

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

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

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 31, 2016

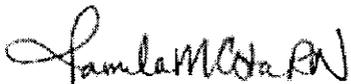
Ms. Beth Peer,
Our House Too Residential Care Home
69 1/2 Allen Street
Rutland, VT 05701-4501

Dear Ms. Peer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 3, 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/03/2016
NAME OF PROVIDER OR SUPPLIER OUR HOUSE TOO RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 69 1/2 ALLEN 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 on-site follow up survey was conducted by the Division of Licensing and Protection on 5/3/16. There were regulatory findings.	{R100}		
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the medical record includes accurate information as it pertains to allergies for 2 of 4 sampled residents, Resident #1 and Resident #2. Findings include: 1. Per medical record review, Resident #1 was admitted on 3/11/15. Resident assessment dated 3/14/16 identifies that the resident is allergic to Biaxin and Topamax and signed by the Registered Nurse (RN), identifying that the information accurately reflects resident assessment information. The Resident Care Plan dated 3/14/16 and signed by the RN also identifies allergies to Biaxin and Topamax. Medication Administration Record (MAR),	R189		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Both Pen

Manager

5/26/16

STATE FORM

Paula [Signature]

Administration

P9JV12

If continuation sheet 1 of 3

R189 + R228 POCs accepted 5/31/16 Barteaux/pmc

Division of Licensing and Protection

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R189	Continued From page 1 identifies that Resident #1 has no known drug allergies. Per interview with the facility manager confirmation is made that the information on the assessment, care plan and MAR do not accurately reflect the resident's allergies. 2. Per medical record review, Resident #2 was admitted on 9/26/09. Resident assessment dated 1/18/16 identifies that the resident has no known allergies and is signed by the Registered Nurse (RN), Identifying that the information accurately reflects resident assessment information. The Resident Care Plan dated 1/18/16 and signed by the RN also identifies that the resident has no known allergies. Medication Administration Record (MAR), identifies that Resident #2 is allergic to Influenza TV-S 09-10 vaccine, Pneumovax 10-vial, CDNJ-D, Diphtheria, Tetanus, Erythromycin Base, Codeine and Aspirin. Per interview with the facility manager confirmation is made that the information on the assessment, care plan and MAR do not accurately reflect the resident's allergies.	R189 R189	All residents charts have been audited for Compliance - Care Plan, Assessments, MAR and face sheet are all correct - All allergies are listed - RN will be responsible to check all documents from admission and will make sure that any changes are carried through to all necessary documents - manager will monitor for accuracy upon admission and when changes occur.	5/17/16
R228 SS=B	VI. RESIDENTS' RIGHTS 6.16 Residents have the right to formulate advance directives as provided by state law and to have the home follow the residents' wishes This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that advanced directives for 2 of 10 residents were addressed. For Resident #1 and #3. the findings include the following:	R228 R228	Advance directives are discussed prior to admission with Administrator and is evidenced on the "Pre-admission" application - (manager did NOT think of that at original survey, Administrator had a-ha moment while discussing with licensing chief) All managers have been reminded of the document	

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NAME OF PROVIDER OR SUPPLIER OUR HOUSE TOO RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 69 1/2 ALLEN STREET RUTLAND, VT 05701
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R228	<p>Continued From page 2</p> <p>1. Review of medical record for Resident #3 provided no evidence that advanced directives had been addressed with the resident or the family. The house manager confirmed at 11:57 AM that the advanced directives had not been addressed at this time.</p> <p>2. Per medical record review, Resident #1 admitted on 3/11/15 with a court appointed guardian dated 8/12/98. There is no evidence in the nurses progress notes, nursing assessment or the care plan identifying that there are advanced directives nor is there documentation evidencing that there been discussion regarding advanced directives. Per interview with the facility manager, confirmation is made that there has not been any discussion regarding an advanced directive.</p>	R228	<p>So that they can show Surveyors when in question. Administrator will maintain and elaborate when necessary for Compliance - VT Adv Directive Form or COLST are always available. Administrator and manager will monitor for Compliance and Accuracy.</p>	5/25/16

RESIDENT PERSONAL INFORMATION

RESIDENT NAME _____ DATE OF BIRTH _____ SEX _____

STREET/PO BOX _____ MARITAL STATUS _____

CITY/STATE/ZIP _____ RELIGIOUS AFFILIATION _____

SOCIAL SECURITY # _____
PHONE NUMBER _____ MILITARY DISCHARGE _____

PRIMARY INSURANCE # **INCLUDE COPY OF CARDS** ADDRESS: _____
SECONDARY INSURANCE# ADDRESS: _____
PRIMARY PHYSICIAN AND TELEPHONE NUMBER _____

Managers
←

RESPONSIBLE PARTY/EMERGENCY CONTACTS

NAME _____
RELATIONSHIP _____
PHONE _____
ADDRESS _____

NAME _____
RELATIONSHIP _____
PHONE _____
ADDRESS _____

ADVANCE DIRECTIVES (CHECK ALL THAT APPLY) (Include copies)

LIVING WILL _____
MEDICAL DURABLE POA _____
SPECIFIED "AGENT(S)" _____
OTHER MEDICAL DIRECTIVE _____

FUNERAL PLANS _____

LIST PERSONS WITH THE FOLLOWING AUTHORITY

PERSON HELPING (WITHOUT LEGAL AUTHORITY) _____
LEGAL/FINANCIAL POWER OF ATTORNEY _____
COURT APPOINTED GUARDIAN _____
REPRESENTATIVE PAYEE _____