VERMONT

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

February 10, 2020

Ms. Amanda Hudak, Manager
Valley Vista Vergennes
1 Alden Place
Vergennes, VT 05491

Dear Ms. Hudak:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 23, 2019.** 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

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0655	A. BUILDING _____ B. WING _____	C 12/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VISTA VERGENNES	1 ALDEN PLACE VERGENNES, VT 05491

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T 001	Initial Comments An unannounced on-site relicensure survey and investigation of a complaint was conducted by the Division of Licensing & Protection on 12/2/2019 through 12/5/2019. The following regulatory deficiencies were identified as the result of the survey & the investigation.	T 001	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that the deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.	
T 006 SS=C	V.5.2.a Resident Care and Services 5.2 Admission Agreements 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. The agreement must be written in a format that is accessible, linguistically appropriate, and available in large font. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the Patient and/or the Patient's Representative are provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged.	T 006	T006: We are working with our medical software to add our daily/weekly/monthly fee schedule. In the interim, we will be providing patients with a handout that shows our fee scheduled and attach it to the patient financial agreement in Procentive.	1/20/20

T006 - T0146 POC's accepted 2/10/20 mmcotaRN

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T 006	Continued From page 1 Findings include: Per record review of the facility's Admission Agreement, the agreement states that the Patient will be responsible for any amount not paid by the payor source, but it does not indicate the specific charge for services that will be applied for the services. In an interview on the morning of 12/3/2019, the Admissions Coordinator stated that the document provided to the surveyor was the most current Admission Agreement.	T 006		
T 023 SS=E	V. 5.5.a Resident Care and Services 5.5 General Care 5.5.a Upon a resident's admission to a therapeutic community residence, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. The home's manager shall provide every resident with the personal care and supervision appropriate to his or her individual needs. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to assure that all necessary services to meet the Patients' psychosocial needs were provided. Findings include: Per staff interview with the Clinical Program Manager, Admissions/Administrative Assistant,	T 023	T023 This particular clinician was coached with an action plan outlined around documentation moving forward. Individual training on documentation with program manager Jess Webster with weekly supervision notes attached showing this. Valley Vista Vergennes will implement two hour documentation blocks for clinical staff.	12/6/19 12/6/19 12/6/19

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T 023	Continued From page 2	T 023		

and Nurse Practitioner on 12/2/19 at 11:30 am, the facility provides a treatment program that includes; individual therapy, group therapy and medical management. The program treatment is provided by Clinical Specialists, Recovery Assistants, and Nurses.
In separate interviews on 12/4/19, during the morning hours between 8:30 am & 11:30 am, three patients reported the same issue to the nurse surveyor. The patients requested anonymity stating that they may be in and out of the facility during their recovery, and they are still in treatment at this time. The patients stated that:
a)" I have been here almost three weeks and I have only had a 1:1 meeting for therapy for 15 minutes."
b) "I think I should be meeting with my clinician at least an hour a week and I haven't had any meetings except for a 25 minute meeting to discuss my treatment plan."
c) " I am new, but I haven't met with the clinician except to talk about what I have to do."

In an interview on 12/4/19 at 1:53 pm, the Clinical Director, Clinical Program Manager, Admissions/Administrative Assistant, and Nurse Practitioner described the aspects of the treatment program. During that interview it was stated that the treatment program includes, at a minimum a weekly individual therapy session of 40 minutes. That session may be divided into two 20- minute sessions.
In a record review of the above patients, and of two of the patients in the survey sample, there was no documentation present to indicate that the patients have received the individual therapy sessions described as a component of the facility treatment program. The Clinical Program Manager confirmed that there was not documentation of all of the expected individual

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T 023	Continued From page 3 therapy sessions available.	T 023		
T 037 SS=G	V.5.8.c Resident Care and Services 5.8 Medication Management 5.8.c Staff shall not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's or other licensed health care provider'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 record review and staff interview, the facility failed to ensure that staff did not administer any medications for which there is not a written, signed order in the resident's record. Findings include: 1). Per observation of medication administration at 7:40 AM on 12/3/2019, two patients were observed questioning the medication being administered to them. This resulted in the administering nurse adjusting the dose Patient #1 was receiving. This observation lead to a conversation regarding medication errors and transcription issues. In a review of Medication Error Incident reports and a supplementary e-mail, Patient #1 received two 8 mg Suboxone strips instead of one. In a meeting on 10/8/19, the acting medical provider had verbalized their intent to increase Patient's #1 dose to 16 mg (#2-8 mg strips) but did not put in a change in orders. The nurse on duty gave the	T 037	T037 All standing orders will be cleared and approved for individual patients by the provider. Training on the medication error reporting process with the medical team scheduled for 1/22/20and attendance will be collected for this. Training on transcription will be offered on 1/17/20 and we will collect a sign-in sheet. Marina will create a work-flow for medication ordering system check and balances. Nursing will continue to audit our charts on third shift.	1/26/19 1/22/20 1/17/20 2/1/20 ongoing

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T 037	Continued From page 4	T 037		

patient the increased dose as discussed. The order for an increased dose was put in place after the incident was discovered, later on the same day of the incident.

In a second report, Patient #2. who was not ordered to receive Suboxone, received 14 mg of Suboxone, which was ordered for another patient. Patient #2 experienced a reaction to the medication sometime later which was reported to the administering nurse. The nurse checked the records which confirmed that the resident was not ordered to receive Suboxone. The covering Physician was contacted and ordered that the patient was to receive a dose of Narcan, an opiod antagonist. Patient #2, who erroneously received Suboxone, as noted above, initially refused Narcan and left Against Medical Advice. However because the patient had driven herself, staff would not allow them to drive off the premises having taken Suboxone. After sitting in their car for a period of time, the patient returned asking staff for something to eat, which was provided. At that point, s/he requested that Narcan be administered. The patient showed no signs of respiratory depression or other signs or symptoms of overdose. Narcan was offered and later administered to reverse the discomfort the patient was experiencing from the Suboxone. After receiving Narcan, the patient left against the explicit direction of staff who remained concerned about their ability to drive safely. When it was discovered that they had left, the Vergennes Police Department was notified by staff. The above clarification of the event was provided by the Nurse Practitioner, via e-mail to the nurse surveyor on 12/23/19.

2). Per observation of medication administration at 7:40 AM on 12/3/2019, patients requested, and

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T 037	Continued From page 5	T 037		

were provided with, Tylenol 650 mg on an as needed (PRN) basis.
During the record review there were PRN medications listed on the hand-written Medication Administration Record (MAR). The medications listed contained ranges in dosage and reason for administration without specific orders for administration. There were no orders found in the resident's record for the over the counter PRN medications. The Nurse administering medications stated that they did not know where the standing order for PRN medications could be found.
In an interview, the Nurse Practitioner (NP), who supervises the nursing staff, stated that they were not aware of the absence of a signed order in the resident records. A single signed Standing Order form was provided by the NP, who stated that the order was pre-signed and covered all Patients admitted to the facility. That signed order did not have the same parameters or lack of parameters on the Medication Administration Record used by nurses while administering medications. The NP stated that the order was not reviewed for each Patient and individualized as necessary for each individual.
In addition, the NP was not aware that the MAR in use did not match the standing order provided to the nurse surveyor. The monthly MAR is transcribed by the nursing staff and the medications as listed on the MAR had ranges for the time of administration such as "Acetaminophen 500 mg-1,000 mg PO (by mouth) Q4-6Hrs PRN-Pain or Fever" not to exceed 3,000mg/24 hrs alternate with Ibuprofen. Do not give if hx of liver problems.
The single signed standing order states "Acetaminophen 500 mg two tabs PO Q4Hr PRN (Not to exceed 3.200mg/24 hrs) May alternate with Ibuprofen. Avoid in client with history of liver

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T 037	Continued From page 6 problems/damage."	T 037		
T 063 SS=D	V.5.10.c Resident Care and Services 5.10 Records/ Reports 5.10.c The residence shall ensure that resident records are safeguarded and protected against loss, tampering or unauthorized disclosure of information, that the content and format of resident records are kept uniform and that all entries in resident records are signed and dated. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, and record review, the facility failed to assure that resident records were protected against unauthorized disclosure of information. Findings include: Per interview on 12/3/19 at 8:35 am Patient #3 stated that they had they had come to the facility to fulfill requirements to maintain custody of their children. Patient #3 stated that they had filed several grievances against Patient #4 who, according to Resident #3 made threats to "beat me, jump me, and f_ _k me up". Patient #3 stated that Patient #4 continued to bully and threaten to hurt them. Patient #3 states that this continued harassment has affected his/her stay and caused anxiety and stress which has caused them to consider leaving treatment. Patient #3 stated that Patient #4 began quoting, word for word, the specifics of their last written grievance form. Patient #3 states that the form had included the fact that they were afraid of Patient #4, and that made Patient #4 even more	T 063	T063: This particular clinician received a corrective action plan around this and training occurred with her on the importance of not leaving any identifying information in the room and to always lock the door	12/6/19

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T 063	Continued From page 7 threatening. Patient #3 states that the Clinical Specialist acknowledged that Patient #4 could have seen the form, which had been left out in open view, during a visit to her office. Patient #4 agreed to be interviewed, but when approached on three separate occasions refused to be interviewed. Resident #4 was not interviewed by the nurse surveyor. In interviews on 12/3/19, two other Patients, who wish to be anonymous, stated that they had witnessed Resident #4 bragging about having read the Grievance Form and quoting things that were in it. In an interview on 12/4/19, the Clinical Program manager confirmed that a completed Grievance Form was left exposed on an open surface, visible to Patient #4 when they were in that office.	T 063		
T 146 SS=D	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to provide a safe environment. Findings include: Per observation on 12/2/19, the first day of	T 146	T146: A sign has been placed on the door to keep it locked at times. Metz employees were informed that when the cart is not in use, it is to be locked in the janitor closet. The only "chemical" in the laundry room is laundry detergent at this time.	12/26/19 12/26/19 12/26/19

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T 146	Continued From page 8	T 146		

survey, the facility laundry room which is accessible and used by residents contains hazardous chemicals. The laundry room remained unattended and unlocked from 10:50 to 11:40 am, at which time the Nurse Practitioner confirmed that the laundry room was unlocked.

This same issue was cited during the last survey.