

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 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 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: An unannounced onsite complaint investigation was conducted on 10/15/12 - 10/16/12 by the Division of Licensing and Protection in conjunction with a follow up visit. The following regulatory violations were identified related to the complaint investigation:	R100		
R128 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to assure 2 of 4 residents were provided dietary supplements and treatment that were consistent with the physician's orders. (Resident #2 and #1) 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: "supervision at meals, pureed, on CIB between meals, thick-it to Honey consistency". Per observation on 10/15/12 at 11:58 AM Resident #2 was observed with a plastic cup filled with yellowish thin liquid. The</p>	R128	<p>P.O.C. Accepted 11/9/12 J. Oestrich see Attached</p>	

Division of Licensing and Protection

Paula Sabo

TITLE

Administrator

(X6) DATE

11/9/12

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

STATE FORM

0596

08JJ11

If continuation sheet 1 of 7

Plan of Correction for: Our House Outback

Survey of 10/16/12 "complaint investigation"

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.

Please see new Orientation checklist.

R128

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

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.

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 accuracy and consistency. Manager will audit "treatment sheets" daily or at least weekly to assure compliance, audits will be validated on the "quality assurance checklist".

P.O.C. Accepted
11/19/12
O. Oletush

11/20/12

R153

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.

11/19/12
P.O.C. Accepted
O. Oletush

11/20/12

R167

Existing Behavior plans have been revised and reviewed by the RN and Manager. Staff has been reminded to complete all documents, i.e. communications with RN and/or Manager and to document content of instruction. We will be utilizing the Behavior plan sheets for PRN psychoactive medications that our pharmacy will provide us with. The daily values will be entered by the med staff and the RN will monitor them for accuracy daily until staff has demonstrated competency with the routine. Manager

will monitor them for completion; RN will monitor them for compliance and/or when reducing or eliminating a med is to be considered.

Staff training will begin 11/13/12, new behavior plan documents will be complete and in the house with the December MAR. 12/1/12

R179

New orientation checklist and orientation reference guide are done. All staff has been trained in universal precautions and infection control at orientation but the new orientation manual and checklist will allow more accurate verification of said training. Orientation manual will be at the house for all staff to review. See new orientation checklist. Staff will be reminded of all basic training at an in-service on 11/13/12.

11/20/12

11/19/12
P.O.C.
Accepted
J. DeIntor

11/19/12
P.O.C.
Accepted
J. DeIntor