

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
Fax (802) 871-3318

March 6, 2014

Ms. Francetta Tice, Administrator
Misty Heather Morn Community Care Home
174 Blissville Road
Hydeville, VT 05750

Provider #0174

Dear Ms. Tice:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site relicensure survey and complaint investigation conducted on **September 24, 2013**. 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/24/2013
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NAME OF PROVIDER OR SUPPLIER MISTY HEATHER MORN COMMUNITY CARE H:	STREET ADDRESS, CITY, STATE, ZIP CODE 174 BLISSVILLE ROAD HYDEVILLE, VT 05750
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R100	Initial Comments: An unannounced on-site re-licensure survey and complaint investigation was conducted on 9/24/2013 by the Division of Licensing & Protection. The following regulatory deficiencies were identified:	R100		
R112 SS=E	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 record review and staff interview the facility failed to assure that each resident is accompanied by a physician statement, which shall include medical diagnosis, including psychiatric diagnosis if applicable for 5 records reviewed. Findings include: Per record review of 5 sampled records, physician admission statements including all medical diagnoses and/or problems was not present. The above was confirmed by the Nurse Manager in interview on 9/24/13 at 4PM.	R112		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and	R128	put in place new diagnoses forms - also new forms from pharmacy with diagnosis/problem list - update yearly/add to master copy to update	12-01-13

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shamette L. Irwin</i>	TITLE Owner/RN	(X6) DATE 11-04-13
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R112, R128, R145, R147, R148, R167, R179, + R188 POC's accepted 2/27/14 Mthys RN/PML

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NAME OF PROVIDER OR SUPPLIER: **MISTY HEATHER MORN COMMUNITY CARE H**
STREET ADDRESS, CITY, STATE, ZIP CODE: **174 BLISSVILLE ROAD HYDEVILLE, VT 05750**

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R128	Continued From page 1 dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to assure that each resident's medication, treatment, and dietary services are consistent with physician's orders for 1 of 5 residents reviewed Resident #1 (R#1). Findings Include: Per record review and observation R#1 has a Foley catheter in place. The facility Nurse Manager (NM) stated on 9/24/13, at 3:35PM, in interview that the resident has an 18F Foley Silastic catheter. S/he stated that the catheter is changed, at the facility, every 30 days and as necessary. The direct care staff assists with catheter care and Foley emptying. There are no physician's orders in the record for catheter changes and catheter care. The NM confirmed that no physician's orders were available for catheter changes and catheter care.	R128		
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	R145	<i>Put in place new physician order sheets - whereby all orders are included on them. Add to Master copy to update yearly - PRW</i>	<i>6-1-13</i>

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R145	Continued From page 2 by: Based on record review and staff interview the facility failed to assure that the written plan of care describes care and services necessary to assist the resident to maintain independence and well-being for 3 of 5 residents reviewed, R#1, R#2, and R#4. *This is a REPEAT deficiency. Findings include: 1. R#1 experienced falls on 7/15/13 and 7/28/13 when outside on the porch. After the second fall the facility Nurse Manager stated in a note that the resident was not to be left alone on the porch. The resident's care plan did not include this intervention. Additionally the resident has a Foley catheter, however the care plan does contain interventions for catheter care or emptying the Foley or assisting the resident with these tasks. 2. R#2, with a Foley catheter does not have interventions regarding providing or monitoring the catheter care and emptying the Foley bag for the resident. 3. R#4 uses nasal oxygen and there is no information in the care plan regarding care of the tubing and monitoring Oxygen flow rates and staff responsibilities for care of nares.	R145	<i>Update care plan yearly + (PRN) when necessary add to Master copy to ensure</i>	12-01-13
R147 SS=E	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;	R147	<i>Put form in place in med administration book add to Master copy to update. Put form in place for fog care, flow rates tubing add to master copy to update</i>	12-01-13 12-01-13

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R147	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each record contained a current medication list including: resident's name, medication, date ordered, dosage and frequency of administration, and likely side effects to monitor for 5 residents in the sample. Findings include: Per record review of 5 sampled records there were no complete and current lists of medications containing the required information. The above was confirmed by the facility Nurse Manager on 9/24/13 in interview at 4:15PM.	R147	Put new form in place with all current meds date etc. Add to Master copy to update. ↓	12-01-13
R148 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (5) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each resident's medications are reviewed by the physician periodically and that all resident medications have either a supporting medical diagnosis or problem for 5 sampled residents. Findings include: Per record review there is no indication of a regular periodic review of all current medications	R148		

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R148	Continued From page 4 and treatments found in 5 records sampled during survey. Additionally there is no list of medical diagnoses and/or problems to support all medications administered. During an interview on 9/24/13 at 4:30PM the facility Nurse Manager acknowledged that there is no documentation of the physician review of medications or a list of medications and/or diagnoses available in the records. She further states that the facility does not obtain an annual renewal of all medications and treatments, for all residents, by their primary care provider.	R148	<i>Put new forms in place containing all the info Add to Master copy for update + review</i>	12-01-13
R167 SS=D	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 other than a nurse administer PRN psychoactive medication	R167		

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R167	Continued From page 5 only when the home has a written plan for use of the specific PRN medication which contains all of the required information for 1 of 5 sampled residents-R#3. Findings include: Per record review R#3 has an MD order for Seroquel 50mg PO (by mouth) Q4H (every four hours) PRN (whenever needed). In a review of R#3's record, no behavior plan for the use of the PRN antipsychotic medication is found. In an interview on 9/24/13 at 3:40PM the facility Nurse Manager confirmed that the record for R#3 did not contain a PRN Behavior Plan that includes all required elements to direct unlicensed staff.	R167		
R179 SS=E	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 residents. The training must include, but is not limited to, the following: (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	R179	<i>Put ^{new} form in place outlining behavior. This medication had not been given in over a year!</i>	12-01-13

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R179	<p>Continued From page 6</p> <p>limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that all direct care staff received at least 12 hours of training which includes the seven mandatory topics each year for 5 staff reviewed. Findings include:</p> <p>In a review of the staff training manual for the year 2012, for 5 randomly chosen staff, there is no evidence of training on the mandatory seven topics. The manual shows the required 12 hours of training but the seven mandatory topics are not all listed as a part of the listed trainings. The facility Nurse Manager confirmed that the records did not contain evidence of the mandatory topics in an interview at 3:50PM on 9/24/13.</p>	R179	<p><i>Put new forms in place to ensure all mandatory training is done - monitor quarterly.</i></p>	12-01-13
R188 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(2)</p> <p>A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent</p>	R188		

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R108	<p>Continued From page 7</p> <p>photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the record for 2 of 5 sampled residents (R#1 & R#3) contained progress notes regarding any accident and subsequent follow-up. Findings include:</p> <ol style="list-style-type: none"> 1). R#1 experienced falls on 7/15 & 7/28/13. The record does not contain progress notes indicating all the actions taken at the time of the accident and follow-up monitoring post-accident. 2. R#3 was involved in a motor vehicle accident. The progress notes in the record do not indicate all actions taken at the time of the accident and subsequent follow-up monitoring and action. <p>The above was confirmed by the facility Nurse Manager in interview at 3:30PM on 9/24/13.</p>	R108	<p>Add progress note immediately 12-01-13 after any incident. Add to Master copy to update.</p>	
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