



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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 23, 2021

Mr. Kevin Hamel, Manager  
Valley Vista  
23 Upper Plain  
Bradford, VT 05033-9016

Dear Mr. Hamel:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 17, 2021**. 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:  <b>0540</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VALLEY VISTA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>23 UPPER PLAIN BRADFORD, VT 05033</b>
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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
T 001	Initial Comments  An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 6/15/21 and completed on 6/17/2021. The following regulatory violations were identified.	T 001		
T 035 SS=C	V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services  5.8 Medication Management  5.8.a Each therapeutic community residence must have written policies and procedures describing the residence 's medication practices. The policies must cover at least the following:  (1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse.  (2) Who will provide the professional nursing delegation if the residence administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the residence.  (3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff.  (4) How medications shall be obtained for residents including choices of pharmacies.  (5) Procedures for documentation of medication	T 035		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Kevin Daniel...* TITLE *VP* (X6) DATE *7-6-2021*

STATE FORM 6876 S3JX11 If continuation sheet 1 of 4

T035 - T045 POC's accepted 7/14/21 F.Matthews/RN/PML

Division of Licensing and Protection


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T 035	<p>Continued From page 1</p> <p>administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>(8) Procedures for assessing a resident ' s ability to self-administer and documentation of the assessment in the medical record</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR failed to have written policies and procedures describing the management and accounting of controlled substances. Findings include:</p> <p>Per request on the morning of 6/16/2021 for the TCR's policies and procedures related to medication management to include the administration and accounting of controlled substances, the VP of Nursing and Clinical Services confirmed at 11:45 AM specific policies have not been created to direct nursing staff when to conduct end-of-shift accounting of scheduled narcotics and to establish elements for the monitoring and completion of documentation. Per review at 1:10 PM of the "Narcotic Shift Count" record where 2 nurses are expected to conduct a narcotic count together during the change of each shift and sign their initials at completion of the controlled drug count. However, on 5/28/2021 days/evening; 6/11/2021 days/evenings &amp; evenings/nights and 6/12/2021</p>	T 035	<p>Policy created and updated in our policy system as well as sent out to all nursing staff with read receipt confirmation. New policy is attached.</p> <p>Narcotic sheets checked on a weekly basis and appropriate education is completed and documented on Narcotic sheets. Audit period for compliance will be 8/1/2021 – 12/1/2021</p>		

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T 035	Continued From page 2  nights/days & days/evening lacked documentation validating a change of shift count was conducted by two staff nurses. The omissions were confirmed on 6/15/2021 at 1:10 PM by the VP of Nursing and Clinical Service during review of documentation.	T 035		
T 045 SS=E	V.5.8.h Resident Care and Services  5.8 Medication Mangement  5.8.h All medicines and chemicals used in the residence must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the TCR failed to administer medication in accordance to currently accepted professional standards of practice. Findings include:  Per interview on 6/15/2021 the VP of Nursing and Clinical Services confirmed that presently the medication Suboxone (Buprenorphine/Naloxone) film 12 mg/3 mg taken sublingual and used to treat narcotic (opiate) addiction is being cut by nursing staff prior to administration to residents of the TCR. Per interviews on 6/15/2021 between 10:05 and 10:45 AM staff nurses who administer Suboxone 12 mg/3 mg expressed concern regarding the accuracy of the Suboxone dose due to the cutting of the film into 3 pieces with each split piece of film given at a prescribed time. It was also stated by one of 4 nurses that at times residents who are prescribed the medication are allowed the opportunity to use a scissors and cut	T 045	Valley Vista has completed a procedure for cutting suboxone by measuring with rule and use of razor blades to cut. Practice has been out to all nursing staff. Valley Vista also contacted Director of DVHA pharmacy services to advise and she will bring forward to a state level as this is practice throughout the state and will require DVHA override for appropriate dosing to be dispensed throughout the state of Vermont. Recommendation to our nursing staff is to order the appropriate dosed film and have DVHA override for State of Vermont to Reimburse. This was reportedly being brought to DAIL and ADAP from DVHA.	

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T 045	<p>Continued From page 3</p> <p>the Suboxone 12 mg/3 mg into 3 pieces creating the prescribed dose of 4 mg while the nurse observes.</p> <p>However per the US Food and Drug Administration Medication Guide revised in 2018 (reference ID 4215179) states in 2.5 Method of Administration states: " Suboxone sublingual film must be administered whole. Do not cut, chew, or swallow Suboxone sublingual film." Per telephone interview on 6/17/2020 at 10:05 AM a Pharmacist associated with the TCR and the distribution of prescribed medications for the TCR stated the drug manufacturer's package insert for Suboxone states "do not cut". The Pharmacist stated cutting the Suboxone film is "...not best practice" and further acknowledged cutting the film with a scissors does not guarantee an accurate measurement of the prescribed dose.</p>	T 045		

Policies and Procedures Nursing	
Policy Title: Narcotic – Controlled Medication	
Effective Date: 6/23/21	
Approved By: Ashley Hutton, RN LADC, DON	Revision Date:
	Page Number: Page 1 of 3

## POLICY

It is the policy of this facility to ensure the proper handling and tracking of controlled medications. Controlled medications will be subject to special receipt, record-keeping, medication assistance, change of shift count verification, storage and disposal procedures.


## PROCEDURE

### RECEIPT:

- A shipping invoice accompanies all orders for controlled medications.
- Inventory all controlled medications upon receipt by verifying the name of the medication and the number or amount of medication received.
- The shipping invoice is to be signed by the individual receiving the order and co-signed by another individual.
- Notify the dispensing pharmacy immediately of any discrepancies.
- Patients who bring controlled medications with them upon admitting, the admitting nurse will complete a Control Drug Report Form, which requires verification by two individuals (form attached)

### RECORD-KEEPING:

- Utilize Controlled Drug receipt record/disposition form from pharmacy or Control Drug Report.
- Place controlled drugs in a double-locked container immediately after they have been inventoried and the form for each medication has been signed as received.

Policies and Procedures	
Policy Title: Narcotic – Controlled Medication	
Effective Date: 6/23/21	
Approved By: Ashley Hutton, RN LADC, DON	
	Revision Date:
	Page Number: Page 2 of 3

**CHANGE OF SHIFT VERIFICATION-NARCOTIC COUNT:**

- At the change of shift, the on-coming and out-going staff persons jointly count all controlled medications, including discontinued or expired medications awaiting destruction.
- The out-going staff person will read the Individual Resident’s Narcotic Record book pages while the on-coming person examines the containers of controlled medications.
- The Shift-to-Shift Narcotic Shift Count form will be signed by both the outgoing and the on-coming staff person at each change of shift, if the count is verified by two staff persons.
- In the event a staff person is working two consecutive shifts and an appropriate second person is not available, the staff person would sign at the normal change of shift time for both shifts worked.

**DISCREPANCIES:**


- If a count discrepancy occurs in the change of shift verification, an investigation is made immediately to determine the error by the staff persons associated with the medication delivery system.
- If the count cannot be reconciled:
  - o **Anyone** associated with the administration or assistance of medication may not leave the facility. Only the Director of Nursing (DON) or Vice President of Nursing and Clinical Services (VP) may dismiss the staff persons involved in the controlled medication count if a count discrepancy occurs.
  - o The DON or VP is called/notified.
  - o The DON or VP attempts to reconcile the count.
- If the count still cannot be reconciled:
  - o An Incident/Occurrence form is filled out.
  - o The pharmacy is notified via fax, and a replacement requested if necessary.

**STORAGE:**

All narcotics will be stored under a double lock system.

**DISPOSAL:**

- The nurse will properly destroy and dispose of controlled substances utilizing facility approved methods.

Policies and Procedures	
Policy Title: Narcotic – Controlled Medication	
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- The destruction/disposal process of controlled medications should always include two licensed persons.
- Discontinued controlled medications will be stored in a double-locked area and counted each shift until they are properly disposed.
- Controlled medications are not returned to the pharmacy.
- All expired, deteriorated, discontinued or unwanted controlled substances in the facility shall be destroyed in a timely manner.
- Documentation on the narcotic record will include the date of disposition, names and signatures of both the person disposing of the medication and the licensed witness, and the method of disposition.
  - a. Log each medication **disposal** event on the Control Drug Report/Record, to specify
    - Resident name
    - Medication name
    - Disposal date
    - Disposal amount
    - Method of disposal
    - Validating signatures/s
- Remove forms from the MAR binder after they are no longer current, and file for storage/retention.

**FORMS**

Narcotic Shift Count

Control Drug Report






SYSTEM: Medical

SECTION: Nursing

SUBJECT: Buprenorphine split dosing

PROCEDURES:

1. If there is an order for suboxone film to be cut in half, it must be done in the following way:
  - a. Nursing needs to wear gloves to handle and administer the medication.
  - b. Nursing is to measure out the film with a ruler and cut the film in half using a surgical blade.
  - c. The remaining half needs to be sealed in plastic for no longer than a week.
2. Dispose of surgical blade when appropriate in appropriate sharps receptacle.

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**FORMS**

Narcotic Shift Count

Control Drug Report



