

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

August 1, 2012

Ms. Mary Johnson, Administrator  
Johnson Care Home  
919 VT Route 100  
Hancock, VT 05748

Provider #: 0170

Dear Ms. Johnson:

Enclosed is a copy of your acceptable plans of correction for the re-licensing survey conducted on **April 4, 2012**. 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



MAY 31 2012

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/04/2012
NAME OF PROVIDER OR SUPPLIER  JOHNSON'S CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 919 VT ROUTE 100 HANCOCK, VT 05748		
(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 on-site re-licensing survey and complaint investigation were conducted on 04/03/2012 & 04/04/2012 there were no regulatory violations related to the complaint investigation. There were regulatory violations identified as a result of the re-licensing survey as follows:	R100	<i>Please amend the statement about the complaint investigation there was just a report of an incident between two residents</i>	
R112 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.2 Admission  5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that each resident in the survey sample of three had a Physician's admission statement present on or before admission. Findings include:  1. For Resident #1, who was admitted on 07/19/2010, the Physician's admitting statement was signed and dated 07/28/2010. In an interview on 04/03/2012 at 3:20 PM the RN (Registered Nurse) stated that s/he was not aware that the Physician statement had been signed 9 days after admission. In an interview at 4:10 PM the Facility Manager believed that the facility had 14 days after admission to obtain the Physician's statement.	R112		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES	R134		

*5/25/12 immediately*

Division of Licensing and Protection

*Mary Johnson*

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

TITLE

*Owner*

(X6) DATE

*5-25-12*

STATE FORM

6899

1NCJ11

If continuation sheet 1 of 13

*AME*

Division of Licensing and Protection

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R134	Continued From page 1  5.7 Assessment  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that an admission assessment was present for one (Resident #1) of the three residents in the sample. Further, the facility failed to assure that a nursing assessment of the residents abilities regarding medication management is conducted within 24 hours of admission. Findings include:  1. Per record review, there was no admission assessment available in the record for Resident #1. Per staff interview on 04/04/2012 at 3:40 PM the Facility Manager and RN stated that they were unaware of the requirement that the RN complete the medication assessment within 24 hours but believed that the assessment needed to be completed within 14 days of admission.	R134	<i>no one self medicates</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	R145	<i>the medication assessment will be done within 24<sup>h</sup> 5-25-12</i>	

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R145	Continued From page 2  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 record review and staff interview the facility failed to assure that the written plan of care describes the care and services necessary to assist the resident to maintain well-being. (Resident #2) Findings include:  1. Based on record review, the written plan of care for Resident #2 had not been updated to reflect the change from CPAP to BiPAP (devices to assist with opening of airways) which occurred in March of 2012. The care plan did not reflect the oxygen saturation monitoring or the oxygen being used. Further, it did not address the expectation that staff apply the apparatus at bedtime and clean the mask and tubing each day. The lack of a care plan was confirmed in an interview with the RN on 04/04/2012 at 11:15 AM.	R145	<i>see attachment for comment.</i>  <i>The plan of care was updated to state that the BiPAP machine be used w/ O2 &amp; that the apparatus is cleaned daily &amp; replaced monthly. A full training on use of the BiPAP machine was again provided &amp; documented on a staff in service form. 5-25-12</i>	
R160 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:  (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these	R160	<i>see attachment</i>	5-25-12

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R160	<p>Continued From page 3</p> <p>regulations. Residents must be fully informed of the home's policy prior to admission.</p> <p>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to assure that all required Medication management policies were present in the Policy and Procedure Manual. Findings include:</p> <p>Based on record review on 04/04/2012 of the facility Policy and Procedure Manual:</p> <p>a) There is no written policy regarding the proper documentation of medication administration.</p> <p>b) The policy for disposal of outdated or unused medication describes placing the medication in a sealed plastic bag with water and dissolving the medication and discarding in the trash. It does not reflect current professional standards of mixing the medication with a substance to prevent reuse (such as kitty litter). The policy also does not</p>	R160		

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R160	Continued From page 4  describe who is responsible for disposing of medications and any documentation requirements. c) There is no written policy for the procedures for monitoring the side effects of psychoactive medications.	R160		
R162 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that staff did not assist with or administer medications for which there are not complete signed physician's orders for 2 residents (Residents #1 and #2). Findings include:  1. Per record review for Resident #1, there was no Physician's signed Admission statement, including current medications and a problem list, or any other signed Physician's orders on admission. The resident was admitted 07/19/2010 and there were no signed orders until 07/28/2010. The record indicates that staff began administering medications to this resident upon admission. In an interview on 04/03/2012 at 3:30 PM the facility RN stated that she was unaware that the Physician statement was not present on admission and at that time the Facility Manager stated that s/he believed that the facility had 14	R162	<i>see attached</i>  <i>this was explained in R112</i>  <i>the RN will stress to the physician that state regulations are requiring he/she provide written reason for ea. medication that is ordered. Full signature + date</i>	5-25-12

Division of Licensing and Protection

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R162	Continued From page 5 days to obtain MD orders.  2. Per record review for Resident #2, there were incomplete current Physician's orders which include: Tylenol 650 mg PRN (no route or frequency) Ointments and Creams: Missing indications/areas for application, route, and/or frequency for the following: Ketoconazole 2% BID Triamcinolone 0.1% PRN Nystatin Cream topically BID PRN Mupirocin 2% ointment PRN	R162		
R166 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (4) All medications must be administered by the person who prepared the doses unless the nurse responsible for delegation approves of an alternative method of preparation and administration of the medications.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to assure that the RN responsible for delegation had approved the facility's practice of pre-pouring medications for delegated staff to administer. Findings include:  Per observation and staff interview, delegated staff administer medications that have been pre-poured into containers. In interview on	R166	<p><i>The RN has observed the manager preparing medications + has delegated responsibility to her for this purpose. The RN has also delegated medication administration to all staff 4-10-12, and is documented on the New Medication Delegation Form.</i></p>	5-25-10

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R166	Continued From page 6  04/03/2012 at 1:35 PM the facility RN stated that medications are pre-poured by the Facility Manager for delegated staff to administer at the designated day and time. S/he further stated that s/he had not observed or delegated the task of pre-pouring medications by/to the Facility Manager. Both the RN and Facility Manger confirmed that there is no documentation of the Manager having been delegated to pre-pour medications or approval by the delegating nurse for the facility practice.	R166		
R168 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (6) Insulin. Staff other than a nurse may administer insulin injections only when:  i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and  ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and  iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.	R168	<i>RN observed resident # 3 in performing her finger stick correctly, &amp; administering insulin. The RN has trained all staff how to draw up insulin according to the physician orders &amp; documenting the site of administration &amp; the finger stick results. Staff are not trained to or allowed to administer the insulin. Staff has been approved by the RN to do the above &amp; this info. is documented on the medication administration form. The RN monitors the resident &amp; is available when needed 5-25-12</i>	

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R168	Continued From page 7  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure staff assisting with insulin administration for 1 resident (Resident #3) received the required additional trainings. Findings include:  Per record review and staff interview, Resident #3 self-administers regular doses of Novolog and Lantus insulins and Novolog via sliding scale at bedtime. During interview, the Facility Manager on 04/03/2012 at approximately 2 PM stated that facility staff draws up the insulin dose for the resident and s/he self administers the pre-drawn dose. The Facility Manager stated that s/he had instituted this practice due to his/her concerns whether or not the resident was reliable in administering the correct dose. In interview at 2:15 PM the facility RN stated that s/he was unaware that the staff were drawing up insulin for the resident and that s/he had not provided training or delegation of the task to facility staff.	R168		
R170 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.f Residents who are capable of self-administration have the right to purchase and self administer over-the-counter medications. However, the home must make every reasonable effort to be aware of such medications in order to monitor for and educate the residents about possible adverse reactions or interactions with other medications without violating the resident's rights to direct the resident's own care. If a resident's over-the-counter medications use poses a significant threat to the resident's health,	R170	<i>please see R168+R160</i>	<i>5-25-12</i>

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R170	Continued From page 8 staff must notify the physician  This REQUIREMENT is not met as evidenced by: Based on staff interview the Facility failed to assess the resident's ability to safely self-administer insulin (Resident #3). Findings include:  Per record review, Resident #3 was admitted to the facility on 03/03/2012. In an interview at 3:45 PM on 04/03/2012 the facility RN stated that s/he had not assessed the resident for correctly performing fingersticks, drawing up insulin and self-administering the injection. S/he stated that s/he had felt it unnecessary since the resident had self-administered her insulin for so long.	R170		
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	R171	<i>please see response under R160</i>	5-25-12

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R171	Continued From page 9  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, the facility failed to assure documentation sufficient to indicate that the medication regime as ordered is appropriate which includes a record of monitoring for side effects for two residents in the sample (#1 and #2) receiving psychotropic medications. Findings include:  1). Per record review, Resident #1 receives the anti-psychotic Seroquel 25 mg (milligrams) PO (by mouth) QHS (every bedtime) and Resident #2 receives the anti-psychotic Zyprexa 15 mg PO Daily. There is no evidence of the monitoring of side effects in the record of either resident. In an interview on 04/04/2012 at 4:05 PM the facility RN stated that s/he does monitor for psychotropic side effects "regularly" using an AIMS testing form as a guideline. S/he stated that s/he does not fill out any documentation of his/her monitoring and s/he is not aware if the Primary Care Physician does any monitoring and that there is no documentation that s/he does monitor for side effects.	R171		
R181 SS=E	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,	R181		

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R181	Continued From page 10  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 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 record review the facility failed to assure that they do not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against them, as defined in 33 V.S.A. Chapter 49 (Child abuse). Findings include:  In record review, the facility has conducted both Criminal Record and Adult Abuse registry checks but has not conducted Child Abuse registry checks as required. The finding was confirmed by the Facility Manager at 4:15 PM on 04/04/2012.	R181	<i>all staff were required to submit to child abuse registry checks and response was given 5-24-12 and all were approved</i>	5-24-12
R201 SS=B	V. RESIDENT CARE AND HOME SERVICES  5.16 Transportation  5.16.a Each home must have a written policy about what transportation is available to residents	R201		

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R201	Continued From page 11  of the home. The policy must be explained at the time of admission  This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that there was a written policy regarding transportation of residents. Findings include:  Based on record review of the facility Policy and Procedure Manual on the afternoon of 04/04/2012, there is no written policy for transportation of residents in the manual and the Facility manager confirmed that there was no written policy available.	R201	<i>transportation Policy was documented on</i>	<i>5-15-12</i>
R233 SS=E	VII. NUTRITION AND FOOD SERVICES  7.1.a (2) The meals served each day must provide 100% of the Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and comply with the Dietary Guidelines for Americans.  This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that meals served every day provided 100% of the established Recommended Daily Allowances for Dietary Guidelines. Findings include:  In the review of the facility menu dated 04/02/12 to 04/08/12, the following is noted: Meat/Equivalent- on 04/02, 04/03, 04/06, and 04/08/2012 the menu does not provide 3 servings to equal 4-5 ounces;	R233	<i>see attached menu's see comment</i>	<i>5-25-12</i>

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NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON'S CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>919 VT ROUTE 100 HANCOCK, VT 05748</b>		
(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
R233	Continued From page 12  Vegetables- on 04/02, 04/05 and 04/07/2012 the menu does not include at least 3 servings of 1/2 cup each; Grains Bread, Cereal, Rice, Equivalent- on 04/04, 04/07, and 04/08/2012 the menu does not include at least 6 servings; Vitamin C- the menu does not include a food rich in Vitamin C on 04/02, 04/04 and 04/08/2012; Vitamin A- the menu does not include a food rich in Vitamin A every other day.  The above was confirmed with the Facility Manager on 04/04/2012 at 4 PM.	R233		

PLAN OF CORRECTION

JOHNSON CARE HOME

HANCOCK, VERMONT

COMMENT: Resident #1 has been a resident at Johnson Care Home since 07-19-10. She went to the hospital for a few days and when she returned there were o changes to her medications. So, this was a re-admit for her, not a new admission to Johnson care Home. It is true that we were not compliant with the 24 hour rule. The resident did have orders in her record from the hospitalist that were electronically signed at the time of discharge.

CORRECTIVE ACTION: Upon any future re-admission or new admission the nurse or manager, will update the medication section of the assessment, note changes on the physicians' orders, update the Medication Administration sheet, and communicate any changes in medications (and treatments) to staff. This corrective process will insure that this deficiency will not recur.

DATE OF CORRECTIVE ACTION: immediately

R134

COMMENT: According to Johnson care Home's policy, NO resident is allowed to manage their own medication, so assessment at the time of admission is needed.

CORRECTIVE ACTION: As stated in R112, the medication part of the assessment will be done by the nurse within 24 hours of admission. Three resident's charts will be reviewed every 3 months.

R145

CORRECTIVE ACTION: The Plan of Care was updated to state that the bipap machine used with oxygen and that the apparatus is leaned daily and replace monthly. The O2 frequency and amount of flow is to be checked at night when setting resident up with bipap machine. This is also documented on the care plan.

R160

CORRECTIVE ACTION: The medication administration course taught to staff and reviewed annually has been placed in a folder along with the following documents:

- a. insulin self administration assessment-used to assess if a resident is capable of self administering insulin and to remind staff of the steps involved in drawing up and supervising the residents self administration of insulin.
- b. numbered charts for rotation sites of insulin administration for staff to accurately document site used
- c. we have devised a dated chart that staff uses to document blood sugar result, dose of insulin self administered and any comments staff may have.
- d. The resident's admission packet now contains specific language regarding the policy that states no resident may manage their own medications. The policy also spells out delegation of medication administration to staff from the registered nurse. Delegation of medication administration to staff is only dome after staff receives education by

POC  
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M. Higgins RD  
7/26/12

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the registered nurse that includes a medication course and direct observation of staff pouring and passing meds by the registered nurse. The medication course is reviewed with staff every year by the registered nurse.

e. the admission packet has been changed to reflect the pharmacy information. Johnson Care Home uses the Rite Aid pharmacy for resident medications. If resident prefers to use another pharmacy the family or guardian is responsible for obtaining the medications.

f. the medication course states the "5 rights" and when education regarding medication administration is provided the correct use of the "Monthly Medication Record" in the chart is shown as an example. Use of "PRN" medications is taught and proper documentation on the reverse of the "Monthly Medication Record" is demonstrated and explained. The registered nurse monitors the "Monthly Medication Record" used by the staff and will follow up on any inconsistencies.

g. the manager and the nurse are the only staff to dispose of medications. Our policy has been changed to state correct disposal of medications, ie, mix with water, add clumping cat litter, and dispose in the garbage. Medications are never disposed of unless there is a witness and the disposal is documented by both staff members.

POC  
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M Hyman RN  
7/26/12

h. AIMS screenings are to be performed by the registered nurse on a monthly basis for new resident or changes noted otherwise "AIMS" screening may be done every 3 mo., then every quarter. Physician needs to do "AIM SCREENING" every 6 mo. This "AIMS" screening will be documented on "AIMS FORM" and kept in the resident's chart. This documentation will begin in May 2012.

i. we have created a Medication Delegation Form where the nurse and the staff each sign that the education has been provided and that staff are approved to administer medications under the delegation of the registered nurse. This documentation will be updated annually or when there is a new staff person hired.

j. the MEDICATION RECORD will state resident's name list of medications the doctor prescribed, start date, end date, what medications are for, and a place for resident's diagnosis. Also there is a place for the doctor's signature and date.

R162

Comment-this was explained in R112.

CORRECTIVE ACTION: The nurse will stress to the physician that state regulations are requiring that she/he provide a written reason for each medication that is ordered.

POC ACCEPTED  
M Hyman RN  
7/26/12

R166

CORRECTIVE ACTION: the registered nurse has observed the manager pre-pouring medications and has delegated responsibility to her for this purpose. The nurse has also delegated medication administration to all staff as of 04-10-12, and is documented on the new Medication Delegation Form.

POC ACCEPTED  
M Hyman RN  
7/26/12

R168

COMMENT: resident #3 had been administering her own insulin at home for over 10 years, then as a patient at Dartmouth Medical Center, then as a resident of Kindred Nursing Home prior to admission to Johnson Care Home. She was admitted with orders to self administer so it was assumed that she was competent to self administer.

POC  
ACCEPTED  
M Hyman RN  
7/26/12

CORRECTIVE ACTION: the registered nurse has observed resident #3 in performing her finger stick correctly, and administering her insulin. The registered nurse has trained all staff how to draw up insulin according to the physician's orders (sliding scale) and documented the site of administration and the finger result. Staff are not trained or allowed to administer the insulin. Staff has been approved by the RN to do the above and this information is documented on the Medication Administration Form. The RN monitors the residents and is available when needed.

POC ACCEPTED  
M 7/26/12  
RN

R1670

CORRECTIVE ACTION: please see R160 and R168

R171

CORRECTIVE ACTION: please see response under R160

R181

CORRECTIVE ACTION: All employees were CLEARED in the CHILD ABUSE REGISTRY 05-23-2012

POC ACCEPTED  
M 7/26/12  
RN

R201

CORRECTIVE ACTION: a transportation policy has been documented on 5-16-12. The policy documents what transportation is provided by Johnson Care Home and contact information for Medicaid transportation. Vermont Motor Vehicle was contacted for employees that may transport residents; a written response was received 6-20-2012.

POC ACCEPTED  
M 7/26/12  
RN