

PRINTED: 05/28/2009
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/20/2009
NAME OF PROVIDER OR SUPPLIER LORETTO HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 59 MEADOW STREET RUTLAND, VT 05701		
(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 complaint investigation was completed by the Division of Licensing and Protection on 5/20/09.	R100		
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. Findings include: Per observation from 11:35 AM to 11:40 AM, a nurse administered subcutaneous insulin to 3 residents (Resident #1, 3, 4) without using gloves or washing/sanitizing hands in between insulin administration for these 3 residents. The nurse confirmed the above observation at 11:40 AM. It was confirmed by the DNS at 11:45 AM that the facility policy states that gloves should be worn for all injections, and that staff should wash or sanitize their hands in between residents.	R161	All nurses and med-trained aides will be inserviced on the proper handling of medications according to the home's policies, including proper hand washing between Residents, and that gloves should be worn for the administration of injections and changed between Residents and they will receive a copy of the Facility's policy by June 19, 2009. This POC will be monitored by the D.O.N. and the overview R.N. weekly. All nursing staff will receive a copy of the Facility Policy on proper handwashing in between Residents by June 19, 2009. <i>POC completed 7/23/09</i> <i>P. C. [Signature]</i>	
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R167		

Division of Licensing and Protection

TITLE

(X6) DATE

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

STATE FORM

6899

ZG3Y11

If continuation sheet 1 of 4

Division of Licensing and Protection

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R167	<p>Continued From page 1</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a written plan for the use of PRN (as needed) psychoactive medications, when those medications were administered by staff other than a nurse for 2 applicable residents in the targeted sample (Residents #1, 2). Findings include:</p> <p>1. Per record review and interview with the DNS (Director of Nursing Services), Resident #1 received a PRN psychoactive medication daily from 5/1/09 to 5/7/09, which was given by unlicensed staff. There was no written plan that specified the specific targeted behaviors the medication is intended to address, the circumstances that indicate the use of the medication, or the desired effects or undesired side effects the staff must monitor for. The above was confirmed during an interview with the DNS at 11:45 AM on 5/20/09.</p> <p>2. Per record review and interview with the DNS,</p>	R167	<p>1. A written plan for a PRN psychoactive medication that was given to Resident #1 daily from 5/1/09 to 5/7/09 that specifies the targeted behaviors the medication is intended to address, the circumstances that indicate the use of the medication, or the desired effects or undesired side effects the staff must monitor for has been added to Resident #1's MAR. All nurses and med-trained Aides will be inserviced on this written plan by June 19, 2009. This POC will be monitored by the D.O.N. and the overview R.N. weekly. <i>Per nurse 7/23/09</i></p> <p>2. <i>P. Cuth / 8/5/09</i> A written plan for anti-anxiety medication that was given to Resident #2 on 4/18/09 and 5/8/09 that specifies the specific targeted behaviors the medication is intended to address, the circumstances that indicate the use of the medication, or the desired effects or undesired side effects the staff must monitor for has been added to Resident #2's</p>	

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R167	Continued From page 2 Resident #2 received a PRN anti-anxiety medication on 4/18/09 and 5/8/09, which was given by unlicensed staff. There was no indication for use identified in the physician's order, and there was no written plan that specified the specific targeted behaviors the medication is intended to address, the circumstances that indicate the use of the medication, or the desired effects or undesired side effects the staff must monitor for. The above was confirmed during an interview with the DNS at 11:45 AM on 5/20/09.	R167	MAR. All nurses and med-trained Aides will be inserviced on this written plan by June 19, 2009. This POC will be monitored by the D.O.N. and the overview R.N. weekly. <i>PVC corrected 7-23-09</i> <i>P. Carter</i>	
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.	R171	Resident #2 received a PRN anti-anxiety medication on 4/18/2009 and 5/8/2009, the med-trained aide did document in the nurse's notes that the PRN anti-anxiety medication was given, but failed to document it in the MAR, and to document alternate interventions attempted or the targeted behaviors that the medication was administered for. The POC is that all nurses and med-trained aides will be inserviced on proper documentation of PRN anti-anxiety medication, as well as documenting alternate interventions attempted, and the targeted behaviors that the medication was administered for	

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R171	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review, staff failed to document all PRN medications administered, including the reason for giving the medication and the effect for 1 applicable resident in the targeted sample (Resident #2). Findings include: Per review of nurses' notes, Resident #2 received a PRN anti-anxiety medication on 4/18/09 and 5/8/09. Per review of the MAR (Medication Administration Record) for 4/09 and 5/09, neither dose was documented as being given, and there was no documentation of alternate interventions attempted or the targeted behaviors that the medication was administered for. Per record review, there is no indication for use of the anti-anxiety medication in the physician's order or on the MAR. The above was confirmed with the DNS on 5/20/09 at 11:45 AM and 12:45 PM.	R171	by June 19, 2009. This POC will be monitored by the D.O.N. and the overview R.N. weekly. The indications for use of the anti-anxiety medication in the physician's order and on the MAR has been done. We will be adding new psycho-active medication monthly flow records on each resident which will be provided by our pharmacy. All nurses and med-trained aides will be inserviced on the use of these flow records by July 31, 2009. We will start using them on August 1, 2009. This P.O.C. will be monitored by the D.O.N. and the overview R.N. weekly. <i>POC complete 7-23-09</i> <i>P. Cate</i>	