

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
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

December 28, 2015

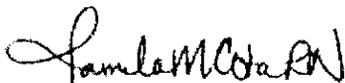
Ms. Kristine Kupcha, Administrator
Copley House Community Care Home
379 Washington Highway
Morrisville, VT 05661-8968

Dear Ms. Kupcha:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 24, 2015**. 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



DEC 23 2015

PRINTED: 12/10/2015
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 11/24/2015
--	--	---	---

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: An unannounced onsite re-licensing survey and complaint investigation was conducted by the Division of Licensing and Protection on 11/23 - 11/24/15. The following are regulatory findings.	R100		
R128 SS=D	<p>V. RESIDENT CARE AND HOME 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 record review and staff interview, the home failed to ensure that all medications were consistent with the physician's orders for 1 of 5 residents sampled (Resident #5). Findings include:</p> <p>Per record review on 11/24/15, Resident #5 has an order on the Medication Administration Record (MAR) that reads "Lorazepam 2 mg. PRN for agitation, max 5 doses 10 mg/day". This order reads back on the previous MARs for many months. Per review of the MD orders, the only order on file was for "Lorazepam 2 mg. 1x per day/agitation". The resident has received this PRN occasionally, however not more than once daily. Per interview on 11/24/15 at 10:45 AM, the Registered Nurse confirmed that there was no order found from an MD for the 5x daily/ 10 mg. limit that was written on the MAR, and the only current order for this was the once daily administration as needed order.</p>	R128	<p>The MAR has been corrected to reflect the current order.</p> <p>The nurse will compare the new MAR to the doctor's order.</p> <p>The new MAR will be signed and dated by the nurse signifying that the appropriate checks were made.</p> <p>R128 POC accepted 12/28/15 KCampos RLL/pme</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature]
STATE FORM 6899 UHJP11
TITLE
Clinical Coordinator/Manager
(X6) DATE
12/21
If continuation sheet 1 of 6



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 11/24/2015
--	---	--	---

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
--------------------	--	---------------	---	--------------------

R136	Continued From page 1	R136		
R136 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a reassessment was completed annually for 1 of 5 residents sampled (Resident # 5). Findings include:</p> <p>Per record review on 11/23/15, Resident #5 had a resident assessment completed last on 8/8/14, and so was due for the next annual in August of 2015. Per interview on 11/23/15 at 3:00 PM, the Home Manager confirmed that this was the last assessment completed for Resident #5, and that it was overdue.</p>	R136	<p><i>Chart audit has been done and all resident assessments are current and are in place.</i></p> <p><i>Med. Specialist will review file with schedule due dates and alert the nurse so assessments become due.</i></p> <p><i>R136 POC accepted 12/28/15 K Campos RN/pme</i></p>	
R167 SS=E	<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</p>	R167		

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 11/24/2015
--	--	---	---

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
--------------------	--	---------------	---	--------------------

R167	<p>Continued From page 2</p> <p>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 record review and staff interview, the home failed to ensure that there was a written plan in place to guide unlicensed caregivers in the administration of "as needed" psychoactive medications for 3 of 3 applicable residents in the sample (Residents # 1, #3 and #5). Findings include:</p> <ol style="list-style-type: none"> 1. Per record review on 11/23/15, Resident #1 has a scheduled order for Lorazepam 2 mg. twice daily. Resident #1 also has a PRN (as needed) order for Lorazepam 2 mg. every 6 hours as needed for severe agitation/ insomnia. Per review of the record, there is no written plan in place that describes the specific behaviors targeted, the side effects to be monitored, any time lapse needed between the scheduled and PRN doses, or any non-pharmacological interventions that may be effective for this person before resorting to administering the anti-anxiety medication. 2. Per record review on 11/23/15, Resident #3 has a scheduled order for Lorazepam 0.5 mg. three times daily. Resident #3 also has a PRN (as needed) order for Lorazepam 0.5 mg. every 4 hours as needed for severe agitation/anxiety. Per review of the record, there is no written plan in place that describes the specific behaviors targeted, the side effects to be monitored, the 	R167	<p>All PRN psycho-active medications have a current written plan being updated by the nurse as orders are received or changed. The nurse will be responsible for and verify the completion of PRN protocol during the rounds. Monthly new MAR checks.</p> <p>There will be a check sheet in the front of the MAR dated and signed by the nurse indicating they have been reviewed.</p> <p>R167 POC accepted 12/28/15 K Campos RN/MLC</p>	
------	--	------	--	--

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 11/24/2015
--	--	---	---

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
--------------------	--	---------------	---	--------------------

R167	Continued From page 3 time lapse needed if any between the scheduled and PRN doses, or any non-pharmacological interventions that may be effective for this person before resorting to administering the anti-anxiety medication. 3. Per record review on 11/23/15, daily. Resident #5 has a PRN (as needed) order for Lorazepam 2 mg. once daily as needed for agitation. Per review of the record, there is no written plan in place that describes the specific behaviors targeted, the side effects to be monitored, or any non-pharmacological interventions that may be effective for this person before resorting to administering the anti-anxiety medication. Per interview on 11/23/15 at 2:40 PM, the Registered Nurse confirmed that there were no written plans for the use of PRN psychoactive medications to guide unlicensed staff in proper administration for the above three residents.	R167		
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that all medications are labeled with expiration dates for one resident sampled (Resident #4). Findings include:	R172	<i>The unexpired has been dated. Staff have been educated to the requirements. This has been added to the Copley House medication pass procedure.</i>	

R172 POC accepted 12/28/15 KCampes PAJ/pmc

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 11/24/2015
--	--	---	---

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 DR 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
--------------------	--	---------------	---	--------------------

R172 Continued From page 4

Per observation on 11/23/15, during medication administration, there was a Lantus Insulin pen in use for Resident # 4 that was not labeled as to the date it was opened. Per interview on 11/23/15 at 12:25 PM, the Registered Nurse confirmed that the insulin pen was not labeled to indicate when the 28 day recommended discard date would be.

R172

R173 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.10 Medication Management

5.10.h.

(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys

R173

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the home failed to ensure that a refrigerator that stores medications was monitored for proper temperature controls. Findings include:

Per observation on 11/24/15 at 2:30 PM, the medication refrigerator located in the nurse's station contained Lantus Insulin pens. The thermometer in the refrigerator read 29 degrees F. There was no log to indicate that anyone was regularly monitoring the temperatures. Per interview on 11/24/15 at 2:40 PM, the home's Manager and the Registered Nurse confirmed

The refrigerated temperature has been checked. A record sheet has been hung by the refrigerator stating/ recording the date, time, temperature and an initial of staff checking the temperature every day.

R173 POC accepted 12/28/15 K Campos RN/AME

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 11/24/2015
--	---	---	---

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
--------------------	--	---------------	---	--------------------

R173	Continued From page 5 that there was no regular monitoring of the medication refrigerator for appropriate temperatures. Medications can be compromised if stored below or above recommended storage temperatures.	R173		
------	--	------	--	--