



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

January 2, 2024

Mx. Erin Nichols, Manager
Woodstock Ter
1087 W Woodstock Road
Woodstock, VT 05091

Dear Mx. Nichols:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 8, 2023**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

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 11/08/2023
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T 001	Initial Comments On 11/6/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey, with additional information received from the home on 11/8/23. The following regulatory deficiencies were identified:	T 001		
T 025 SS=D	<p>V.5.5.c Resident Care and Services</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure medication administration consistent with physician's orders for one applicable resident (Resident #1). Findings include:</p> <p>Per record review Resident #1's physician prescribed an increase in his/her Prozac (for mood/anxiety) daily dose from 40 mg to 60 mg on 10/24/23 with instructions stating "this is an increase to start right away". Per review of Resident #1's Medication Administration Record (MAR) the 60 mg daily dose of Prozac did not begin until 11/1/23, 8 days after the physician's order changed.</p> <p>On the afternoon of 11/6/23 the Manager confirmed Resident #1's Prozac 60 mg daily dose of Prozac prescribed on 10/24/23 was not initiated until 11/1/23. At 9:15 AM on 11/8/23 the Registered Nurse for Residential Care Homes</p>	T 025	<p>T025 V.5.8.5 Resident Care and Services Medication Management Residential medical staff (doctors, nurses and medical assistants) were contacted regarding the deficiency. When medication changes occur all residential nurses and the medical assistant's supervisor are included in medication order changes or clarifications to reinforce the communication expectation. This email subgroup is known as "residential nurses" within our HCRS email. When medication changes occur, no comments will be entered into scripts as medications are obtained via mail and there is no ability for medications to be started "right away". Another residential RN was hired on 11/6/2023 and will be additional medical support to Woodstock House. The corrective actions are currently in place.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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12/27/2023

Linda Simoneaux HCRS Adult Services Assistant Director

Division of Licensing and Protection

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T 025	Continued From page 1 managed by the organization that operates the home also confirmed there was a delay in initiating Resident #1's Prozac dose increase.	T 025	T025: - Plan has been implemented starting 11/30/2023. - If a medication is being added/changed this information is sent out via the doctor or the medical assistant after the appointment. - Medications are received via [REDACTED] Pharmacy through the mail; staff will check the mail to obtain medications. (Request to [REDACTED] Pharmacy for email alerts to medical assistant when medications are mailed in preparation for delivery.) - Current order service states; "medications to start when obtained by the pharmacy"; once medications are obtained via mail, staff will email "residential nurses" email chain know of the medications arrival. Manifests will be scanned to the MA for upload into the chart for documentation purposes. - For medications in need of eMAR activation (a new medication), staff will call the medical assistant during weekday/daytime hours to pull to the eMAR, medical assistant will contact overseeing RN to review. If after hours or on weekends; staff will contact the NOC to complete this task, there will be no delay in the starting of a new or changed medication.	
T 040 SS=E	V.5.8.5 Resident Care and Services 5.8 Medication Management 5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence 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 develop written plans for the administration of PRN (as needed) psychoactive medications by staff other than a nurse at the home for 3 applicable residents (Residents #1, #2, and #3). Findings include: Per review of the Medication Management section of the Recreational Services Operations Manual for the organization that manages the home effective 4/2019, the Operations Manual does not include policies and procedures for the development of written plans for the administration of PRN psychoactive medications by staff other than a nurse.	T 040		Pharmacy name removed by DLP 1/2/24

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T 040	<p>Continued From page 2</p> <p>Per record review, written PRN psychoactive medication administration plans describing the specific behaviors PRN psychoactive medications are intended to treat; specify the indications for use of the medications; and educate staff about the desired effects and undesired side effects staff must monitor for were not on file at the home. This finding was confirmed by the Manager of the home on the afternoon of 11/6/23.</p> <p>At 9:41 AM on 11/8/23 the Registered Nurse for Residential Homes confirmed written plans for the administration of PRN psychoactive medications by staff other than nurses had not been developed for residents of the home to include Residents #1, #2, and #3.</p>	T 040	<p>T040 V.5.8.5 Resident Care and Services 5.8 Medication Management A "PRN psychoactive plan" service outline was created on 11/9/2023 and was approved for IT development on 11/16/2023. Residential nursing is currently using the outline of the plan to document into clients "nursing services". A binder was created, and each PRN psychoactive plan is printed and available for staff to review. If a new PRN psychoactive medication is started or changed, the RN will send out this communication via email (in addition to the printed paper copies) to all Woodstock House staff. The corrective action is currently in place. -#1-completed 11/28/2023 #3 - Completed 11/14/2023 #2 —Completed 12/22/2023 - Ongoing compliance: upon admission, review of all PRN psychoactive medications to have assessment completed. Upon medication changes, assessment to be completed. A "PRN psychoactive plan" service outline was created on 11/9/2023 and was approved for IT development on 11/16/2023.</p>	
T 060 SS=A	<p>V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b The following records shall be maintained and kept on file:</p> <p>(1) A resident register including all admissions to and discharges out of the residence.</p> <p>(2) A record for each resident which includes:</p> <p>i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin;</p> <p>ii. The health care provider ' s name, address and telephone number;</p>	T 060		

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T 060	<p>Continued From page 3</p> <p>iii. Instructions in case of resident's death;</p> <p>iv. The resident ' s intake assessment summary, identification of problems and areas of successful life function;</p> <p>v. Data from other agencies;</p> <p>vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;</p> <p>vii. A signed admission agreement;</p> <p>viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);</p> <p>ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to maintain an intake assessment summary in the resident record of 1 out of 3 sampled residents (Resident #2). Findings</p>	T 060	<p>T060 Plan of correction for 5.10.b: A residential intake summary will be completed by December 11, 2023 for resident missing intake summary(#2). This Resident was admitted prior to creation of the Residential intake summary form. The residential referral form and the standard clinical assessment were the documents in use at time of admission to gather information. Plan going forward is to continue to use the current residential intake summaries on all admissions and to do a new summary for individuals who were admitted before the current admission summary was adopted.</p> <p>T060 Plan of Correction accepted by Jo A Evans RN on 1/1/24</p>	

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T 060	Continued From page 4 include: During the course of the survey on 11/6/23 the Manager was requested to provide Resident #2's intake assessment summary for review. At 3:17 PM on 11/6/23 the Manager confirmed an intake assessment summary for Resident #2 was not on file and available for review.	T 060		
T 062 SS=F	V.5.10.b.4 Resident Care and Services 5.10 Records/Reports 5.10.b.4 The results of the criminal record and abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to complete the required criminal record and abuse registry checks as required for 2 out of 5 sampled staff. Findings include: During the course of the survey on 11/6/23 criminal record and abuse registry checks were requested for review for a sample of 5 staff. Per review of the documentation provided for review, the criminal record and abuse registry checks were not completed on hire for 2 out of 5 sampled staff as required. This was confirmed by the Manager at 4:37 PM on 11/6/23.	T 062	<p style="color: red;">T062 Plan of correction for 5.10.b.4: Background checks to be done at time of hire and annually for all residential staff by HCRS Human Resources. Completion date Jan 25,2024</p> <p>T062 Plan of Correction accepted by Jo A Evans RN on 1/1/24</p>	
T 142 SS=C	VIII. 8.1 Laundry Services VIII. Laundry Services 8.1 The residence shall provide laundered bed and bath linens at least once a week.	T 142		

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T 142	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home's Admission Agreement fails to identify the Residences requirement to provide laundered bed and bath linens at least weekly for all facility residents. Findings include: Per record review the home's Admission Agreement states personal care items including towels and bedding are available, however, the agreement states residents are responsible for their own laundry. On the afternoon of 11/6/23 the Manager acknowledged the home's Admission Agreement does not inform residents of the home's responsibility to provide laundered bed and bath linens at least once a week.	T 142	T142 Plan of correction for 8.1: Residential staff will launder bath and bed linens weekly started 11/11/23. Residents will be provided with clean bed linens weekly. Admission agreement will be amended to include this information. Completion: In process- changes to forms must be approved by clinical standards committee. Will be in place at the latest by January 21. T142 Plan of Correction accepted by Jo A Evans RN on 1/1/24	
T 145 SS=C	VIII.8.3 Laundry Services VIII. Laundry Services 8.3 The residence shall make alternate arrangements for the personal laundry of a resident if the resident is incapable of doing his or her own laundry. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home's Admission Agreement fails to identify the Residence requirement to make alternative arrangements for the personal laundry of a resident who is incapable of doing his or her own laundry. Findings include:	T 145		

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T 145	Continued From page 6	T 145		
T 146 SS=F	<p>IX.9.1.a Physical Plant</p> <p>9.1 Environment</p> <p>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe environment. Findings include:</p> <p>During the tour of the home commencing at 12:15 PM on 11/6/23 cleaning chemicals including floor cleaners, disinfectants, toilet bowl cleaners, and air fresheners were observed to be stored in unsecured areas accessible to residents in an unlocked closet in the dining area, and in the third floor bathroom. Additionally, a window in Resident</p>	T 146	<p>T 145</p> <p>Admission agreement will be amended to include that alternative arrangements are available for individuals who are incapable of doing their own laundry. All current residents have been informed that assistance is available from staff to do laundry, change linens. Completion: In process-changes to forms must be approved by clinical standards committee. Will be in place at the latest by January 21.</p> <p>T145 Plan of Correction accepted by Jo A Evans RN on 1/1/24</p> <p>T 146</p> <p>Chemicals were removed 11/8/2023 and stored in locked area inaccessible to residents.</p> <p>Broken Pane of glass was repaired 11/17/2023.</p> <p>Weekly Room inspection checklist was updated 11/8/23 to include checking windows and beds.</p>	

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T 146	Continued From page 7 #2's room was observed to have a broken pane of glass. These findings were confirmed by the Manager of the home during the facility tour on the afternoon of 11/6/23.	T 146		
T 157 SS=D	IX.9.2.h Physical Plant 9.2 Residents ' Rooms 9.2.h Each bed shall be in good repair, with a clean, comfortable mattress that is at least six (6) inches thick, and standard in size for the particular bed, a pillow, bed covering, and a minimum of one (1) blanket, two (2) sheets, and one (1) pillowcase. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide a bed in good repair with properly fitting mattress for the bed. Findings include: During a tour of the home commencing at 12:15 PM on 11/6/23 Resident #2's bed was observed to be in poor condition. The mattress appeared to be lopsided, and his/her sleeping area was uneven. Resident #2's mattress did not properly fit for the bed, leaving areas of the bed frame exposed. This finding was confirmed by the Manager during the tour of the home on the afternoon of 11/6/23.	T 157	<p>T 157 New mattress was installed 11/16/2023. Weekly Room inspection sheets were updated 11/8/23, to include bedchecks.</p> <p>T157 Plan of Correction accepted by Jo A Evans RN on 1/1/24</p>	