiological Condition. S/he has a history of panic attacks and Phobias. His/her Medication Administration Record contains written orders for twice daily Behavior Tracking to monitor for Auditory Hallucinations and three times daily Behavior Tracking to monitor for Anxiety.</p> <p>The Resident Care Director was asked to provide evidence of a resident specific plan of care for use of PRN Clonazepam to address the signs and symptoms of anxiety including indications, intended effects, and side effect monitoring. During an interview at 4:16 pm on 5/3/22 the Resident Care Director confirmed the facility failed to provide the required written care plan for the use of PRN Clonazepam for Resident #1.</p>	R167	<p>administered. Template attached of plan of care to used for all psychoactive medications to be completed and reviewed by ED before medication can be administered.</p>	6/30/22
R190 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: There was a failure to document the hiring of one staff (Staff #1) who was reported to have a criminal conviction at the time of hire. Findings include:</p>	R190	<p>R190 OM Fisher Home, Inc. has a policy and procedure that documentation must be provided that any employee hired must prove ability provide safe and effective care at the facility considering his/her history of criminal conviction. This</p>	

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R190	<p>Continued From page 2</p> <p>Per review of required staff Vermont Criminal Information Checks, one staff (Staff #1) was convicted of Driving Under the Influence on 7/31/2014. Staff #1 was hired on 1/23/20.</p> <p>At 4:38 on 5/3/22 the Resident Care Director confirmed the facility's Human Resources Department failed to provide documentation of Staff #1's DUI conviction in his/her personnel file including determination of Staff #1's ability to provide safe and effective care at the facility considering his/her history of criminal conviction.</p>	R190	<p>employee worked for us during their high school years and returned to work for us after college. Written statements of this employees character and ability to provide safe and effective care, has been placed in their personnel file.</p>	6/30/22
R250 SS=F	<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 prevent the storage and use of outdated, unlabeled meats and damaged canned goods as evidenced by:</p> <p>Per observation during a tour of the facility basement at 10:20 a.m. on 5/3/22 the food storage room contained dented cans of peaches placed on shelves used to store canned and dry goods for use in the facility kitchen. The Resident Care Director conducting the tour confirmed the presence of the dented cans stored on the shelf. After consultation with the Executive Chef, the Resident Care Director confirmed the facility</p>	R250	<p>R250 OM Fisher Home, Inc. policy & procedure for dented cans, always has been and will continue to be: refuse dented cans the time of delivery.</p> <p>OM Fisher Home, Inc. Policy & Procedure has always been and always will be have all opened foods to be labeled and dated. Executive Chef and Executive Director have reviewed this policy. Executive Director will monitor this on a weekly basis.</p>	6/30/22

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R250	Continued From page 3 policy and procedure is to maintain dented cans in the food storage area until the contents are composted and the cans are recycled. At 4:10 on 5/3/22 the dented cans of peaches were subsequently observed on the counter in the food prep area of the facility kitchen. The Executive Chef confirmed the cans of dented peaches were moved from the storage shelves to the food prep area of the kitchen, and confirmed damaged cans are maintained in the food storage area with undamaged items until they are composted. Per observation during a tour of the facility basement at 10:25 am on 5/3/22 the refrigerator identified as "R2" in the basement food storage room contained two opened packages of deli meat and raw hamburger meat wrapped in cling wrap in open clear plastic bins. Both packages were not labeled with dates indicating when the packages were opened. Per interview at 4:23 pm on 5/3/22 the Executive Chef and Resident Care Director confirmed the opened packages of deli meat and raw hamburger stored in fridge R2 were not labeled with dates indicating when the packages were opened.	R250		
R258 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least	R258	R258 OM Fisher Home, Inc. policy & procedure is for all compost bins and trash have liners and covered. Executive Director will monitor weekly.	6/30/22

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R258	Continued From page 4 weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure to ensure compost and trash receptacles in the kitchen remained covered to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents. Findings include: During a tour of the facility commencing at 10:10 am on 5/3/22 an open compost bin and trash can were observed beside the food prep area in the kitchen. At 4:32 on 5/3/22 the Resident Care Director confirmed the presence of the uncovered kitchen compost bin and trash can in the facility kitchen..	R258		
R303 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: There was a failure by the facility to post a list of emergency phone numbers by the third floor phone, and to provide an accessible phone with emergency numbers posted by it on the second floor. Findings include:	R303	R303 This was a one- time occurrence as a resident must have removed the emergency phone list near the phone on the 3 rd floor which is strictly a resident floor. Emergency phone list is now in a frame, attached to the wall, which cannot be removed. Please be aware that ALL residents have their own phones. 81 years in business the	

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R303	Continued From page 5 During a tour of the facility at 10:40 am on 5/3/22 failure to post a list of emergency telephone numbers by the phone located in the hall on the third floor of the residence was observed. The failure to post the emergency numbers was confirmed by the Resident Care Director at the time of the observation. In addition, there was a failure to provide a phone with emergency numbers posted by it in an accessible area on the second floor of the facility. At the time of the tour the Resident Care Director confirmed the residence phone for the second floor is located in the nursing office which is not accessible to residents and visitors when staff is not present in the nursing office and the door is locked.	R303	second floor phone in the nurses station, we understood, had always been sufficient for residents to access. We now have a phone on the second floor available to residents at all times.	6/30/22

Safe administration of PRN Clonazepam

Purpose: To be given to help reduce anxiety (verbalization, restlessness, panic episodes, worrying that is not able to be redirected).

Try alternative/nonpharmaceutical methods first:

- Drink a glass of cold water
- Focused breathing (5-5-5 technique)
- Go for a walk
- Tapping
- Meditation
- Smell something comforting
- Engage in activity
- Talk with a friend

If unable to redirect and resident remains anxious or in panic episode administer:
Clonazepam 0.5mg - 1 tab.

Monitor for side effects:

- Dizziness
- Unsteadiness
- Drowsiness
- Difficulty Breathing

Desired effect:

- Calmness
- Participation in ADLs
- Participation in group activities
- Decrease panic