

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

January 18, 2012

Mr. David Anderson, Administrator
Forest Hill Residential Care Home
213 Clark Drive
Hyde Park, VT 05655

Provider #: 0597

Dear Mr. Anderson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 21, 2011**. 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, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0597	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2011
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NAME OF PROVIDER OR SUPPLIER FOREST HILL RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 213 CLARK DRIVE HYDE PARK, VT 05655
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R100	Initial Comments: An unannounced onsite annual licensing survey was conducted by the Division of Licensing and Protection on 11/21/11 to determine compliance with the Vermont Residential Care Home Regulations. The following are regulatory violations.	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 interview and record review, the home failed to assure that 2 applicable residents (Resident #2 and Resident #4) received medications consistent with the physician's orders. Findings include:</p> <p>1. Per record review on 11/21/11, physician orders for Resident #4 dated 5/10/11 indicated that the resident should receive Cod liver oil, Vitamin A, and Vitamin D. There were no dose amounts or frequencies ordered for the Cod liver oil and Vitamin A. The Medication Administration Record (MAR) indicated that the Cod liver oil should be given daily (1 capsule). There was no indication for Vitamin A or Vitamin D on the MAR. During interview that afternoon, the Administrator confirmed that there was a discrepancy between the physician orders and the MAR and that clarification should have been sought.</p>	R128	<p>Physicians orders will be verified by staff upon receiving new orders. Upon completion of assessment, physicians orders will be sent to the PCP for review and signature. Any discrepancies in MD orders will be clarified with PCP prior to being dispensed. MedTech training will be performed on 1/5/2012</p>	

Division of Licensing and Protection

[Signature] ADMINISTRATOR TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

12/28/11 (X6) DATE

[Handwritten initials]

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R128	Continued From page 1 2. Per record review on 11/21/11, Resident #2 had no current orders in the record for medications being administered daily including: Tylenol 500 mg (milligrams) BID (twice daily), Tramadol 50 mg TID (three times daily), Lorazepam 0.5 mg TID PRN (as needed) - -Anxiety, and Citalopram 10 mg daily. During interview at 1:20 PM, the administrator confirmed that current physician orders for these medications were not in the resident record.	R128	<i>MD orders for resident #2 are in Chart dated 10/19/11. See attached letter. R128 POC accepted 12/30/11 Claraway RN / P. Moturn</i>	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for 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 interview and record review, the Nurse failed to develop a resident specific plan of care for 3 of 4 applicable residents in the survey sample (Resident #1, #2 and #3). Findings include: 1. Per record review on 11/21/11, Resident #2 was assessed with Level II care needs including anxiety requiring medical intervention, wandering outside the residence due to increased cognitive decline, weight concerns, and fall risk concerns. The plan of care did not instruct staff regarding these concerns and specific interventions that might be attempted to assist the resident in achieving maximum independence while	R145	<i>A care plan will be developed for each resident upon admission. The care plan will be reviewed and updated upon completion of an assessment and when a change in care needs occurs. Care plans will be completed by 1/6/2012 R145 POC accepted 12/30/11 Claraway RN / P. Moturn</i>	

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R145	Continued From page 2 maintaining safety. During interview that afternoon, the Administrator confirmed that the plan of care did not address these areas of care with specific interventions. 2. Per record review on 11/21/11, Resident #1 was assessed with Level II care needs including assistance / monitoring of mobility, locomotion, hygiene, bathing, depression / anxiety, respiratory status monitoring, oxygen use, medication administration. There was no plan of care developed for this resident. During interview at 11:00 AM, the Administrator confirmed that there was no plan of care for this resident. 3. Per record review on 11/21/11, Resident #3 was assessed with Level II care needs including a condition requiring blood thinning medication daily, a sleep disorder requiring use of a CPAP (continuous positive airway pressure) machine at sleep time, and an unsteady gait causing the resident to be at risk for falls. During interview that morning, the Administrator confirmed that the plan of care did not address these areas of care with specific interventions.	R145		
R171 SS=F	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;	R171	<i>An RN signed list of delegated non-licensed staff who administer medications in the home will be completed and placed in each resident chart. This will be completed by 12/29/11.</i>	

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R171	<p>Continued From page 3</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to assure that an RN approved list of medication administration delegated staff was available and that 2 applicable residents (Resident #2 and Resident #4) receiving psychoactive medications were routinely monitored for unintended side effects. Findings include:</p> <p>1. Per record review on 11/21/11, there was no RN signed list of delegated non-licensed staff who administer medications in the home. During interview at 10:15 AM, the Administrator confirmed that there is no signed medication delegation list.</p> <p>2. Per record review on 11/21/11, Resident #2 receives the psychoactive medication Risperidone 0.25 mg (milligrams) Q (every) HS (bedtime). There was no evidence of physician or nurse assessment of the resident for unintended and potentially irreversible side effects of this medication in the record. During interview at 4:05 PM, the Administrator confirmed that there is no</p>	R171	<p>An AIMS test will be completed by a nurse on each resident who is prescribed a psychoactive medication.</p> <p>This will be completed by 1/20/2012</p> <p>R171 POC accepted 12/30/11 Claraway RN / Pincot RN</p>	

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R171	Continued From page 4 system in place to monitor for this medication's side effects. 3. Per record review on 11/21/11, Resident #4 receives the psychoactive medication Risperdal 0.5 mg BID (twice daily). There was no evidence of physician or nurse assessment of the resident for unintended and potentially irreversible side effects of this medication in the record. During interview at 4:00 PM, the Administrator confirmed that there is no system in place to monitor for this medication's side effects.	R171		
R251 SS=B	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure protection of food products from contamination. Findings include: 1. Per observation during the initial tour on 11/21/11, three food storage bins had scoops lying on top of foods including sugar and flour. This observation was confirmed at the time of discovery by the Administrator and the cook.	R251	<i>The scoops were removed from the storage bins. The scoops are stored outside the bins. Completed</i>	<i>11/21/11</i>
			<i>R251 POL accepted 12/30/11 Claraway RN / Ametaren</i>	