VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

September 23, 2014

Ms. Kristine Kupcha, Administrator
Copley House Community Care Home
379 Washington Highway
Morrisville, VT 05661

Dear Ms. Kupcha:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 27, 2014.** 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:jl

PRINTED: 09/09/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED C 08/27/2014

NAME OF PROVIDER OR SUPPLIER: COPLEY HOUSE COMMUNITY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 379 WASHINGTON HIGHWAY, MORRISVILLE, VT 05661

(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	Initial Comments: On 08/27/2014 an unannounced, on-site investigation of 1 complaint and 2 self reports was conducted by the Division of Licensing and Protection in conjunction with a re-licensing survey. The following deficiencies were identified.	R100	Going forward, each consultant will have a support plan around PRN medication use in home. Listed information will include, but not be limited to medication name, dose, route, frequency, reason (behavioral), circumstances, desired effect, common side effects and physicians signature. This plan will be reviewed quarterly by the nurse.	9/19
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on 08/27/2014, the community care home failed to assure the accuracy of the medication list for 1 of 6 residents in the sample. (Resident # 1). The specifics are as follows: Per record review on 08/27/2014 in the morning, Resident # 1 has Ibuprofen 200 mg (2 tablets) ordered as needed. There are no parameters for use and no frequency listed on the medication order form or the MAR (Medication Administration Record) for this medication. This is confirmed during interview with the home medication nurse at 1:40 PM on the same day.	R147	R147 POC accepted 9/22/14 JH RN/PMC	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: MA, Clinical Coordinator — (X6) DATE: 9/19/14

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R160	Continued From page 1	R160		
R160 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on	R160	Moving forward residents will be monitored quarterly. Those residents who are on psychotropic meds will be monitored and issues addressed. Those residents will have a section on the doctor's note for side effect monitoring. Residents who are on outside psychotropic meds will have a sheet signed by the doctor stating side effects are monitored and hourly are to be addressed. A form is being developed to be given to staff along with medication trainings	

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	0139		C 08/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPLEY HOUSE COMMUNITY CARE HOME	379 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

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R160	Continued From page 2 08/27/2014, the community care home failed to develop and ensure procedures to monitor each resident for side effects of psychoactive medication use for 1 of 6 residents in the sample (Resident # 1). The specifics are as follows: 1. Per record review on 08/27/2014, Resident # 1 is receiving lorazepam quetiapine and risperdone on a daily basis (psychoactive medications). There is documentation that periodic screening for side effects of antipsychotic medications (using the AIMS assessment tool) was completed on 07/29/2009, 10/14/2009, 10/08/2010 and 10/19/2011. There are no AIMS assessments done in 2012 and 2013. This is confirmed by the house Registered Nurse (RN) during interview on 8/27/2014 at 2:40 pm.	R160	on recognizing & monitoring side effects of psychoactive medications per resident. Trainings have been scheduled for 9/25 10/9 and 10/23 do present and go over the material. The nurse will review the forms and all current psychoactive medications per resident. This goes along with our current procedure of alerting staff of a new medication and provision of the drug information sheet. R160 POC accepted 9/22/14 JHosmerRN/PMC	10/23
R163 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on 08/27/2014, the community care home failed to follow the proper assessment protocol by the Registered Nurse (RN) for psychoactive medication use for 1 of 6 residents in the sample.	R163		

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R163	Continued From page 3 (Resident # 1) The specifics are as follows: 1. Per record review on 08/27/2014, Resident # 1 is receiving lorazepam quetiapine and risperdone on a daily basis. There is documentation that periodic screening for side effects of antipsychotic medications (using the AIMS assessment tool) was completed on 07/29/2009, 10/14/2009, 10/08/2010 and 10/19/2011. There are no AIMS or other side effect screening assessments done in 2012 and 2013. This is confirmed by the house Registered Nurse (RN) during interview on 8/27/2014 at 2:40 pm.	R163	Going forward a Checklist will be kept by the house indicating when AIMS, Care Plans and assessments are due. This will be monitored quarterly by the nurse for up to date accuracy. Per discussion with licensing nurses, our current practices will be to complete the AIMS assessment every six months as opposed to yearly. R163 POC accepted 9/22/14 JHosmer RN/PMU	10/30
R179 SS=B	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 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, handwashing, handling of linens,	R179	Effective immediately, a	

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R179	Continued From page 4 maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that direct care staff competency training included all mandatory categories in the past year (Resident Rights, 5 of 5; Fire safety and evacuation, 1 of 5 in the applicable sample). Findings include: During record review on 8/27/14, the in-service training records for 5 of 5 staff in the sample lacked evidence that Resident Rights had been reviewed in the past twelve months. Additionally, the in-service records for 1 of 5 direct care staff lacked evidence that Fire safety and evacuation had been reviewed in the past twelve months. At 1:50 PM the Director confirmed that in-service records for 5 of 5 staff lacked Resident Rights, and for 1 of 5 staff lacked Fire safety and evacuation training in the past twelve months.	R179	Training calendar will be drafted including but not limited to the per-trainings required by the Division of Licensing & Protection. This list will be kept in an organized binder with attendance sheets as well as any materials used or passed out during the trainings.	
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within	R181	R179 POC accepted 9/22/14 JHesmer RN 1PM Human Resources was contacted on 9/19/14 with a list of missing background checks for staff at	

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R181	Continued From page 5 or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on the review of 5 employee personnel records on 8/27/2014 the community care home failed to assure that 3 of 5 employees had the proper background checks prior to being hired to assure that no staff person had been charged with abuse, neglect, exploitation, or crimes inimical to the public welfare (Employee # 2, # 4 and # 5). The following are the specifics. Per review of employee personnel records on 08/27/2014 in the afternoon, 3 of 5 employees do not have the required background checks in their files. It is confirmed during interview by the Director, that employee # 2 and # 4 do not have record of VCIC (Vermont Criminal Information Center) check. It is further confirmed during the same interview with the Director that employee # 5 has neither a VCIC check nor Adult or Child Abuse background checks in his/ her personnel record.	R181	Copley House. All new employees will have a completed checklist in their folder stating background checks have been performed. All current employee files will be checked and a checklist will be placed in them as well. R181 POC accepted 9/22/14 [illegible]	10/20
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4)	R190		

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R190	Continued From page 6	R190		
	The results of the criminal record and adult abuse registry checks for all staff.			
	This REQUIREMENT is not met as evidenced by: Based on the review of 5 employee personnel records on 8/27/2014 the community care home failed to assure that 3 of 5 employees had the proper background checks prior to being hired to assure that no staff person had been charged with abuse, neglect, exploitation, or crimes inimical to the public welfare (Employee # 2, # 4 and # 5). The following are the specifics.			
	Per review of employee personnel records on 08/27/2014 in the afternoon, 3 of 5 employees do not have the required background checks in their files. It is confirmed during interview by the Director, that employee # 2 and # 4 do not have record of VCIC (Vermont Criminal Information Center) checks. It is further confimed during the same interview with the Director that employee # 5 has neither a VCIC check nor Adult or Child background checks in his/ her personnel record.			
R247 SS=F	VII. NUTRITION AND FOOD SERVICES	R247		
	7.2 Food Safety and Sanitation		A record sheet was created the day of the on-site visit to record the temperature of all 3 refrigerators	8/27
	7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures; (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.			
	This REQUIREMENT is not met as evidenced by:			

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R247	Continued From page 7 Based on observation record review and staff interview, the home failed to demonstrate assurance that perishable food and drink is held at proper temperatures. Findings include: 1. During the tour of the home on 8/26/14, the staff person stated that freezer and refrigerator temperatures are checked monthly. There was no evidence provided to indicate that temperatures were being checked monthly or that the refrigerated foods had been held below 40 degrees Fahrenheit. At 3:00 PM, the Director confirmed that no written logs were available to show temperature monitoring or refrigeration at below 40 degrees Fahrenheit.	R247	indicating the date and the temperature. The temperature will be checked twice a week. This will be monitored by the housing Manager. R247 POC accepted 9/22/14 JH-Smer RN/DPHC	9/30
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to conduct a fire drill during 1 of 4	R302	A schedule has been drafted to ensure fire drills are conducted once a month	9/30

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R302	Continued From page 8 quarters in the past year, and did not rotate times of day to represent morning, evening and night. Findings include: 1. During record review on 8/27/14, the documentation for fire drills conducted in the past 12 months included three drills which were in the afternoon period. No drills were evident during the morning, evening, or night periods. At 1:15 PM, the Director confirmed that no further fire drill documentation was available other than the three afternoon drills. Additionally, the three recorded fire drills did not include any drill for the third quarter of the past 12 month period. At 1:50 PM, the Director confirmed that no documentation of a drill during the third quarter could be provided.	R302	This will be monitored by the house manager. R302 POC accepted 9/22/14 JHesmerRN/PMC	