

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

February 3, 2012

Ms. Emily Megas-Russell, Administrator
Meadowview
330 Linden Street
Brattleboro, VT 05301

Provider #: 0594

Dear Ms. Megas-Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 29, 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <p style="text-align: right;">Licensing and Protection</p>	(X3) DATE SURVEY COMPLETED 12/29/2011
NAME OF PROVIDER OR SUPPLIER MEADOWVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 330 LINDEN STREET BRATTLEBORO, VT 05301		
(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 licensing survey was conducted on 12/28/11 and 12/29/11 by the Division of Licensing and Protection. Findings include:	R100	See attached Plans of Correction 2/1/12 R112 poc acceptable 	
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 interview and record review, the home failed to assure that 1 applicable resident in the survey sample (Resident #1) was accompanied by a physician statement upon admission. Findings include: Per record review on 12/28/11, Resident # 1 was admitted to the home with orders for medications. There was no physician's statement indicating medical and / or psychiatric diagnosis nor initial orders for care and treatment, including therapies, diet, or care level (1-4). During interview on 12/29/11, the Director confirmed that this resident was admitted without complete physician orders.	R112		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for	R145		2/1/12 R145 poc acceptable 

Division of Licensing and Protection

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

STATE FORM

E. Mastaler

E. Meas Russell

TITLE
Program Director

6899 2TKL11
Program Director

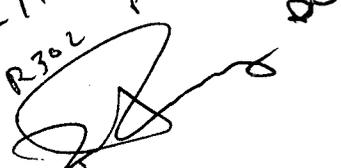
(X6) DATE
1/19/12

If continuation sheet 1 of 3
1/23/12
RM

Division of Licensing and Protection

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R145	Continued From page 1 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 interview and record review, the RN (Registered Nurse) failed to assure the development of a complete plan of care for 1 of 2 applicable residents in the survey sample (Resident #2). Findings include: Per record review on 12/29/11, Resident #2 was identified as diabetic. Per the MAR (Medication Administration Record), random blood glucose checks were performed by staff. During interview that morning, the RN confirmed that this treatment was not indicated on the plan of care with parameters provided to indicate exactly when the random checks should be completed by staff and in what frequency.	R145		
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to maintain the results of criminal record checks for 4 of 5 employees reviewed. Findings include: Per record review on 12/28/11, there were no	R190	<i>2/1/12 R190 POC accepted/ks [Signature]</i>	

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R190	Continued From page 2 VCIC (Vermont Criminal Information Center) record checks in the personnel records of 4 of 5 employees randomly selected and reviewed. During interview on the afternoon of 12/29/11, the Director confirmed that the record checks were not in the employee files.	R190		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to ensure that fire drills were conducted as required. Findings include: Per record review on 12/29/11, the home had completed fire drills for 3 of 4 quarters of the year. This was confirmed during interview that afternoon by the Director.	R302	2/1/12 R302 poc acceptable 	

**Meadowview Recovery Residence
Division of Licensing and Protection Plan of Correction
January 17, 2012**

1. R112 V RESIDENT CARE AND HOME SERVICES; 5.2 Admission
Requirement: Upon admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable.
 - a. *Action to correct deficiency:* In order to address this requirement, Meadowview administration has developed a comprehensive 'Nursing Care Plan' (NCP), to be completed and signed by the Nurse Manager (RN) and Psychiatrist (MD) prior to formal admission (see attached form). This plan contains the following information: demographic information, medical information including detox risk, diet order, baseline vital signs, allergies, special procedures/precautions, accommodations/equipment needed, orders for weekly vital sign assessment, orders for ADL supports, orders for medication management, LOCUS risk of harm score, medical and psychiatric diagnoses, and nursing services plan of care. In addition, the initial Individualized Plan of Care (IPC) will be completed and signed by the Social Worker/Treatment Plan Coordinator and Psychiatrist prior to formal admission that will include orders for treatment. The admission orders will also be completed and signed by the Psychiatrist prior to formal admission to include medication orders. The NCP is effective immediately.
 - b. *Measures/systemic changes to ensure deficiency does not recur:* With the new Nursing Care Plan and the new practice outlined above, no resident will be admitted to the program without sufficient documentation and full physician orders. A checklist of client admission documents has also been created and has been distributed to all managers who share responsibility for completing admission documentation.
 - c. *Plan to monitor correction actions:* The Social Worker is responsible for coordinating admission and ensuring that the checklist of client admission documents has been completed. The Program Director will oversee the admission and will review the checklist and the admission documents before admission to ensure that compliance.
2. R145 V. RESIDENT CARE AND HOME SERVICES; 5.9c (2)
Requirement: 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.
 - a. *Action to correct deficiency:* In order to address this requirement, administration has developed a comprehensive 'Nursing Care Plan' (NCP), to be completed and signed by the Nurse Manager (RN) and Psychiatrist (MD) prior to formal admission (see attached form). The NCP is a dynamic, evolving document that will be modified daily to address changing needs and interventions and will provide parameters to

drive the provision of treatment. The NCP includes the nursing plan of care, which will serve as an addendum to the Individualized Plan of Care (IPC) but will be updated regularly to reflect changes regarding the provision of nursing care and treatment. In addition, the 'Weekly Assessment Values' and 'Items Requiring Nursing Follow-up' at the end of the NCP will be updated daily to reflect changes. The (IPC) is updated quarterly with the resident's input by the Social Worker/Treatment Plan Coordinator and outlines the residents' goals and treatment outcomes. The NPC is effective immediately.

- b. *Measures/systemic changes to ensure deficiency does not recur:* The Nurse Manager (RN) will create an NCP for each existing resident and for each incoming resident and will be responsible to update and modify the information in the nursing plan of care when changes to the plan occur. These changes will be reviewed in weekly nursing meetings. The nursing report protocol has been changed slightly to reflect this tool and nurses are now required to update the follow-up section of the document with new information during each shift and to read the previous shifts' updates at the beginning of each shift. This protocol allows the nurses as the shift leaders to be up-to-date on changes and treatment recommendations and to disseminate the information to other staff on the shift.
- c. *Plan to monitor correction actions:* The Nurse Manager (RN) will oversee the development and implementation of the NCP and will review the documents in weekly nursing meeting with the nurses to ensure that treatment recommendations and changes are clearly identified and implemented. The Program Director will oversee this process in weekly nursing meeting and supervision with the RN and will perform regular surveys of the NCP to ensure compliance.

3. R190 V. RESIDENT CARE AND HOME SERVICES; 5.12b (4)

Requirement: The results of the criminal record and adult abuse registry checks for all staff.

- a. *Action to correct deficiency:* In order to address this requirement, the Office Manager has developed a background check checklist to manage the background checks. The Office Manager has modified the practice to include scanning each result into a confidential electronic file to be stored in multiple places (in physical employee record and in an electronic record). The Office Manager will also document the completion of the background checks on the checklist. The Office Manager performs annual background checks on all employees, regardless of start date. The Office Manager has begun an annual round of checks following the survey. This corrective plan is effective immediately.
- b. *Measures/systemic changes to ensure deficiency does not recur:* The background check checklist and the practice of scanning the results into an electronic file are systemic changes that will ensure that all background checks on all employees are completed and reviewed prior to start of employment. Furthermore, annual checks will continue to ensure up-to-date background checks and records.

- c. *Plan to monitor correction actions:* The Office Manager is responsible to perform background checks on all employees. The Program Director will oversee the Office Manager in this task through regular supervision and will perform random surveys of the physical and electronic files to ensure that the recommendation and resulting practice is adhered to.
- 4. R302 IX. PHYSICAL PLANT; 9.11 Disaster and Emergency Preparedness
 - Requirement: Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.
 - a. *Action to correct deficiency:* In order to address this requirement, the Residential Coordinator has developed a scheduled plan to perform fire drills every other month. The Residential Coordinator will rotate the drills among the morning, afternoon, evening, and night. Documentation of the drills will include the date and time of each drill, the names of the participating staff members, and the response time. This corrective plan is effective immediately. A fire drill has already been performed since the survey.
 - b. *Measures/systemic changes to ensure deficiency does not recur:* The scheduled plan for fire drills every other month will prompt the staff to perform the fire drill. The Residential Coordinator will notify the fire department of the planned drill. The dates for the drills are kept confidential but have been added to the Residential Coordinator's electronic schedule and include reminders.
 - c. *Plan to monitor correction actions:* The fire drills will be planned, executed, and documented by the Residential Coordinator. The Program Director also has a copy of the plan and will maintain oversight of the implementation of the plan and resulting documentation.