

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

Ms. Judith Chick, Administrator  
Historic Homes Of Runnemedede-Stoughton House  
40 Maxwell Perkins Lane  
Windsor, VT 05089

Provider #: 0161

Dear Ms. Chick:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 1, 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

DEC 30 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____  Licensing and Protection	(X3) DATE SURVEY COMPLETED  12/01/2011
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NAME OF PROVIDER OR SUPPLIER  HISTORIC HOMES OF RUNNEMEDE-STOUGH1	STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089
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R100	Initial Comments:  An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 11/30/11 and 12/1/11. Findings include:	R100		
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 interview and record review, the home failed to assure that medication and / or dietary services for 2 applicable residents were consistent with the most current physician signed orders (Resident #2 and Resident #4). Findings include:  1. Per record review on 12/1/11, Resident #2 returned to the home on 6/22/11 following a period of rehabilitation greater than 1 month at an outside facility. The Resident's transfer orders from the rehabilitation facility did not include medical orders as documented in progress notes. Physician orders for medications and care were requested by nursing that day via fax from the resident's primary care physician (PCP). The next nursing note on 6/28/11 stated that the home had not yet received PCP orders. Review of the Medication Administration Records (MARs) and physician orders / telephone orders, there were no current orders for this resident. The pharmacy was contacted and also had no signed orders or	R128		

*R128*  
*1. MD orders on resident #2 signed by Primary Care Doctor on 12/7/2011.*  
*HHR DON/RN will include an admission / readmission checklist a dated request for orders and dated receipt of signed orders for admission / readmission, prior to scheduled return*  
*DON/RN will check no later than 24 hrs prior to scheduled admission / readmission for (cont)*

Division of Licensing and Protection  
*Judith Chiefo*  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Administrator*

*12/21/11*

*PMC*

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R128	Continued From page 1  prescriptions for this resident. During interview that morning, the RN (Registered Nurse) confirmed that this resident had no physician signed readmission orders from 6/22/11 to the present.  2. Per record review on 12/1/11, Resident #4 had a physician order for a 200 mg (milligram) / day low cholesterol diet dated 9/27/11, received at the residents' admission. The record indicated that the resident should have a low cholesterol diet, but did not include the specific guideline of '200 mg / day'. There was no evidence that this order had been reviewed and changed. During interview that morning, the RN confirmed that the original order for this resident's diet included a 200 mg cholesterol limit and that the resident was not receiving this specific diet.	R128	<i>Signed orders and all other necessary documents, if signed orders are not in place the admission / readmission will be postponed until securing all required signed documents.</i>  <i>2. Dietary orders for resident #4 changed by Primary Care Doctor on 12/1/2011 to reflect low cholesterol diet.</i> <i>HHR DON / RN when transcribing orders will review upon completion for accuracy.</i> <i>Orders transcribed will be reviewed by 2nd RN or DON administrative assistant for accuracy and report to DON any discrepancies to be corrected by DON</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 staff interview and record review, the RN (Registered Nurse) failed to develop a comprehensive plan of care based on assessed needs for 3 of 5 applicable residents in the survey sample (Resident #1, Resident #2, and Resident #4). Findings include:	R145	<i>R145</i> <i>1. Care Plan for resident #1 reviewed with Hospice RN and HHR DON, changes made to care plan reflecting specific interventions appropriate to address ambulatory functioning during increased fatigue or weakness, changes made in collaboration with Hospice RN on 12/30/2011.</i> <i>HHR DON / RN will meet with Hospice RN at time of scheduled visit to evaluate for changes needed to Care Plan to meet resident #2 needs. (cont)</i>	

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R145	Continued From page 2  1. Per record review on 11/30/11 and 12/1/11, Resident #1 receives Hospice services. Multiple Hospice care issues were identified, such as pain, anticipatory grieving, and symptom control, but there were no specific interventions clarified in the record for the home's staff to implement in the absence of Hospice staff. Per observation on 11/30/11, Resident #1 was observed with an unsteady gait just before the evening meal and nearly tripped on a medical appliance worn by the resident. The nurse present immediately intervened to prevent a fall. Upon further record review, neither the current plan of care developed by the home's RN nor the Hospice plan of care identified specific instruction to guide staff in enabling the resident to maintain maximum ambulatory functioning during periods of increased fatigue / weakness. During interview on 12/1/11, the RN confirmed that the plan of care for Resident #1 did not reflect all current needs with potential staff interventions to maintain independence and safety.  2. Per record review on 11/30/11, Resident #2 had fallen and sustained fractures as a result during late spring / early summer 2011. The resident returned to the home following medical management of the fractures and experienced a second fall on 8/25/11 with no known injury. Per the home's policy, "if the resident is identified as 'high risk' by score or has a history of falls, an individualized plan of interventions will be developed on the care plan to reduce the risk of falls". There was no fall risk plan of care developed for this resident. During interview at 3:00 PM on 11/30/11, the Director of Nursing confirmed that a plan of care with specific fall interventions had not been developed for Resident #2.	R145	<i>HHR DON/RN will be responsible for pulling the resident chart and recording any charges to care plan, Hospice RN will initial any charges/additions to care plan.</i>  <i>2. DON reassessed resident #2 for fall risk, resident scored low for falls, care plan revised including specific interventions to reduce falls risk.</i>  <i>All residents identified as high risk for falls by score or history will be reviewed by the Care Team weekly or sooner if deemed necessary.</i>  <i>All incident reports will be provided to the Administrator or designee no later than the next working day, this incident will be included on the agenda at Care Team meeting for review and follow up with DON for compliance.</i>  <i>3. Resident #4 with diagnosis of Macular Degeneration, care plan updated on 12/20/2011 to accurately reflect issue of going against MD orders for alcohol consumption, with specific interventions (cont)</i>	

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R145	Continued From page 3  3. Per record review on 12/1/11, Resident #4 (with Nursing Home level care needs) was identified as an elopement risk following a recent incident when the resident left the home to go to an establishment selling alcohol. The plan of care does not include mention of elopement risk or any staff instruction regarding this possibility. The resident is also legally blind. There is no indication on the plan of care of this condition or of interventions staff might employ to assure safety. During interview that morning, the DON confirmed that the care plan did not address the residents visual status and elopement risk.	R145	<i>to remind resident #4 to sign out prior to leaving the facility, doing one hour visual check and offering (1) beer per day at facility per MD order.  Implementation of list of residents with complicated needs or problematic behaviors to be discussed at Weekly Care Team meeting. DON/RN will bring to weekly Care Team meeting the list of all residents to review and update any care plans for changes/additions.</i>	
R171 SS=C	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.	R171	<i>R171 1. DON and any outstanding signatures by staff have signed signature page effective 12/1/2011. Signature page to be included in medication certification training to assure all required signatures are secured at the time of training. DON administrative assistant will review after each med training to audit for required signatures.</i>	

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R171	Continued From page 4  (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to maintain a current list of non licensed staff deemed competent to administer medication. Findings include:  1. Per record review on 11/30/11, there was an unsigned, undated signature page maintained by the Director of Nursing (DON) used by the DON to identify staff administering medications. There was no indication on this signature page that the DON had approved each person identified on the signature list. During interview that afternoon, the DON confirmed that the list contained at least one former employee, contained employees from a licensed sister facility, and that the list was not signed / dated by the DON affirming that delegation to provide medication administration assistance had been authorized to this list of persons.	R171		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.15 Policies and Procedures  Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the home failed to develop written policies and procedures regarding catheter care. Findings include:	R200	<i>R.200 1. Catheter care policy and procedure written on 12/3/2011. When a new service / procedure is added DON / RN will update Policy and Procedure for Team approval, review with staff for co-sign of review by all Resident Care staff. Administrators will be responsible for review of policy and procedure by DON / RN. Administrator or designee will follow up to make sure it is filed in P/P manuals.</i>	

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R200	Continued From page 5	R200		
R266 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that potentially hazardous chemicals were safely stored. Findings include:</p> <p>1: Per observation during initial tour on 11/30/11, a storage closet on the 2nd floor between resident rooms contained partially filled 2.5 gallon containers of degreaser, liquid chemical cleanser, window / glass cleaner and carpet cleaner. A 2nd floor bathroom contained a partially full quart sized bottle of liquid smoke and odor eliminator. These observations were confirmed at the time of the tour by the RN (Registered Nurse) who also confirmed that some residents living in this area have some confusion issues.</p> <p>2. Per observation on 12/1/11, an unattended cleaning cart was observed outside 2nd floor</p>	R266	<p><i>R266</i></p> <p><i>1. Lock installed on storage closet to secure cleaning chemicals on 12/1/2011. All hazardous chemicals now stored in locked storage closet. All staff using or responsible for cleaning materials have been notified by Building and Grounds Manager to keep all chemicals in locked storage. Building and Grounds Manager will conduct regular audits to assure compliance.</i></p> <p><i>2. Housekeeping staff utilizing cleaning cart have been notified by Building and Grounds Manager of compliance issue with leaving a cart with chemicals unattended. Building and Grounds Manager will include in training/orientation compliance (cont)</i></p>	

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R266	Continued From page 6 resident rooms with items such as toilet bowl cleanser, window cleaner, degreaser, deodorizer, and Clorox cleanser with bleach. During interview at 8:23 AM, the staff person using these cleaners confirmed that s/he had left them in the hallway and had gone around the corner to another area of the second floor for a short time.	R266	<i>issues of leaving an unattended cart with chemicals. Building and Grounds Manager to conduct regular audits to assure compliance.</i>  R128, R145, R171, R200, + R266 POC's accepted. 1/3/12 Claraway RN / Anata RN	