

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 24, 2011

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

Provider ID#: 0377

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **June 21, 2011**. 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



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 C 06/21/2011
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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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(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
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R100	Initial Comments: An unannounced onsite complaint investigation and re-licensing survey was completed by staff from the VT Division of Licensing and Protection on 6/21/11. The following regulatory violations were found:	R100		
R126 SS=G	<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 interview and record review, the RN (Registered Nurse), who provides nursing overview and nursing care to residents of the Residential Care Home, failed to provide the necessary services to meet nursing care needs for 1 applicable resident. (Resident #1) Findings include:</p> <p>1. Per record review on 6/20/11, staff recorded in "Comment Sheet Notes" on 4/20/11, 5/25/11 and 6/4/11 that Vicks Vapor Rub was applied to the toe nails of Resident #1 which were described by the resident's podiatrist on 6/6/11 to be "...grossly dystrophic [misshapen or partially destroyed nail plates] grossly elongated with copious...debris.....the left great toe...with purulent drainage...the right great toe growing into the 2nd toe and has caused a small ulceration which is a .2 cm with serous drainage." As a</p>	R126 R126	<p>we have implemented New Footcare documentation (Copy included 'A')</p> <p>RN will maintain the tracking sheet and will use this to document all footcare.</p> <p>House manager will monitor the tracking sheets on the first of each month along with our existing monthly vitals tracking reports.</p> <p>The resident has recovered per written note from Podiatrist her next appointment is scheduled for 9/22/11. (Copy included 'B')</p> <p>The management team at OUR HOUSE TOO take compliance with regulations very seriously. all residents will get an onsite evaluation by the RN who will facilitate needs with the physician - House manager will monitor all communications/instructions for accuracy.</p>	7/6/11

Division of Licensing and Protection

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

STATE FORM

Paula Sabo

TITLE

OWNER

(X8) DATE

8/16/11

R126 POC Accepted 8/23/11 CPMotARW

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R126	<p>Continued From page 1</p> <p>result of the deterioration and infection of the great toes, the resident required treatment with an oral antibiotic and application of Bacitracin ointment. Per interview on 6/20/11 at 1:25 PM Caregiver #1 stated "The nurse left a memo to apply Vicks to the big toes". Per interview with Caregiver #2 on 6/20/11 at 2:50 PM also confirmed "The nurse knew about it...nails have been very bad on both toes...we were told to put Vicks on the toes...we have noticed s/he is ambulating better since seeing the podiatrist".</p> <p>Per interview on 6/20/11 at 5:05 PM the RN stated s/he checks resident's feet every 2 months and provides nail/foot care, however, there was no specific policy/protocol regarding foot care by the nurse. Upon further review of documentation, the RN stated the last time foot care was provided to Resident #1 was on 4/19/11. However, per telephone interview on 6/21/11 at 8:05 AM, the podiatrist stated Resident #1 "...should have been brought in much sooner...toes looked like s/he had not been cared for a very long time".</p>	R126		
R128 SS=G	<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 staff interview and record review, the home failed to ensure physician orders were obtained for a treatment staff was providing to the</p>	R128 R128	<p>New documents have been adopted. the new foot care tracking sheet in addition to New Shift Notes and Communication logs will improve our internal Communications and daily detail in writing will improve documentation.</p> <p>Training is underway for all staff to accurately document residents Needs and to understand the importance of Followup documentation.</p>	7/6/11 8/1/11

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R128	<p>Continued From page 2</p> <p>toes of 1 applicable patient. (Resident #1) Findings include:</p> <p>1. Per record review on 6/20/11, staff recorded in "Comment Sheet Notes" on 4/20/11, 5/25/11 and 6/4/11 that Vicks Vapor Rub was applied to the toe nails of Resident #1 which were described by the resident's podiatrist on 6/6/11 to be "...grossly dystrophic [misshapen or partially destroyed nail plates] grossly elongated with copious...debris...the left great toe...with purulent drainage...the right great toe growing into the 2nd toe and has caused a small ulceration..." resulting in the resident being treated with an oral antibiotic and application of Bacitracin ointment. Per interview on 6/20/11 at 1:25 PM Caregiver #1 stated "The nurse left a memo to apply Vicks to the big toes". Per interview with Caregiver #2 on 6/20/11 at 2:50 PM also confirmed "The nurse knew about it...nails have been very bad on both toes...we were told to put Vicks on the toes...we have noticed s/he is ambulating better since seeing the podiatrist". Per interview on the morning of 6/21/11, Caregiver #3 also confirmed s/he had discussed with the RN (Registered Nurse), the application of Vicks to Resident #1's big toes, due to the existing problem with the toenails.</p> <p>Per interview on 6/20/11 at 5:05 PM, the RN stated "I did not know Vicks was being used", however the RN stated s/he spends 1 to 1.5 hours each day at the Residential Care Home which includes the responsibility to review staff documentation and ensuring physician orders have been obtained as needed. The RN confirmed foot care is conducted every 2 months on residents and stated foot care was provided to Resident #1 on 4/19/11. It was also confirmed there was no physician's order for the use of the</p>	R128 R128	<p>New training includes M.A.R. accuracy as a priority. monitoring will be done by the House manager monthly, RN to review weekly.</p> <p>Physicians orders will be monitored for accuracy by the RN and the house manager. RN will coordinate changes with the physician and communicate changes to staff as needed. All residents records will be reviewed monthly by the house manager for compliance.</p> <p>R128 POC Accepted 8/23/11 Director RN</p>	8/15/11

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R128	Continued From page 3 Vicks.	R128		
R145 SS=D	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 by: Based on staff interview and record review, the RN (Registered Nurse) failed to update resident care plans to reflect specific care needs for 2 applicable residents. (Residents #1, & 2) Findings include: 1. Resident #2 has a Foley catheter for constant drainage of urine which requires specific daily care and monitoring. Per review of the resident's care plan (last update 10/13/10) it does not reflect the necessary care to maintain the Foley catheter, but states the resident is "self cath 4 x per day by staff". The resident also was presently receiving treatment for a left leg wound, having the application of an Unna Boot (compression dressing with zinc oxide paste) applied by the RN. The care plan also did not reflect specific directions, precautions and care of the Unna Boot by staff providing care to Resident #2. 2. Per review, the Care Plan for Resident #1 did not reflect the resident's problems with his/her toenails and the required treatment prescribed by the podiatrist on 6/6/11 or the specific	R145 R145	All residents Care plans have been reviewed for accuracy and detail. Changes have been made to accurately describe these residents specific care needs. (Copies included c) New forms are being used as new or revised plans are required per regulations. Care plans will be monitored by the owner as new residents arrive or as status changes occur. R145 POC Accepted 8/11/11 <i>Amoturn</i>	7/1/11 8/15/11

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R145	Continued From page 4 management of the resident's feet while under the care of the podiatrist, to include whether the resident should wear shoes and or socks or any specific precautions to be taken by staff during the provision of daily care to Resident #1. Per interview on 6/20/11 at 5:10 AM, the RN confirmed the care plans had not been updated to reflect the individual care needs for both Residents #1 and #2.	R145		
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN (Registered Nurse) failed to provide specific instructions for staff who are delegated the responsibility to provide tube feedings for 1 applicable resident. (Resident #3). Per record review on 6/21/11, the instructions provided for staff delegated to administer tube feedings for Resident #3 were generalized and not specific to the needs and precautions required when conducting the gravity tube feedings. Per interview on the morning of 6/21/11, the house manager confirmed the information in a policy and procedure manual was generic and failed to address individualized instructions staff should be appraised of by the RN prior to providing daily tube feedings to Resident #3.	R146 <i>R146</i>	<i>Plan of Care has been updated to include details about tube Feed. (copy included)</i> <i>New forms offer more detail and info for staff and training on new documents utilization is underway,</i> <i>Care plans will be monitored by the owner as new residents arrive or as status changes occur.</i> <i>R146 POC Accepted 8/11/11 [Signature]</i>	<i>7/11</i>

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R179 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> (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 limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Per record review and staff interview, the manager failed to assure that all employees providing direct care to residents completed the 12 hours of required training. Findings include:</p> <p>Per review on 6/21/11 of training records for staff providing care to the residents, it was confirmed by the manager that only 2 of the 5 staff members reviewed had evidence of required</p>	R179 R179	<p>We will Continue to offer in-house meetings/Seminars but have also implemented in-Service informational and testing modules For independent training, expecting to increase participation.</p> <p>Test module will be Submitted to mges for review and accuracy, results will be discussed - (sample included)</p> <p>Records will be maintained For tracking "in-service" training hours and accuracy.</p> <p>House manager will monitor and manage participation and results -</p> <p>HR manager will add to in-Service training log and enter tests in Personnel Files for Safe Keeping.</p> <p>R179 POC Accepted 8/11/11 P. M. O. B. A. R. N.</p>	7/11

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R179	Continued From page 6 inservice training.	R179		
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) 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 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. This REQUIREMENT is not met as evidenced by: Based on record review, staff failed to document when and why 1 applicable resident was sent to the hospital. (Resident #4) Findings include: Per record review, "Comment Sheet Notes" for Resident #4 states on 3/29/11 "[Resident #4] had a great night. Slept well". The next note on 3/29/11 states "at RRMCM" (Rutland Regional Medical Center). There was no explanation why Resident #4 was brought to the hospital, condition prior to transfer, notification of family or communication with the resident's physician. Review of hospital documentation notes Resident #4's chief complaint was right hip pain and was further diagnosed with a fractured hip.	R188 R188	<i>New Reports will prompt Staff to document transfers timely and accurately (copy included "D") per shift.</i> <i>New forms are in the house and are being pretested - Implementation is expected by 8/15/11.</i> <i>Reports will be monitored for accuracy on a weekly basis by the house manager.</i> <i>R188 POC Accepted 8/11/11 [Signature]</i>	8/15/11

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OUR HOUSE FOOT CARE DOCUMENTATION

RESIDENT: _____

MONTH												
NAILS TRIMMED & FILED												
NAIL CONDITION												
OPEN AREAS												
SKIN CONDITION												
RESIDENTS RESPONSE												
PEDAL PULSES												

NAIL CONDITION TH= THICK FL= DRY AND FLAKY B=BRITTLE N= NORMAL

SKIN CONDITION D=DRY E=EDEMATOUS I= INTACT DC=DISCOLORED

PULSES G=GOOD F= FAINT NP=NOT PALPATED

OPEN AREAS TO BE DOCUMENTED ON COMMENT SHEET ALONG WITH TREATMENT

"D"



Care Services - Shift Report

AM PM NOC

Business Name:		Lic. #
Shift Supervisor:	Title:	Date:
Resident Care		
Did you complete any Accident/Incident/Injury Reports on this shift?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the necessary re-check done?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any residents go out with family/friends who have not come back yet?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list resident's initials and room number: _____		
Did you document on the resident's Med Sheet any new special care needs, or special observation needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list resident's initials and room number: _____		
Did we admit any new residents including respite care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list resident's initials and room number: _____		
Was any resident sent to the hospital; or come back from the hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list resident's initials and room number: _____		
Did any doctor visits? Make sure visit was recorded.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medications (This section to be completed by the Medication Aide)		
Medication Aide's Name and Initials: _____		
Were all the medications required to be distributed, distributed and properly taken by the resident(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, complete the forms and contact the doctor and the responsible party.		
Did you complete the forms needed for <u>New Medication Questionnaire Medication Direction Change</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If we have less than 2-day supply of any resident's medication did you fax the pharmacy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any medications errors or incidents on this shift?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete the <u>Medication Incident Report</u> form.		
Staffing		
Was any staff member injured or have an accident during the shift (even minor injuries)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee's name: _____	Proper Form Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any staff member call in saying they would be late?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee's name: _____	Quote Reason: _____	
Did any staff member call in because they will not be able to come into work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee's name: _____	Quote Reason: _____	
Did any staff member go home during the shift?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee's name: _____	Quote Reason: _____	
Were there any special phone messages for administration?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Notes:		
The above information is true and correct: ALL CARE STAFF review - off-going and on-coming shifts: (initials)		Date Administrator or Facility Manager Reviewed & Initials:

