

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
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September 5, 2012

Ms. Debra Clemmer, Administrator
Lakeview Community Care Home
322 St. Paul Street
Burlington, VT 05401

Provider #: 0177

Dear Ms. Clemmer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 30, 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
Licensing Chief

PC:ne

Enclosure



AUG 22 2012

PRINTED: 08/09/2012
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2012
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401
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(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
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R100	Initial Comments: An unannounced on-site State Licensure survey was conducted by the Division of Licensing and Protection on 07/30 & 7/31/2012. The following regulatory deficiencies were cited during the survey.	R100	<i>See enclosed action plan D. Clemmer 8/20/12</i>	
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 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. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the	R104		

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Debra Clemmer RN, MSN
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Program Coordinator* (X6) DATE *8/20/12*

pme

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R104	<p>Continued From page 1</p> <p>ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that residents or their legal representative were provided a written admission agreement prior to or at the time of admission for 5 of 5 residents in the sample (Residents #1 - #5). Findings include:</p> <p>Per record review of five residents, in four resident records (R#2, R#3, R#4, and R#5) the agreement was signed two to four days post admission and in the fifth record, the resident (Resident #1) is recorded as having refused to sign the agreement several days post admission. In interview on 7/30/12 at 2:45 PM the Manager stated that s/he doesn't present the agreement upon arrival but tries to give them some time to "get used to us". She then tries to get the residents to sign the admission agreement "two or three days after they've been here".</p>	R104		
R112 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.2 Admission</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced</p>	R112		

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R112	Continued From page 2 by: Based on record review and staff interview, the facility failed to assure that each resident was accompanied by a physician's statement which includes medical diagnoses, including psychiatric diagnoses if applicable for 5 of 5 residents in the sample. Findings include: Per record review for 5 client files (Residents #1, 2, 3, 4, & 5) there were no physician admission statements in the records. In interview on 7/31/12 at 2:50 PM the Manager stated that residents admitted to this facility do not have admitting physician statements as outlined in regulation.	R112		
R145 SS=E	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 record review and staff interview the facility failed to assure that the written plan of care for each resident described the care and services necessary to assist the resident in maintaining independence and well-being for 4 of 5 residents in the sample (Residents #1, #2, #4, #5). Findings include: Per staff interview on 7/30/12 at 3:50 PM with the Manager/RN, each staff member is assigned the responsibility for developing care plans for	R145		

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R145	Continued From page 3 specific residents. These care plans are reviewed by the RN. The facility uses an electronic form titled "Treatment Plan". In the electronic "Treatment Plans", used in lieu of a resident Plan of Care, there are categories listed as Problem, Needs, Goals which are completed for each resident. However the plans do not include interventions or care provided to assist the resident in 3 of 5 care plans and for care provided for all problems in the plan for Resident #1. Per record review the Treatment Plan for Resident #1 listed Incontinence as the problem. The intervention listed was to continue to enforce the behavioral plan for episodes of incontinence but did not include previously identified strategies i.e.: Monitor for episodes of incontinence, Monitor periods with no incontinence and provide positive reinforcement / praise, and Monitor fluid intake. For Residents #2, #3, and #5 the treatment plans expressed the resident/staff goals but did not address staff interventions to assure that the care and services provided would assist the resident to maintain independence and well being and meet the expressed goals. In addition for Resident #2, who has right knee pain related to a diagnosed injury, there is no mention of this physical problem or interventions (rest, medication, monitoring) in the Treatment Plan. The above was confirmed in an interview with the Manager on 07/31/12 at 3:20 PM.	R145		
R162 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R162		

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R162	<p>Continued From page 4</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that supporting diagnoses or problem statements were available in the records for all medications administered by staff for 4 of 5 residents in the sample (Residents #1, #2, #3, #4). Findings include:</p> <p>Per record review:</p> <p>1). Resident #2 receives Buproprian SR 150 mg (milligrams) PO (by mouth) BID (twice per day) with no associated diagnosis of depression.</p> <p>2). Resident #3 receives Metformin 1000 mg PO Daily / Lisinopril 2.5 mg PO Daily / Meloxicam 7.5 mg PO Daily / ASA 325 mg PO Daily / Methimazole 20 mg PO Daily with no appropriate supporting diagnoses in the record.</p> <p>3). Resident #4 receives Gabapentin 300 mg PO QHS (every bedtime) / Mirazapine 30 mg PO QHS with no appropriate diagnosis found in the record.</p> <p>Additionally, Resident #1 receives Lorazepam 1 mg PO Q8H (every 8 hours) PRN (as needed) up to 2 doses per 24 hours for agitation with no supporting diagnosis. Resident #2 receives Lorazepam 0.5 mg PO Q1H (every hour) up to 3 doses per 24 hours PRN for agitation with no supporting diagnosis. Also, Resident #3 receives</p>	R162		

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R162	Continued From page 5 Lorazepam 1 mg PO Q6H (every 6 hours) up to 2 doses per day PRN with no supporting diagnosis. In an interview on 7/31/12 at 3:15 PM the Manager stated that there was no complete Diagnosis/Problem list available in resident records.	R162		
R167 SS=E	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: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that staff did not administer psychoactive medications without a written plan which describes the specific behaviors which the medication is intended to correct or address, specifies the circumstances that indicate the use of the medication, and educates the staff about the desired and/or undesired effects of the medication for which they	R167		

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R167	Continued From page 6 should monitor. (Residents #1, 2, and 3) Findings include: Per record review for 3 of 5 residents reviewed there were no PRN (as needed) Psychoactive Medication Plans in the record. 1). Resident #1 receives Lorazepam 1 mg (milligram) PO (by mouth) Q8H (every 8 hours) PRN up to 2 doses per 24 hours for agitation. 2). Resident #2 receives Lorazepam 0.5 mg PO Q1H (every 1 hour) up to 3 doses per 24 hours PRN for agitation. 3). Resident #3 receives Lorazepam 1 mg PO Q6H (every 6 hours) up to 2 doses per day PRN. The above was confirmed with the RN Manager of the facility on 7/31/12 at 4:10 PM. S/he stated that the facility only administers Benzodiazapines as PRN medications. S/he further stated that the facility practice is to administer the PRN medication whenever the resident requests it as the orders specify the frequency of administration allowed per 24 hour period. S/he stated that the facility does not complete PRN Psychoactive Medication Plans for residents receiving psychoactive PRN medications from delegated staff.	R167			
R179 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to	R179			

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R179	<p>Continued From page 7</p> <p>residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that all staff received at least 12 hours of training annually which included all of the seven mandatory topics. Findings include:</p> <p>Based on record reviews for the training year 2011 for five selected staff:</p> <ul style="list-style-type: none"> 1). Staff members #2, #3, and #5 completed six of the mandatory inservices having missed Resident Rights. 2). Staff member #1 completed five of the mandatory inservices having missed Resident Rights and Emergency response/ First Aid. <p>In an interview on 7/31/12 the Manager stated that s/he was aware that there were mandatory inservices but was unaware of the requirement</p>	R179		

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R179	Continued From page 8 for annual completion of the seven mandatory inservices by all staff.	R179		

Date: August 17, 2012

To: Pamela Cota

From: Debra Clemmer - Program Coordinator for Lakeview Community Care Home *D. Clemmer*

Re: PLAN OF ACTION FROM THE JULY 30 and 31, 2012 SURVEY REVIEW

R104 Deficiency: Admission agreement was not signed by the resident prior to admission or on the day of admission.

Action: Admission agreement for all new residents will be given to the resident prior to admission and he/she will be asked to sign the day of admission. Program Coordinator will be responsible for ensuring it is done.

Completion: ONGOING

R112 Deficiency: No physician admission statements for residents

Action: The problem list including both medical and physical diagnoses will be completed and signed by the psychiatrist before or on the day of admission. Program Coordinator will be responsible for ensuring it is done. For all current residents a problem list is being created and will be signed by the psychiatrist. See attachment that includes a problem list for each one of the 5 residents that was reviewed in the survey.

Completion: 9/30/12

R145 Deficiency: Resident care plans overall do not include enough staff interventions

Action: Resident care plans are in the process of being revised. Attached are the 5 resident care plans that were surveyed and revised to include detail staff interventions. The plan is to redo the remaining 11 resident care plans in the next 2 months. Program Coordinator will be responsible for ensuring it is done.

Completion: 10/15/12

R162 Deficiency: Not having a supporting diagnosis or problem statement in the resident's record.

Action: Both psychiatric and medical diagnoses are on the face sheet for each resident but were not signed off by a physician. In the future, each resident will have a problem list with diagnosis and the medication that they are receiving for each diagnosis and will be signed by a physician. The problem list will be placed in the medication log before the Medication Administration Record for each resident. Attached is the problem list for the 5 residents that were surveyed. Program Coordinator will ensure all residents have a problem list.

Completion: 9/30/12

R167 Deficiency: Must have written plans for residents receiving PRN psychoactive medications

Action: Enclosed is the plans written for the 5 residents that were surveyed. Two more residents need a plan and it will be done by August 24, 2012. Program Coordinator will ensure plans are done for all residents on PRN psychoactive medications.

R179 Deficiency: All staff had at least 12 hours of training but were deficient in some of the 7 required mandatory trainings

Action: Staff will do the 7 mandatory trainings every year. Program Coordinator will ensure that staff have these trainings:

1. Resident rights - HowardCenter has an online Client Rights training that staff will complete by Sept 30
2. Fire safety and emergency evacuation – HC has online emergency site plan review that staff will complete by Sept 30
3. Resident emergency response procedures – staff were doing CPR and first aid together every other year. The new plan is to have staff complete CPR training for one year and the next year do the first aid training. Staff completed CPR training May 16, 2012 and will do first aid training in 2013.
4. Policies and procedures regarding mandatory reports of abuse, neglect and exploitation. - APS person has been doing live trainings for HC staff every other year and is scheduled to do the next training fall, 2012. On years that APS does not do live trainings the Program Coordinator will cover in staff meeting the necessary information.
5. Respectful and effective interaction with residents – already discussed in staff meetings on a regular basis and staff take a yearly online Respect Training
6. Infection control - staff already do yearly online training called Universal Precautions
7. General supervision and care of residents - already covered in weekly staff meetings. Writer meets with all new employees on a weekly 1:1 basis for the first 6 to 9 months

Completion: 9/30/12

R104, R112, R145, R162, R167, + R179 POC's accepted 9/4/12 MHiigms RN / Pncota RN