

May 23, 2011

Ms. Jayne Brigham, Administrator
Hill Street
201 Hill Street
Barre, VT 05641

Dear Ms. Brigham:

Enclosed is a copy of your acceptable plans of correction for the licensure survey conducted on **March 23, 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
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>Licensing and Protection</i>	(X3) DATE SURVEY COMPLETED 03/23/2011	
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05641		
(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 was conducted by the Division of Licensing and Protection on 3/23/11. Findings include:	R100		
R104 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1 Admission</p> <p>5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the</p>	R104	<p>An Admission Packet was completed. The Admission Packet includes information regarding services provided including personal care, nursing, medication management, laundry transportation, toiletries, and any other additional services provided under ACCS or Medicaid Waiver. It includes resident transfer and discharge rights. Room and Board rate, personal needs allowance and provision that Medicaid is sole payment.</p> <p>All persons admitted will have the packet completed upon admission, by the Residential Manager and/or designee.</p>	3/29/11

Division of Licensing and Protection

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

Ass't Director
TITLE

(X6) DATE
4/21/11

Division of Licensing and Protection

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R104	Continued From page 1 provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to complete an admission agreement for 1 of 3 residents in the survey sample (Resident #3). Findings include: 1. Per record review on 3/23/11, there was no admission agreement available to describe all services, charges and rights / responsibilities of residency for Resident #3. During interview that afternoon at 2:15 PM, the Manager confirmed that no admission agreement had been completed for this resident.	R104		
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 interview, the home failed to assure that 1 of 3 residents' (Resident #3) care needs were consistent with physician orders. Findings include: 1. Per record review of Resident #3 on 3/23/11, there were no transfer orders (at or prior to the time of transfer) indicating medication continuation from prior placement, nor were there	R128	The facility has completed transfer orders per the requirements of the statute. Complete Admission done. Physician's order dated 11/23/10 in record for all standing orders including PRN Lorazepam 5mg. The Facility RN will assure compliance upon admission or at time of order by Doctor.	4/14/11

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R128	Continued From page 2 treatment / care orders including nutrition, and code status. The pharmacy generated MAR (Medication Administration Record) for the current month of March 2011 indicated that the resident receives 10 regularly scheduled medications a combined total of 21 times daily. Staff signatures indicated the resident had received these medications from March 1 through March 23, 2011. An additional 14 PRN (as needed) medications were available to administer per the MAR, however there were no signed physician orders in the record indicating staff should administer these medications. In 3 instances PRN medications were given during this time period. During interview at 4:00 PM, the RN (Registered Nurse) confirmed that Resident #3 had no signed orders in the record and that staff were administering scheduled and PRN medications based on the MAR.	R128		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that a resident (Resident #3) requiring nursing care and overview was assessed within the required 14-day timeframe. Findings include:	R135	Assessment completed by RN at Hill Street per regulation. Per regulation all nursing assessments and care plan. <i>5-23-11 R135 POC accepted with addendum to final sentence: "will be completed upon admission" per Manager of the home. — C. Larany, RN —</i>	4/18/11

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R135	Continued From page 3 1. Per record review on 3/23/11, Resident #3 (admitted 1/25/11) had no admission assessment completed. The transfer record from another Agency home indicated that this resident required total care in all ADLs (Activities of Daily Living). This resident was also identified with significant health care needs. During interview that afternoon, the RN (Registered Nurse) confirmed that there was no assessment completed and stated that because this resident had been admitted from an Agency home, that it was thought the prior home's record was sufficient.	R135		
R145 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the RN (Registered Nurse) failed to develop a written, resident specific plan of care for 3 of 3 significantly physically and / or mentally challenged residents in the survey sample. Findings include:</p> <p>1. Per record review on 3/23/11, Resident #1(with an assessment date of 7/26/10) had no plan of care available to direct unlicensed staff in resident care needs. This resident was identified through assessment as requiring total assistance</p>	R145	<p>A written plan of care for each resident reflecting their abilities and needs will be completed upon admission and annually. I will specifically outline areas of support required in ADL's.</p>	5/15/11

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R145	Continued From page 4 with all activities of daily living (ADLs), as having a significant current medical history, and as being non-verbal. This was confirmed through observation throughout the survey period. During interview that afternoon at 1:30 PM, the RN confirmed that there was no plan of care for this resident. 2. Per record review on 3/23/11, Resident #2 (with an initial assessment date of 8/23/10), had no plan of care available in the resident record. This resident was identified through assessment as requiring total assistance with all ADLs. This was confirmed through observation throughout the survey period. During interview that afternoon at 1:22 PM, the RN confirmed that there was no plan of care in the record of Resident #2. 3. Per record review on 3/23/11, Resident #3 had no plan of care in the resident's record. Per observation, this resident requires total staff assistance for eating, repositioning, movement, dressing, grooming, and safety. During interview that afternoon at 1:38 PM, the RN confirmed that there was no plan of care for Resident #3.	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	Delegation form with necessary information completed with RN signature for safe administration of medications will be completed and placed in file (MAR) for review.	4/14/11

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R171	Continued From page 5 (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 medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RN (Registered Nurse) had failed to create a list of delegated non licensed staff who are authorized to administer medications. Findings include: 1. Per record review, and and confirmed through interview with the RN and the Manager on 3/23/11, a current list of RN delegated staff for medication administration was not available for review.	R171		