

Division of Licensing and Protection  
103 South Main Street  
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

February 4, 2016

Ms. Lina Metivier, Manager  
Metivier Residential Care Home  
27 Brooklyn Street  
Barre, VT 05641

Dear Ms. Metivier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 12, 2016**. 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



FEB 02 2016

PRINTED: 01/21/2016  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/12/2016
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NAME OF PROVIDER OR SUPPLIER  METIVIER RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 27 BROOKLYN STREET BARRE, VT 05641
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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 investigation of a facility generated self report, coupled with a re-licensure survey, was conducted by the Division of Licensing and Protection between 1/11 and 1/12/2016. There were no findings related to the self reported incident but there were issues identified during the survey.

R100

R104 V. RESIDENT CARE AND HOME SERVICES  
SS=B

R104

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

See next page 285 for P.O.C on 5.1

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rene Metivier</i>	TITLE owner	(X6) DATE 1/30/16
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R104-R247 POCs accepted 2/14/16 Gledeman RW/pmm

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R104 Continued From page 1

requirements, agreements for all ACCS participants shall include: the 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.

This REQUIREMENT is not met as evidenced by:  
Based on record review, staff interview and review of the residential admission packet on 1/11/2016, the home failed to have signed documentation that residents or their guardians received the required information about resident rights, advanced directives or related charges for 3 of 3 residents reviewed in the sample. (Resident #1, #2 and #3). The specifics are as follows:

Per review of 3 medical records on 1/11/2016, there is no evidence that either the residents or their legal guardians were given the admission packet or signed that they were made aware of their rights, were given information on advance directives or charges prior to their stay or at their admission to the residence. During interview with the House Owner on 1/11/2016 and again on 1/12/2016, s/he reported that residents are given the admission packet upon entry into the home and confirmed that there are no signed papers present in any of the medical records reviewed. The sample Admission booklet, provided by the Owner contains the required information but there is no mention in the admission note that the booklet was given to or signed by the residents or the legal guardians for Resident #1, #2 or #3.

R104

5.1 admission  
New admission packets have been printed 1/25/16 for all my residents + guardians.

I have a staff member in charge of filing - to keep things in the proper folders and readily available. The original admission books with the required information were given to all my residents and misplaced over the yrs I will retain a copy of each residents admission contract and keep them in their own folder. as of 1/30/2016 this is completed.

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R171	Continued From page 2	R171		
R171 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Documentation that medications were administered as ordered;</li> <li>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</li> <li>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</li> <li>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</li> <li>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</li> <li>(6) All incidents of medication errors.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the home failed to assess side effects and medication effectiveness for 1 of 3 residents in the sample (Resident #3). The specifics are as follows:</p> <p>Per record review on 1/11/2016 at 2:53 PM and confirmed during interview with the home's director on 1/12/2016 at 9:15 am, that the last AIMS (Abnormal Involuntary Movement Scale)</p>	R171 R171	<p>S.10</p> <p>1/25 All residents AIMS assessments have been done and are placed in the residents MAR. Staff have been inservice about specific side effects to watch for and to notify manager or nurse for any concerns related to these medications all AIMS forms are updated at this time. This will be done quarterly by the nurse.</p> <p>the owner of this home will monitor this</p> <p>(AIMS Assessment)</p>	

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R171 Continued From page 3  
was performed on Resident #3 on 4/24/2014. Resident # 3 was admitted to the residence on 1/24/2010 with schizophrenia, Diabetes, Hypertension and receives an anti psychotic medication, Seroquel, every evening. Medication is pured weekly for each resident by the nurse and administered by delegated staff. There is no record of consistent monitoring of side effects for antipsychotic medications.

R171

7.2 food safety and Sanitation  
As of 1-13-16  
The house manager is made aware of the proper procedure to monitor the freezers and refrigerator a checklist w/ date + temperature will be done weekly and log kept.

R247 VII. NUTRITION AND FOOD SERVICES  
SS=C

R247

7.2 Food Safety and Sanitation

7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures:  
(1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.

This REQUIREMENT is not met as evidenced by:

Based on direct observation and staff interview, the community care home failed to assure that perishable food was stored at the appropriate temperatures. The specifics are as follows:

Per observation during the initial tour and confirmed during interview with the house manager on 1/11/2016 at 9:15 am, there are no temperature logs that indicate what the temperatures are for the 5 freezers and refrigerators used by the home for food storage. What the home has for documentation is a sheet of paper initialed by the house manager that the temperatures in all the appliances are checked. (these are done weekly as per the last survey of 10/02/2013). Per observation, the thermometers

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R247	Continued From page 4  in each freezer registers at 0 degrees Fahrenheit and the refrigerators register at 36 degrees Fahrenheit. Staff report that they were not aware that they had to document actual readings on a regular basis but only to check off that the thermometers were read.	R247		