

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

November 19, 2012

Ms. Paula Patorti, Administrator
Our House Outback
196 Mussey Street
Rutland, VT 05701

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site follow-up survey conducted on **October 16, 2012**. 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:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/16/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE OUTBACK	STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY 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: The Division of Licensing and Protection completed an unannounced on-site follow-up survey subsequent to a complaint investigation completed on 7/16/12. The following regulatory violations were identified and represent a failure to correct 4 of 10 citations.	{R100}		
{R126} SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure staff provided care to meet the medical needs for 1 applicable resident. (Resident #2) Findings include:</p> <p>1. Per observation and interview Resident #2 did not receive a supplement consistent with the physician's orders. Per a telephone order dated 09/17/12 states "weight loss 11 lbs [pounds] in 1 month, weekly weights, CIB [carnation instant breakfast] t.i.d. [three times a day] between meals in fruit juice, can't tolerate milk" and on 10/03/12 a telephone order states "thick-it to honey consistency, is to check weight weekly". Per the Care plan, it states "supervision at meals, pureed, on CIB between meals. thick-it to Honey consistency". Per observation on 10/15/12 at</p>	{R126}	<p><i>Attached POC's Accepted</i> <i>DeDee Johnson</i> <i>11/19/12</i> <i>see Attached</i></p>	

Division of Licensing and Protection

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



TITLE

Administrator

(X6) DATE

11/9/12

Plan of Correction for: Our House Outback

Survey of 10/16/12 "revisit of July 16, 2012 survey"

11/9/12

Paula Patorti



Please see "thick it" instructions re: "adding to supplements" as they are not as the surveyor describes.

Please see Manager Quality Assurance checklist.

R126

Thick it instructions have been reviewed with staff and posted in the kitchen for easy reference.

RN and Manager have agreed on verbiage to be used when asking physician for orders and to assure consistency when CIB is requested when weight loss or loss of appetite is experienced as is often the case with a resident nearing or at the end stage of dementia.

RN will write and review the orders with the Manager in order to make sure that "intent" is comprehensive for all. Manager will monitor all physicians' orders with RN for consistency. Manager will audit "treatment sheets" daily or at least weekly to assure compliance, audits will be validated on the "quality assurance checklist".

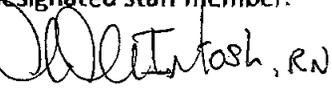
11/20/12

POC Accepted 11/19/12  RN

R149

Binders for MAR and Treatments have been redesigned and will be kept separate, allowing for accurate monitoring and to assure documentation upon completion of daily, weekly or monthly orders to be carried out and signed for by non medication administration staff when and where applicable. Both MAR and Treatment sheets will be monitored at least weekly and results documented on the quality assurance checklist by the Manager or Manager designated staff member.

11/20/12

POC Accepted 11/19/12  RN

R150

Accident/Incident report forms were recently redesigned and all staff is being retrained to use the form in its entirety. RN will not sign the form if any information is missing, RN will contact staff involved to confirm needed details in order to consider the report complete. RN will sign and complete the report, validating its accuracy and the House manager will monitor them for completion per report.

11/13/12

POC Accepted 11/13/12  RN

R176

All med bins have been audited for accuracy, orders for meds that had not been refilled were discontinued and will need a new physicians order if the med is needed in the future (this was a topical medication that has a short shelf life and is very expensive), single blister packs were returned and though there will always be times when there will be an overlap of open pack in the bin with refill pack, RN and Manager will monitor daily or at least weekly and will sign validating such on the quality assurance checklist.

11/20/12

P.O.C. Accepted
11/19/12 - [Signature] Intosh.RN