



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

December 3, 2010

Ms. Juli Turner, Administrator
Meadowview
330 Linden Street
Brattleboro, VT 05301

Dear Ms. Turner:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site survey conducted on **October 25, 2010** to investigate a facility mandated self-report. 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN". The signature is written in a cursive style.

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure: As noted above.



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED C 10/25/2010
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 on-site survey was conducted on 10/25/10 to investigate a facility mandated self-report. The following regulatory violations were found.	R100			
R104 SS=D	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 ACCS services, the specific room and board rate,	R104	Upon receipt of a referral from Vermont State Hospital, the Meadowview Recovery Residence Treatment Team has developed a transition plan for each referral. Each potential resident will do two (2) overnight visits. The first overnight will be for one (1) night. Upon successful completion of the first overnight, a second two-night overnight visit will be scheduled. During the second visit, the Peer Recovery Specialist will meet with the potential resident and review the Admission Agreement, answer any questions and both will sign and date. Attachment #1 R104 POC Accepted 12/3/10 M. Bolton RN / J. Mataron	11/23/10	

Division of Licensing and Protection

TITLE

(X6) DATE

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2010
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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to execute an admission agreement for 1 of 2 resident records reviewed. (Resident #1) Findings include: Per record review on 10/25/10 at 1 PM, the copy of the admission agreement in the medical record for Resident #1 was not signed and dated by the resident. This was confirmed during interview with the Office Manager at 2:30 PM.	R104		
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 staff interview and record review, the facility failed to assure that 1 of 2 applicable records reviewed included a required physician's statement upon admission to the home. (Resident #2) Findings include: Per record review on the afternoon 10/25/10, Resident #2's medical record did not have evidence of a physician's statement upon admission which included all medical and	R112	The Nurse Manager of Meadowview Recovery Residence, in conjunction with our Medical Director, have developed an Admission Order Form for both psychiatric and medical prescription orders. Copies of the forms are attached. These forms will be used effective immediately for all future admissions. Attachment #2a Attachment #2b	11/19/10

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2010
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R112	Continued From page 2 psychiatric diagnoses as applicable. This was confirmed during interview with the Office Manager the same afternoon.	R112	A Medication Fact Sheet binder, with all the medications administered, what they are for, how to use, safety information and possible side effects is maintained in the Nurses Office area. This binder is available to all staff for review and the nurses are familiar with it and review for possible side effects. R112 POC Accepted 12/3/10 M. Bolton RN PmCotARN	10/26/10
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide the necessary care/services to meet the resident's medical care needs for 1 of 2 residents reviewed. (Resident #1) Findings include: Per record review and confirmed during staff interview on 10/25/10, Resident #1 exhibited changes in mood/behavioral symptoms, including elopement from the facility on 9/26/10 at approximately 8:25 PM. Although the Licensed Practical Nurse(LPN) on duty on 9/27/10 on the 7 - 3 shift documented that the resident was on 1:1, during interviews (10/25/10 at 1 PM) the Office Manager and the LPN stated that the facility did not have a written policy/procedure for providing 1:1 direct care for a resident. On 9/27/10 during the evening shift, staff had provided a serrated bread knife to the resident to slice a bagel but did not continuously observe him/her. The resident was able to conceal and remove the sharp knife from the kitchen while in the presence of 2 staff..	R126		

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R126	Continued From page 3 Several hours later when the knife was noted to be missing (9/28/10 at 12:30 AM), staff questioned the resident who then returned the knife to staff. Staff failed to formalize a written plan to provide needed supervision and monitoring for this resident even though he/she was engaging in increasingly risky behaviors as each day passed. The resident eloped from the facility again on 9/28/10 and was ultimately discharged from the facility. There was no evidence of a written care plan to address the need for increased monitoring and assessment of this resident. These issues were confirmed with the Office Manager at 2:30 PM on 10/25/10.	R126		
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 staff interview and record review, there was no evidence of current physician orders upon admission addressing the resident's medications, treatment and dietary services for 1 of 2 records reviewed. (Resident #1) Findings include: Per record review on 10/25/10 at 1:15 PM, Resident #1's medical record did not include evidence upon admission of signed physician orders for all medications, treatments and dietary services. There was no evidence that orders sent from the transferring facility were clarified and renewed with the resident's current	R128	The Nurse Manager of Meadowview Recovery Residence, in conjunction with our Medical Director, have developed an Admission Order Form for both psychiatric and medical prescription orders. Copies of the forms are attached. These forms will be used effective immediately for all future admissions. Attachment #2a Attachment #2b	11/19/10

R128 POC accepted 12/3/10
M. Bolton, RN / Amstar

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R128	Continued From page 4 provider at Meadowview. This was confirmed during interview with the Office Manager at 2:30 PM the same day.	R128		
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse failed to maintain the required list of current ordered medications for 2 of 2 records reviewed. (Residents #1 & 2) Findings include: Per review of 2 resident records on 10/25/10, there was no evidence of the Registered Nurse's list of physician ordered medications including date ordered, dosage and frequency of administration, and likely side effects to monitor. This was confirmed during interview with the Office Manager at 2:30 PM.	R147	The Nurse Manager of Meadowview Recovery Residence, in conjunction with our Medical Director, have developed an Admission Order Form for both psychiatric and medical prescription orders. Copies of the forms are attached. These forms will be used effective immediately for all future admissions. A Medication Fact Sheet binder, with all the medications administered, what they are for, how to use, safety information and possible side effects is maintained in the Nurses Office area. This binder is available to all staff for review and the nurses are familiar with it and review for possible side effects. Attachment #2a Attachment #2b	11/19/10

R147 PDC Accepted 12/3/10
M. Bolton RN / P. Mcota RN

**Meadowview Recovery Residence
330 Linden Street
Brattleboro, Vermont 05301**

Resident Agreement

This is an agreement between _____ and Meadowview Recovery Residence. The purpose of this agreement is to explain what services Meadowview provides, how they are paid for, and what the rights and responsibilities of each resident are.

I. Services

Meadowview is a recovery residence. It is designed to provide residential and rehabilitation services to individuals who have been hospitalized in psychiatric facilities. Nursing services, a rehabilitation program, social work services, therapeutic activities, and recovery support are available at the residence. Primary medical care and psychiatric care will be provided for you in the community. You will have transportation provided for you for medical and psychiatric appointments.

Meadowview staff work closely with Vermont State Hospital and Healthcare and Rehabilitation Services of Southeastern Vermont to create smooth transitions between the hospital and the residence.

Residents at Meadowview are expected to take an active role in their recovery and in improving their independent living skills. Residents are encouraged to learn and progress at their own pace and to communicate their needs to the residential staff. The overall goals for Meadowview are to help residents improve the quality of their life and to realize their own visions of recovery.

The staff at Meadowview receive ongoing training in therapeutic communication, trauma-sensitive care, co-occurring disorders, recovery education, and approaches to teaching skills for independent living.

Meadowview is licensed by the State of Vermont as a Residential Care Home. A residential care home may provide room, board, personal care, general supervision, recovery and rehabilitation programs, case management, and medication management. Although there is 24-hour availability of a licensed nurse, Meadowview can not provide full-time nursing care. A description of Meadowview services is outlined below.

The State of Vermont regulates most of the services provided in a residential care home. The regulations contain more detail about how care must be provided. You may ask the Director or Office Manager for a copy of these regulations if you wish.

- **Room.** Under this agreement you will be provided with a private room and access to any of the three bathrooms in the residence. You may bring personal possessions with you to the residence as space permits,

unless the possessions infringe on the rights of others or create a fire or safety hazard. You will receive a list of items that are not allowed in the residence due to safety risks. These include knives, fire arms, or weapons of any sort. Note that smoking materials including lighters and matches need to be secured in a locked area and their use supervised by residential staff. Medications may not be kept in your room and must be kept in the secure medication area. Alcohol and illicit drugs are not allowed on the premises.

- We will hold your room for you if you are temporarily in the hospital and are expected to return here within 30 days. Any instance when a resident is expected to be hospitalized for longer than 30 days will be reviewed on a case-by-case basis. If we determine we cannot hold your bed until you are discharged, we will notify you 30 days prior to your discharge. If you are unable to return to remove your belongings, a Meadowview staff person will pack them for you. We will store your belongings until you can pick them up or for up to 60 days.
- Staff will help you in doing your laundry or will do it for you. You may do your laundry yourself, if you prefer. You are encouraged to make your bed daily, put away your clothes, and keep your room tidy.
- Board. You will be provided with three attractive and satisfying meals, in accordance with state regulations and dietary standards, and with consideration of your dietary needs.
- Snacks and beverages are available between meals and at bedtime.
- We do offer therapeutic diets.
- Personal Care. Personal care here, as long as your needs do not exceed what we are licensed to provide, includes:
 - Assistance with bathing and personal hygiene including assistance with shaving, combing hair, brushing teeth, shampooing, cutting hair.
 - Assistance with eating, such as cutting food.
 - Assistance with toileting, including transferring on and off the toilet, incontinence care.
 - Assistance with dressing.
 - Assistance with movement, including assistance with walking, transporting by wheelchair, transferring from bed to chair.

2. General supervision. General supervision here includes:

- Assistance in arranging necessary appointments.
- Assistance in obtaining personal needs, including shopping for you if necessary.

- Assistance in obtaining medication, such as getting them from the pharmacy. Assistance in calling the pharmacy to order your medications.
 - Assistance in learning to fill a medication planner.
 - Supervision in taking your medications.
 - Assistance in keeping on a schedule by reminding you about meal times, etc.
 - Monitoring your activities to prevent harm to you.
 - Assistance with managing your finances, if you request us to in writing. Finances are described in more detail below.
3. Transportation. State regulations provides that you are entitled to up to four trips per month of up to twenty miles round trip, at no cost to you, for any activity, including medical appointments. After twenty miles for any trip, or after four trips per month, we will charge you _\$0.36_ (usually the state reimbursement rate for mileage - \$.36 per mile) per mile.

If you are eligible for Medicaid, after the fourth trip of the month, we will attempt to utilize available Medicaid transportation if appropriate. Medicaid transportation is available only for necessary medical appointments.

4. Nursing Care. State regulations prohibit us from providing full time nursing care, except in limited situations. We provide the following types of services:
- Availability of a nurse. We have a nurse available 24 hours a day to review assessments of each resident, oversee the management of medications, and coordinate care with the physicians. The nurse will contact the resident's medical or psychiatric provider as necessary if a resident's condition warrants it. Including if you become ill, need a change in your doctor's orders, or if your ability to care for your self appears to be deteriorating.
 - Hands on nursing care. If you require hands on care by a nurse, such as changing a dressing or catheter or receiving an injection, such care will be provided.
5. Medication Management. An important part of the Meadowview program is teaching residents the skills they need to take control of their medication regimen. Initially, medications will be administered by the nurse. When you and your treatment team determine you are ready to self-administer your medications, the nurse will supervise you and assist you in learning about your medications. You will be encouraged to look at your medication record and talk about your medications with the nurse.

If you self-administer insulin or another type of injection, and you have a physician's order to self-administer, you may continue to do this if your treatment team assess you as able to administer your injections safely. You will be supervised by the nurse for self-administered injections. If you

wish to learn how to administer an injectible medication yourself, a nurse may teach you this skill if you have a physicians order to learn self-administration and your treatment team concurs that you can learn to give yourself the injection safely.

6. Personal needs. We provide the following personal needs items as part of the monthly charge. All others you desire will have to be purchased by you. For residents who are eligible for SSI, the personal needs funds available are discussed in the Section IV of this agreement.

We provide: toilet paper, paper towels

II. Charges and Finances

- a. If you ask us to in writing we will assist you in managing your finances to the extent you desire. We cannot be a guardian nor have power of attorney for a resident. However, we may be representative payee for purposes of receiving you Social Security or SSI check if you ask that we do so.
- b. If you are required to leave this home, either because we discharge you involuntarily or because of a change in your condition which makes it impossible to remain here, we will provide you or a new Representative payee with the authorization from the Social Security Administration with the balance of your account.

III. Rights and Responsibilities

- o Each resident retains all his or her civil rights while residing here. Furthermore, state regulations list specific rights of all residents of residential care homes. That list is attached to this agreement, and other copies are available on request. We will explain these rights before or at the time of admission.
- o If you are not satisfied with services or conditions in the home, we want you to tell us about it so we can try to resolve the concern. Our grievance procedure is attached and will be reviewed with you by our Meadowview Complaint and Grievance Coordinator.
- o The rules for Meadowview are reviewed with you as part of the admission process and a written copy of the rules are included in your admission packet.
- o Meadowview is a coercion-free environment, free from the use of mechanical restraints or seclusion. A description of your role in maintaining the safety of the residence and in developing the self-control skills required of community living is included in your admission packet.

IV. Assistive Community Care Services Program

ASSISTIVE COMMUNITY CARE SERVICES AGREEMENT

Meadowview agrees to serve you under the Medicaid Assistive Community Care Services (ACCS) program as long as you are verified ACCS eligible and need Level III Residential Care Home Services. Meadowview charges a flat room and board rate and your eligibility for ACCS will not affect this rate.

For as long as you are verified ACCS eligible you will be responsible for paying Meadowview directly for your room and board at the rate of \$640 per month. You will retain a Personal Needs Allowance of at least \$82 month.

For as long as you maintain ACCS eligibility Meadowview will bill the Medicaid ACCS program for your Level III care services covered by the program at the daily rate established by the Medicaid program. The home will bill the Medicaid ACCS Program at this rate for each day of service provided to you. As of the date of this agreement, that rate is \$35 per day. A day of service is a day on which you are ACCS eligible, reside at the home, and have not been absent for the entire 24 hour day or admitted to another facility. Under the terms of the Medicaid ACCS program, the home may not ask or require you or anyone else to pay the home for days you are absent from the home.

Covered services are the following services, up to the Level III level of care: help with activities of daily living; medication assistance, monitoring, and administration; 24 hour on-site assistive therapy; restorative nursing; nursing assessment; health monitoring; case management; and routine nursing tasks. These service terms are equivalent to terms included in the Residential Care Home licensing regulations.

Meadowview agrees that your room and board, plus the funds Meadowview receives from the Medicaid ACCS program will be the sole and complete payment to Meadowview for required services.

Meadowview requests that you immediately inform us if you become aware of a change in your Medicaid status.

V. Involuntary Transfer or Discharge

You may be discharged from Meadowview or transferred involuntarily to another room or facility only under the following circumstances:

- Your care needs exceed those which Meadowview is licensed to provide or approved through a variance to provide.
- Meadowview is unable to meet your assessed needs.

- You present a threat to yourself or to the welfare or other residents and/or staff.
- A court has ordered the discharge or transfer.

In the case of an involuntary discharge or transfer, the Director will notify you, a designated family member or support person, and/or a legal representative the specific reasons for your discharge or transfer in writing, in a language and manner you understand, at least 72 hours before the transfer within the residence or 30 days before discharge from Meadowview. If you do not have a designated family member, support person, or legal representative, and you request assistance, the notice will be sent to the Long Term Care Ombudsman, Disability Rights Vermont, or the Vermont Senior Citizens Project. These phone numbers are posted on the Meadowview bulletin board.

The notice will include a statement that **you have the right to appeal the decision**. You can appeal the decision in written or oral form. You must make your appeal within 10 days of receiving the discharge or transfer notice. You may appeal the discharge or transfer decision to the Director of Meadowview or to the Director of the Department of Disabilities, Aging, and Independent Living. This phone number will also be posted on the bulletin board.

The Director of the Department of Disabilities, Aging, and Independent Living will make a decision within eight business days of receiving the notice to appeal the involuntary transfer or discharge decision. You may appeal this decision through the Human Services Board by writing to the Board.

You may remain in your room, or at Meadowview during the appeal process.

Emergency Discharge or Transfer

You can be transferred or discharged with less than 30 days notice under the following emergency conditions:

- Your doctor has documented in your record that an emergency transfer or discharge is necessary for your health and safety and the health and safety of other residents.
- A natural disaster or emergency necessitates the evacuation of residents from Meadowview.
- You present an immediate threat to the health and safety of yourself or others.

If you agree with the emergency discharge or transfer, the transfer or discharge can occur prior to the effective date of notice.

Meadowview staff will assist you in preparing for a safe and orderly emergency discharge or transfer.

VI. The undersigned agree to abide by the terms of this agreement and in accordance with the regulations for residential care homes set forth by the State of Vermont.

Signed _____

Date _____

Resident or Authorized Legal Representative

Signed _____

Date _____

Meadowview Recovery Residence Staff

Meadowview Recovery Residence
330 Linden St.
Brattleboro, VT 05301
Admission Order Form



Resident Name:
DOB:
Date of admission:
Medication Orders:

Medication	Condition/ Rationale	Dose/Route/ Frequency	Quantity	Number of Refills	Prescriber	Date Prescribed	Date D/C

Known Allergies: _____

Physician/APRN signature: _____ Reviewed by NPC Nurse: _____

12032010

(revised)
Attachment 2a

**Meadowview Recovery Residence
330 Linden St.
Brattleboro, VT 05301
Admission Order Form**



Resident Name:
DOB:
Date of admission:
Diet Order:
Medication Orders:

Medication	Condition/ Rationale	Dose/Route/ Frequency	Quantity	Number of Refills	Prescriber	Date Prescribed	Date D/C

Known Allergies: _____

Physician/APRN signature: _____ **Reviewed by NPC Nurse:** _____

12032010

*Attachment 210
(revised)*

“Eyes-On and Safety Checks”

It is the policy of New Perspectives for Care, Inc. and the Meadowview Recovery Residence to provide a home-like, yet safe environment for all residents and staff. In order to maintain that level of safety, Meadowview has instituted a policy to address the need for Eyes-On and Safety Checks.

The term “Eyes-On” indicates that staff must be watching residents at all times. Due to the Meadowview “Levels of Autonomy,” many residents are at different levels of “Eyes-On.” Please refer to the Levels of Autonomy for clarification. During certain tasks and when in certain areas of the house (i.e. cooking or preparing food/drinks in the kitchen), Eyes-On needs to be maintained regardless of an individual residents’ Level of Autonomy.” This means that staff must be in the kitchen with residents and monitoring the tasks they are performing at all times.

Safety Checks will be performed every 15 minutes by the Residential Specialists regardless of an individual’s Level of Autonomy. At the beginning of every shift, each Residential Specialist will be assigned to perform 15 minute checks for specific residents. They will be responsible for making sure that 15 minutes checks are consistently done and recorded on the Meadowview Safety Support Checklist. This task can be delegated to another Residential Specialist for breaks and/or community trips but must be followed through for every 15 minute interval. If a resident is in the community (i.e. the library) with a staff member, that staff member will document the events that occurred while outside the residence, for every 15 minute interval, upon their return. It is every Residential Specialist’s responsibility to monitor and document these “checks” every 15 minutes.

Meadowview Recovery Residence

1:1 Staffing Policy

It is the policy of New Perspectives for Care, Inc. and the Meadowview Recovery Residence to provide a home-like, yet safe environment for all residents and staff. In order to maintain that level of safety, Meadowview has instituted a policy to address the need for 1:1 staffing when situations arise that require such intensive oversight.

The term "1:1" indicates that staff will be assigned, and therefore accountable to a specific resident to provide 1:1 supervision if deemed necessary and appropriate. 1:1 also implies the expectation that the assigned staff member will watch the resident diligently to assure that safety is maintained at all times. When the resident is in their bedroom, the door will remain open for safety monitoring.

Staffing patterns at Meadowview are typically 1:2 per our contractual obligation with the Department of Mental Health. When the need arises for more close supervision of a resident, a 1:1 status will be implemented. Subjective and objective data will be collected to ascertain the appropriateness of assigning 1:1 status. This data may include, but is not limited to, staff reports of unusual actions, behaviors or mood and/or a residents' report of feeling unsafe.

The decision to place a resident on 1:1 status will be made solely by the Meadowview Treatment Team (Program Director, Social Worker, Nurse Manager, Peer Recovery Specialist, Residential Coordinator and Medical Director). If there are times outside of regular business hours (or the Treatment Team is not within the building) when the shift nurse (after a complete assessment of all the available data) feels that a resident needs to be assigned to a 1:1 status, s/he will call the on-call administrator to discuss the situation before a decision is made. Again, the ultimate decision to place an individual on 1:1 status will be made by a Treatment Team member.

Once the decision is made, it will be communicated to all staff via verbal notice, the communication log, nurses' notes, residential specialists' notes and in shift report/clinical rounds. The shift nurse will then assign a specific staff person to provide the 1:1 with the resident. Staff can be interchanged to accommodate for breaks as long as it is explicitly clear which staff member is providing the 1:1 throughout each shift. The Treatment Team will confer to decide when it is deemed safe and appropriate to remove a resident from 1:1 status.

Meadowview Recovery Residence
Sharps Policy

It is the policy of New Perspectives for Care, Inc. and the Meadowview Recovery Residence to provide a home-like yet safe environment for all residents and staff. We acknowledge that there are some inherent risks with storing and using sharp cutlery (forks, knives, etc.) within the Residence but also realize that these tools, when used appropriately, are necessary for everyday food preparation tasks and skill-building.

All "Sharps" (forks, shaving razor blades and knives) will be locked in drawer(s) which only staff have access to. All sharp (non-butter) knives will be locked up separately in a different drawer. An inventory (or count) of all forks and knives (including butter knives) will be done at the beginning and end of each shift and will be logged on a tracking sheet by the shift LPN. If a "sharp" is noticed missing during an inventory check, no one may leave the Residence ("Lock-Down") and a complete search will be conducted of all in-house areas until the item is retrieved. If this occurs, an incident report will be filed immediately after contacting the administrator on-call. The on-call administrator will notify the Program Director to consult for next steps.

"Lock-Down"

For the purposes of clarifying the above "Sharps Policy," a "Lock-Down" simply means that no one may leave the Residence (staff and residents) until the missing item(s) in question is/are found. This does not negate the need to evacuate the Residence in an emergency situation.