

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

July 12, 2013

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

Provider #: 0376

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the re-licensing survey conducted on **May 29, 2013**. 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:ne

Enclosure



RECEIVED  
Division of

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ JUN 27 13 B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>05/29/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HILL STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 HILL STREET BARRE, VT 05641</b>
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R100	Initial Comments:  An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 5/29/13. The following regulatory deficiencies were identified.	R100		
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 medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that PRN (as needed) medication orders did not contain a dose range without clear parameters. Findings include:	R171	<i>See attached Jayne Pacey</i>	

Division of Licensing and Protection

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

*Jayne Pacey*

TITLE

*Coordinator of Residential Services*  
(X6) DATE *6/25/13*

STATE FORM

6899

58PC11

If continuation sheet 1 of 4

*pm*

Division of Licensing and Protection

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R171	Continued From page 1  Per record review, Resident #1 had an order for a PRN medication that read "Ibuprofen 200 mg. tabs. 400-600 mg. by mouth Q4-6 hrs as needed for minor pain, aches, menstrual". This medication had been administered four times in May, three times documented as 600 mg, (given 5/11, 5/24, and 5/26/13) and once as 400 mg. given on 5/22/13.. Both of these doses were given for knee pain, except for one on 5/11/13 which stated the reason as shoulder pain. Also the back of the Medication Administration Record (MAR) was not filled out with the results/ response to the administered PRN, with the exception of the 5/22/13 dose which had a (+) for positive effect in that column. Per interview on 5/29/13 at 3:15 PM, the home manager confirmed that this PRN had a dose range with no indication to staff as to when to give the lower or higher dose, and that staff had not filled out the result/response column to indicate the result for the resident.	R171		
R181 SS=D	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 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	R181	<i>See attached Jayeacey</i>	

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R181	Continued From page 2  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 employee file review, the home failed to assure that child abuse registry checks were completed for one staff person. Findings include:  Per background check reviews of five employees on 5/29/13, one staff member did not have a child abuse registry check on file. Per interview on 5/29/13 at 1:00 PM, the human resources person confirmed that because the staff member was hired in 1999, and they did not start checking the child abuse registry until 2004, they did not have that background check on file for the employee.	R181		
R266 SS=E	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to provide a safe environment related to potentially hazardous items not being secured to prevent access by the residents. Findings include:	R266	<i>See Attached Jayne Flacey</i>	

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R266	Continued From page 3  Per observation on 5/29/13 during an environmental tour of the home with the manager, a spray bottle of quaternary sanitizer was observed to be hanging on the corner of a shelf in the tub room. The room was unlocked with the door open, and the shelf at a height that could be accessed by the residents. Also, in a resident bathroom, there was a large bottle of Scope mouth wash sitting on the edge of the sink, as well as an unlocked cabinet in that bathroom which contained another bottle of mouthwash and other hygiene items. There were a few residents of the home who were ambulatory and able to access these rooms at will, and all have cognitive impairment. Per interview on 5/29/13 at 2:35 PM, the home manager confirmed these observations, and agreed that there was a potential for harm if a resident were to ingest any of these items or spray themselves with the sanitizer.	R266			

June 25, 2013

R171

PRN standing orders will be rewritten to include specific dosages for administration to each client and resigned by the provider indicating specific parameters for administration. Nursing staff and administrator will monitor the Medication Administration Record (MAR) regularly to assure staff is recording required results/response to the administered PRN.

The corrected standing orders will be signed by provider and complete by July 15, 2013. The monitoring of the MAR went into effect immediately upon the completion of the review; nursing and/or house manager will review the MAR's weekly to ensure staff is documenting result/response upon administration of any PRN's.

R181

Prior to completion of the hiring process, all employees will have completed both adult and child background checks.

The House Administrator will work with the Human Resource Department to assure that all staff (and long term staff hired prior to when the licensing mandated the child back ground checks) will have the child background check done by July 31, 2013.

R266

Correction was done immediately removing the spray bottle of quaternary sanitizer hanging on the shelf in the tub room. Storage of this item and others of similar type will be placement on a shelf out of reach of residents. All items in the resident's bathroom were removed and placed in the laundry room on the top shelf including such items as Scope mouthwash and all hygiene items. This room has a half door that is locked thus not allowing access by residents.

*Per telephone call with Jayne Placey, 7/13/13 @ 9:20 AM, Home manager will be responsible for monitoring for continued compliance.*

Jayne Placey

*Jayne Placey*  
Coordinator of Residential Services  
Hill St. Group Home / WCMHS

*R171, R181, R266 POC's accepted 7/13/13  
Kcompas RN/ PM*