

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
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Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

November 30, 2012

Ms. Paula Patorti, Administrator  
Our House Too Residential Care Home  
69 1/2 Allen Street  
Rutland, VT 05701

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 24, 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

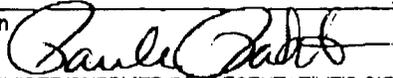
PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/24/2012
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 SS=A	Initial Comments:  An unannounced onsite re-licensing survey and a complaint investigation were conducted by the Division of Licensing and Protection on 10/23/12 and 10/24/12. The following are regulatory violations.	R100		
R101 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.1. Eligibility  5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide.  This REQUIREMENT is not met as evidenced by: Based on observation, interview of staff and record review the facility retained 2 residents who meet level of care eligibility for admission to a nursing home (Resident #1, #2 & #3). Findings include:  1. During the initial interview on 10/23/12 at 9:30 A.M., the manager did not identify Resident #3 as needing nursing level care. There is a diagnosis of Alzheimer's upon admission on 04/07/09 and a fracture (12/20/11) of the left hip w/ surgical pinning. Per the assessment of 04/07/11, Resident #3 was identified as needing limited assistance for bed mobility and transferring, and supervision for locomotion, plus needing total assistance for dressing, toileting, personal hygiene and bathing. Resident #3 was at that time care planned for unsteady walking, but did so independently. Per the 03/20/12 assessment,	R101		

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



TITLE

Administrator

(X6) DATE

11/21/12

11/21/12

Plan of Correction for:

Our House Too Survey 10/23 & 10/24/12

Paula Patorti



R 100 – We have always welcomed surveyors to Our House as it has proven to be a good learning experience for us all and because we take our role very seriously and are always striving for compliance. The Complaint investigation was through our own report.

R 101 – Level of Care Variances forms are done and are awaiting physicians' signature and will be submitted to DLP no later than 11/30/12. Administrator will review prospective new admissions with the Manager to assure no admissions prior to requesting a variance from DLP. Administrator will monitor for compliance. 11/30/12

R 128 – All physicians' orders and MAR have been verified and were in the house as of 10/24/12. All orders will be entered onto the MAR upon admission; expected changes will be noted but not changed until physician's orders are received. RN and Manager are aware – Quality assurance checklist for Manager and RN will be completed at admission to avoid this in the future. RN and Manager will monitor for compliance. 11/30/12

R 145 – All care plans have been reviewed and edited for compliance, wider ranges and verbiage will more accurately cover resident's highs and lows as people with dementia typically display. Manager and RN will complete quality assurance checklist together for all residents upon admission - Manager and RN will review monthly assessment checklist and will update or change care plan as warranted. 11/30/12

R 149 – Supplements were added to MAR prior to surveyors leaving – All orders will be entered onto MAR or treatment sheet upon admission. Quality assurance checklist from Manager and RN will validate that such has been completed or changes will be documented accordingly. Manager and RN will monitor per new admission, or at least monthly when monthly resident assessments are reviewed. 11/30/12

R 171 – AIMS has been completed. RN and Manager weekly status meetings and quality assurance checklist will validate accurate and complete documentation – Alternate RN will monitor for compliance at least monthly. 11/30/12

R 179 – New orientation checklist is in place and being utilized – Universal precautions have always been one of the first things taught when new staff is oriented – New orientation checklist and manual will provide proof of knowledge and training – Manager will monitor for compliance. 11/10/12

PDC R101, R128, R145, R149, R171  
R-179 accepted 11/29/12 Susan J. Emmons RN

R 179 cont'd - New in-service/training tracking sheet has been developed per employee and will be monitored at monthly in- services by the employee – Manager will monitor and approve for accuracy, compliance and record. 12/1/12

R 188 – New admission checklist will avoid this – photo had been taken and was waiting to be picked up – Photo was on the chart on 10/23/12 – air printer was purchased to avoid offsite printing – Manager will monitor for compliance. 10/29/12

R 206 – Our House reported this event within 48 hours of learning of the event - investigation was completed and sent to DLP as well as APS. Continue staff education as mandated reporting and expectations are done at orientation, are posted in the house and are discussed at every monthly in-service – Manager, RN and Administrator will continue to monitor for compliance.

It would seem as though we did what we could and should not have been cited for this as a deficiency.

R 999 – All LOC variance requests are nearly complete and will be submitted to DLP no later than 11/30/12. Admission checklist will eliminate this for future admissions (or retentions). Administrator will monitor for compliance. 11/30/12

POC R-179 R-188 R-206 & R999  
accepted 11/29/12 Susan L. Emmons RN

