



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 22, 2019

Ms. Catherine Haley, Manager
Woodstock TCR
1087 W Woodstock Road
Woodstock, VT 05091

Dear Ms. Haley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 29, 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,

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: 0114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2019
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NAME OF PROVIDER OR SUPPLIER WOODSTOCK TCR	STREET ADDRESS, CITY, STATE, ZIP CODE 1087 W WOODSTOCK ROAD WOODSTOCK, VT 05091
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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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T 001	Initial Comments An unannounced on-site relicensure survey was conducted by the Division of Licensing and Protection on 1/29/19 to determine compliance with the Licensing and Operating Regulations for the Therapeutic Community Residences. The following regulatory violations were identified:	T 001		
T 025 SS=D	V.5.5.c Resident Care and Services 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure to ensure each resident's medications were consistent with physician orders for 1 of 8 applicable residents. (Resident #8) Findings include: 1. Resident #8's physician has prescribed Novolog Flexpen (insulin) 100 Units to be injected per sliding scale 4 times daily. Per review of the MAR (Medication Administration Record) noted the order is written as Novolog Flexpen 10 units to be administered as prescribed. Per observation of the actual insulin pen did note Novolog Flexpen 100 units had the correct label for the administration of the insulin. The MAR also reflected inaccurate frequency of Topiramate 50 mg (used for nerve pain). The MAR stated Resident #8 was to receive it once daily, however the physician's order was for twice daily which is what the resident is receiving despite the	T 025	<p>1. Residential Coordinator, Cathi Haley, will review MARS weekly for accuracy.</p> <p>2. RN, Deb Todd, will audit MARS monthly (as current) and will provide, at minimum, bi-monthly on-site med support.</p> <p>3. Staff will fax newly created MARS to RN for review.</p> <p>4. RN, Deb Todd, will provide additional staff med support/education no later than 3/15/2019.</p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATE FORM 6899 LN2U11 If continuation sheet 1 of 4

C. Daley, Team Leader 2/16/19

PRINTED: 02/05/2019
FORM APPROVED

Division of Licensing and Protection

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T 025	Continued From page 1 inaccurate MAR. Per interview on the afternoon of 1/29/19 the TCR RN confirmed s/he reviews the MARs for each resident on a monthly basis. Both the RN and TCR manager stated they were unaware of the discrepancies between the actual order and what was documented in the resident's MAR.	T 025	<p><i>T-025 P.O.C. Accepted</i> <i>A. O. [Signature]</i> 2/21/19</p>	
T 052 SS=E	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens,	T 052		

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T 052	<p>Continued From page 2</p> <p>maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the TCR failed to demonstrate that 5 of 5 staff were provided and participated in the annual twelve hours of training as required by TCR regulation. Training topics must be specific to resident rights, fire safety and emergency evacuation; first aid; abuse, neglect and exploitation; respectful communication; infection control, and general care and supervision. Findings include:</p> <p>Per review of staff training records, there was a failure to ensure staff were provided and completed the required 12 hours of yearly training. This was confirmed on the afternoon of 1/29/19 by the TCR manager.</p>	T 052	<p>HCRS has an extensive yearly training program for all residential staff, to include DAIL required trainings. All staff are current with required trainings to date, as evidenced by attached documentation.</p> <p>T-052 P.O.C Accepted J. DeL... 2/21/19</p>	
T 187 SS=E	<p>IX.9.11.c Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p>	T 187		

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T 187	Continued From page 3 This REQUIREMENT Is not met as evidenced by: Based on staff interview and record review, the TCR failed to rotate times of day when conducting required fire drills. Findings include: Per review of the TCR fire drill records, there was a failure to conduct a fire drill during night hours. This was confirmed by the TCR manager.	T 187	<p>1. An overnight fire drill was conducted on 2/8/19.</p> <p>2. An overnight fire drill is now scheduled to occur during the first week of June in each upcoming year.</p> <p>T-187 P.O.C Accepted Jl. DeLata 2/21/19</p>	