

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 29, 2013

Ms. Joyce Touchette, Administrator
Converse Home
272 Church Street
Burlington, VT 05401

Provider #: 1010

Dear Ms. Touchette:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site re-licensing survey conducted on **September 18, 2013**. 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
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
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NAME OF PROVIDER OR SUPPLIER CONVERSE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 272 CHURCH STREET BURLINGTON, VT 05401
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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
R100 SS=A	Initial Comments: An unannounced on-site re-licensing survey was conducted on 09/18/13 by the Division of Licensing and Protection. The following are the State of Vermont Assisted Living violations.	R100	A Nursing Staff meeting will be held in October 2013 to discuss the survey results and outline the corrective action plan for the identified deficiencies.	
R167 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on information gathered, the ALR failed to develop a written plan for 1 applicable resident in the sample for the administration of as needed (PRN) psychoactive medication by unlicensed staff. (Resident #1) Findings include;</p> <p>1. Per review on 09/18/13 of the Medication Administration record (MAR) for Resident #2, who has a diagnosis of early stage Alzheimer, states ' Quetiapine 25 mg [an anti-psychotic medication] 1 tab by mouth at bedtime as needed'. However,</p>	R167	<p><u>R167 5.10 Medication Management</u></p> <p>(Note: Per conversation on October 9, 2013 with Pam Cota this deficiency is regarding resident # 2 as there is no identified issue for resident # 1.)</p> <p>Resident #2 has had the PRN psychoactive medication (Quetiapine) discontinued as it had not been needed for several months. Is on no other PRN psychoactive medication.</p> <p>Current Converse Home nursing policy # 11 "PRN and PRN psychoactive Medications" states that a written plan for the identification for non-licensed staff to administer a PRN dose of a psychoactive drug will be implemented for any resident that has a PRN psychoactive medication ordered. This includes a description of the targeted behaviors that the medication has been prescribed to correct as well as related documentation to its effect.</p>	

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

Jayla Touchette

POC R167 accepted
Suzanne P. [Signature] 10/24/13
Executive Director

(X6) DATE

10/16/2013

Am

Division of Licensing and Protection

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R167	Continued From page 1 there is no written plan for the use of the medication that 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. Per interview 5:00 PM the Unit manager confirmed that the care plan did not contain the specific behaviors, circumstances or monitoring for the use of a psychoactive medication.	R167	A review of all current residents will be performed to determine who is on a PRN psychoactive medication. A written plan as outlined above will be completed for those residents by 10/31/2013. Nursing department staff will be re-educated to psychoactive medications and the effects and side effects to monitor for. Nurses will be responsible for reviewing written plans monthly for residents receiving PRN psychoactives drugs.	10/31/13
R176 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by the nurse on 09/18/13, the home had outdated medications that were not disposed of in a timely manner for 2 of 9 residents in the applicable sample. (Residents #3 and #4) Findings include: 1. While conducting a review of Resident #3's medications on the memory care unit on 09/18/13 at 11:45 AM, it was observed that a vial of Novolin Regular insulin had a label that stated "discard after 09/11/13". Per interview at that	R176	<u>R176 5.10 Medication Management</u> A systematic sweep of the resident's apartments for medications is being performed by the RNs and LPNs to remove any expired or discontinued medications. Initial sweep will be completed by 10/28/13. On an on-going basis the following will be implemented: On the 15th of each month, the night charge of shift (or her designee) will review and discard any expired or discontinued medications kept in medication cart(s).	11/30/2013 10/28/2013

DOC R176 accepted 10/24/13
Sharon J. Ermonis RN

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R176	<p>Continued From page 2</p> <p>time, the nurse stated "I have 42 days after opening the bottle because its in the refrigerator" however s/he acknowledged that it is uncertain when the bottle had actually been opened and confirmed that the medication was not disposed of per the label.</p> <p>2. Per review on 09/18/13 at 1:12 PM of Resident #4's physician orders dated 08/27/13 shows Sustane Gel to be given twice daily and as needed. Also an order dated 06/07/13 for Calcitonin 200 units nasal spray 1 spray each nostril alternate every other day for one month. Per observation at that time of the residents' medications, which are kept in a locked cabinet but administered by staff, had the Calcitonin spray (labeled 'Refrigerate') and a bottle of Sustane liquid with a expiration date of 05/2013 were stored in the cabinet. Per interview staff confirmed that both medications were expired and should have been discarded.</p>	R176	<p>Additionally, the nurse on day and evening shifts will be assigned, by floor, to check for expired medications in resident apartments. The Director of Nursing will review the assignment sheet to assure that all apartments have been checked on a monthly basis.</p> <p>Insulin vials will be marked with the date opened and discarded within 28 days of opening except for Levimer, which has a 42 day shelf life once opened. The insulin container will be labeled with the date it is opened and the MAR (medication administration record) will have the discard date identified.</p>	ongoing
R302 SS=C	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home 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>	R302		ongoing

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R302	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of fire drill records and interview, the facility failed to ensure that fire drills were conducted at varying times of the day, including morning, afternoon, evening and nights and failed to document staff who were present. This affected all Residents in the current census. Findings include:</p> <p>Review of the fire drill records on 09/10/13 noted only day, afternoon and night fire drills for the last year. Although fire drills were held quarterly, no evening fire drills were conducted from January 2013 to present day. Per interview at 11:17 AM the Maintenance Manager confirmed that the fire drills were not rotated among all times of day.</p>	R302	<p>R302 9.11.c Fire Drills Summary statement of deficiency that The Converse Home "failed to document staff who were present" at drills is in error. Eight drills have occurred this year at varying times. <u>All staff who participated in the drills were documented.</u> Please see attached.</p> <p>All shifts at The Converse Home practice drills throughout the year and at varying times of day. Drills will be added and conducted between the hours of 6pm – 11pm so as to comply with regulation stating "evening" as part of this important practice. Drills will be conducted by either the Maintenance Director or the Executive Director.</p> <p>All fire drills will continue to be documented and documentation kept in the Fire Drill Log.</p> <p>Executive Director will be responsible for ensuring number and times of drills meet or exceed regulation standards.</p>	<p><i>Doc R-302 accepted 10/24/13 Sara J. Emmons RN</i></p> <p><i>11/20/2013</i></p>
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