

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

May 20, 2011

Mary Ellen Spencer, Administrator
Converse Home
272 Church Street
Burlington, VT 05401

Provider ID #:

Dear Ms. Spencer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 6, 2011.**

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	RECEIVED Division of MAY 17 11	(X3) DATE SURVEY COMPLETED C 04/06/2011
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NAME OF PROVIDER OR SUPPLIER CONVERSE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 272 CHURCH STREET BURLINGTON, VT 05401	Licensing and Protection
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R100	Initial Comments: An unannounced onsite licensing and complaint survey was conducted by the Division of Licensing and Protection from 4/4/11 to 4/6/11 to determine regulatory compliance with the State of Vermont Residential Care Home Licensing Regulations.	R100	This plan of correction is respectfully submitted for the survey and complaint investigation that took place from 4/4/2011 to 4/6/2011.	
R128 SS=D	V. RESIDENT CARE AND HOME 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 record review and staff interview, the facility failed to follow physician's orders for one applicable resident in the survey sample (Resident #9). Findings include: 1. Per record review on 4/5/11, on 1/5/11 Resident #9 was prescribed of Lunesta 3 mg (milligrams) PO (orally) at HS (hour of sleep) x 12 days as sleep aid medication. Per the MAR (Medication Administration Record), this medication had a note in parentheses next to the order that the resident may self-administer, however the physician had not indicated that the staff should allow the resident to self-administer this drug. Staff initialed the Lunesta order on the MAR as first taken on January 10th, 5 days after the date of the MD order, and then on the following dates in January: 1/11, 1/12, 1/13, 1/14,	R128	Resident #9's sleep aid is being administered by nursing staff on a prn basis as ordered by the physician. Resident #9 has been administered the test for self administration of medications; Resident #9's physician has been notified of the over the counter medications that the individual is currently self administering; the resident has received education regarding the risks versus benefits of the use of the over the counter medications and Resident #9's family is aware of the over the counter medications. Resident #9 insists that it is his right to self medicate and vehemently feels that he has compromised as far as he will with what he allows the nursing staff to administer to him. Nursing staff to highly encourage and to assist him in taking to his next physician's appointment his over the counter medications to allow the physician to directly discuss the situation with him again. Physician's office is aware of this plan and the date of appointment is 5/13/2011.	

Division of Licensing and Protection

Mary Ellen Spencer
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Executive Director

(X6) DATE
5/11/2011

Division of Licensing and Protection

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R128	Continued From page 1 1/16, 1/17, 1/18, 1/19, 1/20, 1/21, 1/27, 1/28, 1/29, 1/30, and 1/31/11. Per interview on 4/6/11 at 9:10 AM, the Resident Care Director (RCD) confirmed that the physician's order did not indicate that the resident may self-administer the Lunesta, and the MAR was inaccurately written to indicate that the resident may self-administer the medication. Per record review on 4/5/11, Resident #9 receives some prescribed medications/vitamins/supplements by staff administration, and others are self-administered by the resident. The comprehensive assessment identified that the resident did not meet all the criteria for safe self-administration, including not knowing what the medications/supplements were for. Refer also to R170. 2. Per record review on 4/5/11, an MD order for Resident #9 written on 1/26/11 stated "Lunesta 3 mg One PO QHS PRN (as needed)- insomnia". Per review, the MAR for February and March 2011 did not identify this medication as a PRN and staff initials indicated that the medication was given (or taken) every evening. Per interview on 4/6/11 at 9:10 AM, the RCD confirmed that the physician's order from 1/26/11 indicated that the medication was PRN and not scheduled, and that the MAR was not clearly written per the physician's order.	R128	All residents that choose to self administer medications will continue to be assessed using a self administration of medications test. This test will be administered on admission, for significant changes of condition and with the annual assessment. For current residents self-administering medications, all residents will be retested and their physician will receive a copy of the assessment. Orders to self administer medications and policies and procedures regarding the same will be reviewed and updated as needed. To be completed by 5/31/2011. The Resident Care Director (RCD) or designated RN will review at admission, with significant changes of condition and annually the ability of those residents self administrating medications to continue to do so. The Medication Administration Records (MARS) are reviewed and revised monthly by nurses. Resident #9 was either offered or requested a sleep aid for each of the dates of administration; resident was experiencing an illness that had a negative impact on his ability to sleep. Illness is resolved; Sleep aid is currently being administered on an as needed basis as ordered. Nursing staff education regarding the transcription of medication orders and the documentation of routine and as needed medications will be provided	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for	R145 <i>R128 PAC cont'd</i>		

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R145	Continued From page 2 each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that the plan of care (entitled Life Enhancement Plan [LEP] by the facility) was implemented regarding monitoring behaviors for 1 of 12 applicable residents in the survey sample (Resident #6). Additionally, the facility failed to assure that the plan of care was reviewed for accuracy and signed by the registered nurse, indicating oversight for the development, for 10 of 12 residents in the survey sample (Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11). Findings include: 1. Per record review on 4/5/11, Resident #6 had documented behaviors that included aggressive actions toward staff and other residents. Per the LEP (plan of care) staff were instructed to monitor the resident's behaviors using a behavior monitoring sheet. There were multiple instances where staff failed to document daily observations as instructed, and there was no indication that when behaviors were noted, the specific interventions attempted nor the effectiveness of the intervention. Per review of the behavior monitoring sheets, there were many gaps in documentation regarding the resident's behaviors. Documentation from 10/1/10 to 3/6/11 was incomplete on the following dates: 10/1/10, 10/3-10/8, 10/10, 10/12, 10/19, 10/21-10/24, 10/29, 11/1, 11/3, 11/6-11/10, 11/13, 11/16-11/18,	R145 <i>R128 - END of POC</i> <i>R145 START</i>	on May 18, 2011. Annual education regarding the same will be provided by the Staff Development Coordinator or the RCD. The RCD or designated nurse will be responsible for reviewing all medication orders each month. <i>R128 5-19-11 POC accepted.</i> <i>C. Karaway, RN</i> Care Plans have been and will continue to be developed on admission by the RCD or designated RN. All care plans will be reviewed by the RCD or designated RN and signed by May 31, 2011. Policies and procedures for care plan development and maintenance will be reviewed and updated by May 31, 2011. Both RNs and LPNs will continue to update the care plans as needed. Staff education regarding care plan development and maintenance will be provided on May 18, 2011 by the Staff Development Coordinator and the RCD. The RCD or designated RN will review, update and sign the care plans on admission, with significant changes and annually with the assessment. Policy and procedures for the monitoring of behaviors will be reviewed and revised. Staff education regarding the same will be provided on May 18, 2011.	

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R145	<p>Continued From page 3</p> <p>11/20, 11/22, 11/23, 11/26, 11/30, 12/1, 12/2, 12/4, 12/5, 12/7, 12/10, 12/13, 12/14, 12/17, 12/20, 12/21, 12/25-12/27, 12/30, 12/31, 1/3/11, 1/7, 1/9-1/13, 1/15, 1/16, 1/18, 1/20-1/22, 1/26, 1/27, 1/29, 1/30, 2/6-2/8, 2/12, 2/13, 2/18-2/21, 2/23, 2/25, 2/26, 3/1, 3/4, and 3/5/11. Per interview on 4/4/11 at 10:45 AM, the Special Care Unit Manager stated that the sheets were not filled out consistently, that the LEP and the behavior monitoring sheet did not instruct staff regarding the frequency and content of required documentation of the resident's behaviors, and indicated that this should be done on each shift.</p> <p>2. Per record review on 4/5/11, the LEP for Resident #5 (under the Enhancement Approach column) contained multiple psychotropic medication entries including: a) Risperidol 0.25 mg PO BID (twice a day) b) Ativan 0.5 mg Q (every) 4 hr PRN Anxiety / Agitation c) Risperidone 0.25 mg in am, 2 (0.25 mg) at HS d) Risperidone to 0.25 mg e) Seroquel 12.5 mg in AM (keep PRN Seroquel 12.5 mg) and HS dose 25 mg for Anxiety and Insomnia f) Lorazepam 0.5 mg TID PRN and g) Lorazepam 1 mg at HS. During interview on 4/5/11 at 11:00 AM, the Unit Manager confirmed that the LEP contained multiple inaccurate psychotropic medication entries, that these entries should have been discontinued and stated that the resident is currently prescribed only Seroquel 25 mg QHS and Lorazepam 0.5 mg (2 tabs) Q4H PRN.</p> <p>3. Per record reviews from 4/4/11 through 4/6/11, the LEPs of Residents #2, #3, #4, #5, #6, #7, #8, #9, #10 and #11 were not signed and/or dated by the RN indicating oversight, review, accuracy and</p>	R145	<p>Weekly to monthly reviews of documentation, including the MARS, will be completed by the RCD or designated RN for those residents requiring behavior monitoring and this review will be noted in the medical record. All pertinent changes to the care plan will be made as needed with this documentation review</p> <p><i>R145 5-19-11 POC accepted</i> <i>C. Laraway, RN</i></p>	

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R145	Continued From page 4 completion. During interviews with several licensed staff throughout the survey, including the Resident Care Director, each LEP was reviewed and confirmed by each person interviewed as unsigned and undated by the RN.	R145		
R148 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (5) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) failed to assure that all medications for 1 applicable resident in the survey sample (Resident #3) contained an indication for use. Findings include: 1. Per record review on 4/6/11, Resident #3 had an order for APAP (Acetaminophen) 650 mg (milligrams) QID (4 times daily) PRN (as needed). The order did not indicate to caregivers under what circumstances this medication should be administered. Per review of the MAR (Medication Administration Record), this medication had been given on 3/1/11 for 'sleep', on 3/3/11 'per request', on 3/5/11 for 'headache', on 3/8/11 'per request' and on 3/20/11 'per request'. During interview on 4/6/11, a staff nurse confirmed that there was no reason indicated for use of this medication and that the medication was being given for various reasons.	R148	Resident # 3's MARS and orders have been reviewed and indications of use so noted. PRN medications are given only with the approval of the charge of shift. All MARS are reviewed on a monthly basis by nurses. An indication of use will be noted for each medication for each resident. All MARS will be reviewed by the RCD or designated RN to note indications of use are present. To be completed by May 31, 2011 and monthly thereafter. Education of staff regarding indications of use to be given on May 18, 2011 and annually thereafter. <i>R148 5-19-11 POC accepted</i> <i>C. Laraway, RN</i>	

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R170 R170 SS=D	Continued From page 5 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.f Residents who are capable of self-administration have the right to purchase and self administer over-the-counter medications. However, the home must make every reasonable effort to be aware of such medications in order to monitor for and educate the residents about possible adverse reactions or interactions with other medications without violating the resident's rights to direct the resident's own care. If a resident's over-the-counter medications use poses a significant threat to the resident's health, staff must notify the physician This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assess and monitor the capability of self-administration of medications for one applicable resident in the survey sample (Resident #9). Findings include: 1. Per record review on 4/5/11, Resident #9 receives some prescribed medications/vitamins/supplements by staff administration, and others are self-administered by the resident. The resident has a locked cabinet in their room to store the following items designated for self-administration: Vitamin B-1, Echinacea, Vitamin C, Lactaid Caps, Bacitracin ointment, Zicam nasal gel, Cloetasol Cream 0.05%, and Cerave Skin Cream. The comprehensive assessment identified that the resident did not meet all the criteria for safe self-administration, including not knowing what the medications/supplements were for. Although	R170 R170	Resident #9's sleep aid is being administered by nursing staff on a prn basis as ordered by the physician. Resident #9 has been administered the test for self administration of medications; Resident #9's physician has been notified of the over the counter medications that the individual is currently self administering; the resident has received education regarding the risks versus benefits of the use of the over the counter medications and Resident #9's family is aware of the over the counter medications. Resident #9 insists that it is his right to self medicate and vehemently feels that he has compromised as far as he will with what he allows the nursing staff to administer to him. Nursing staff to highly encourage and to assist him in taking to his next physician's appointment his over the counter medications to allow the physician to directly discuss the situation with him again. Physician's office is aware of this plan and the date of appointment is 5/13/2011. All residents that choose to self administer medications will continue to be assessed using a self administration of medications test. This test will be administered on admission, for significant changes of condition and with the annual assessment. For current residents self-administering medications, all	

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R170	Continued From page 6 there was a physician's order that the resident may self-administer the listed items, the facility did not monitor compliance with the prescribed regime or reassess the resident's ability to accurately identify the reason or frequency of taking them, or the potential side effects. Per interview on 4/5/11 at 10:30 AM, the Resident Care Director stated that the physician ordered the self-administration for the listed items, and that the facility did not reassess and monitor the resident for proper self-administration or knowing the potential side effects of the self-administered items. Refer also to R128, example #1.	R170	residents will be retested and their physician will receive a copy of the assessment. Orders to self administer medications and policies and procedures regarding the same will be reviewed and updated as needed. To be completed by 5/31/2011. Each resident will have an order from the MD for those medications that are being self administered. Residents that are self administering medications and/or significant others will receive education regarding the self administration of medications. Said education will be documented in resident's records. To be reviewed and updated by 5/31/2011.	
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive	R171 <i>R170 - end of doc</i>	The Resident Care Director (RCD) or designated RN will review at admission, with significant changes of condition and annually the ability of those residents self administrating medications to continue to do so. The Medication Administration Records (MARS) are reviewed and revised monthly by nurses. <i>R170 5-19-11 POC accepted</i> <i>C. Harany, RN</i>	

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R171	<p>Continued From page 7</p> <p>medications, a record of monitoring for side effects. (6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that there was proper documentation for the administration of PRN (as needed) medications for 3 of 12 residents sampled (Resident #6, Resident #7, and Resident #9). Findings include:</p> <p>1. Per record review on 4/5/11, Resident #9 had an order for "Atarax 25 mg (milligrams) by mouth (PO) at bedtime, as needed for itching" starting on 1/12/11. Per review of the MAR (Medication Administration Record) for the months of January, February, and March 2011, staff were inconsistent in documenting each time the medication was given as to time or effect of the PRN Atarax administered. Per interview on 4/6/11, the Resident Care Director confirmed that time given and resident response to the PRN Atarax was not consistently documented on the back of Resident #9's MAR each time it was given.</p> <p>2. Per record review on 4/5/11, Resident #6 had standing orders signed by the physician that included a number of PRN medications with a range of dose given with no parameters for which specific dose to give, including Milk of Magnesia 15-30 cc PO QD at HS, Senna 1-2 tabs PO QD PRN, Pepto-Bismol 15-30 cc Q 30 min. to 1 hour PRN. Per review of the MAR, the order as written above for Pepto-Bismol was transcribed to the MAR with the dose and time range also. The Pepto-Bismol 15cc was given once in March 2011, and the Milk of Magnesia 30cc was given</p>	R171	<p>MARS and care plans will be reviewed. Indications of use will be noted. Staff education regarding indications of use, documentation of prn medications, revisions of care plans regarding the same and avoidance of orders containing ranges will be completed on May 18, 2011 and annually thereafter.</p> <p>Physicians will be contacted for revisions of orders involving ranges. The 2011 Standing Orders have been revised to exclude ranges and will be mailed to physicians for signature. Policies and procedures regarding prn medications will be reviewed and revised as needed. To be completed by May 31, 2011. The MARS will be reviewed monthly by the RCD or designated RN.</p> <p><i>R171 5-19-11 POC accepted.</i> <i>C. Laramy, RN</i></p>	
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R171	Continued From page 8 twice in March 2011. Per interview on 4/5/11 at 10:35 AM, the unit manager confirmed that these PRN medications contained a dose and time range with no indication to direct staff of which to use. 3. Per record review on 4/4/11, Resident #7 had a number of PRN medications on the MAR that had a range of dose, range of frequency, or no clear indication for use. The order for Risperidone 0.25 mg one tab PO at bedtime PRN (no later than 12 AM), and the order for Lorazepam 0.5 mg PO twice daily PRN were ordered to be given for agitation, however there was no specific behavior indicated or other information to guide staff as to which medication to administer. There was an order for Tussin 100 mg/5ml 1-2 tsp PO every 4 hours as needed that had no indication for use listed on the MAR. The order for Pepto-Bismol 15-30cc PO Q30 min-1 hour, (no more than 8 doses) contained both a range of dose and time, with no parameters listed to choose how much or how often to give. Per the MAR, on 3/19/11 the resident was administered the Pepto-Bismol, however on the back of the MAR sheet there was no information regarding how much or how many doses of the PRN was given. Per interview on 4/5/11 at 10:40 AM, the unit manager confirmed that these medications had a dose and/or time range or an unclear indication for use, and that staff were not consistently documenting complete information regarding the PRN given.	R171		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and.	R179		

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NAME OF PROVIDER OR SUPPLIER CONVERSE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 272 CHURCH STREET BURLINGTON, VT 05401		
(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	
R179	<p>Continued From page 9</p> <p>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:</p> <ul style="list-style-type: none"> (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, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to ensure that 2 of 5 staff completed required annual training requirements. Findings include:</p> <p>1. Per record review on 4/4/11, 1 of 5 staff failed to complete the annually required training regarding Emergency Response/First Aid. 2 of 5 staff failed to complete a total of 12 hours of annual training. During interview on 4/4/11, the Executive Director confirmed that 1 of 5 staff had not completed Emergency Response/First Aid training and that 2 of 5 staff did not complete 12 hours of annual training.</p>	R179	<p>All mandatory in-service education is offered annually and all staff have the opportunity to attend the monthly orientation program for new staff at which the mandatory in-services are offered. The staff person not completing the Emergency Response/First Aid will be provided education regarding the same by May 31, 2011.</p> <p>The Staff Development Coordinator plans a variety of in-service programs throughout the year for direct care staff to meet the 12 hour requirements for education.</p> <p>Staff are reminded via postings and individual conversations as to their standings regarding attendance at the required in-service education and this is taken into account at their annual job performance review. Staff education regarding regulations about in-service education will be provided on May 18, 2011.</p> <p>The RCD and the Staff Development Coordinator will be responsible for continued planning, implementing and monitoring of staff attendance at in-service education.</p> <p><i>R179 5-19-11 POC accepted. C. Karany, RN</i></p>		