

Division of Licensing and Protection
103 South Main Street
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

May 29, 2015

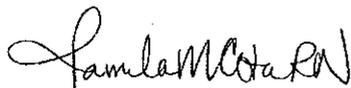
Ms. Michelle Sharron, Administrator
Pleasant Street House
59 South Pleasant Street
Randolph, VT 05060-1344

Dear Ms. Sharron:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 6, 2015**. 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



MAY 28 2015

PRINTED: 05/11/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/06/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 59 SOUTH PLEASANT STREET RANDOLPH, VT 05060
---	---

(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 re-licensure survey was conducted on 5/6/15 in conjunction with an investigation of a facility self-report and 2 complaints. The following regulatory violation was identified related to the self-report and complaints.	R100		
R224 SS=G	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the home failed to assure that 1 of 3 applicable residents was free from staff neglect during the provision of care. (Resident #1) Findings include: Per record review Resident #1, whose multiple medical disabilities included a disorder which made it difficult to move and maintain balance and posture, was left in an unsafe situation when s/he was left unattended in a bathtub for a period of time after which s/he was found submerged in water and subsequently required resuscitation and transfer to the hospital for evaluation and treatment. A nurse's note, dated 3/28/15 at 8:30 AM indicated that when the nurse arrived at the home, on that morning Resident #1 was being loaded into the ambulance and was responsive at that time. The note further indicated that Resident #1 had been left unattended in the bathtub, was found under water and was initially unresponsive. A hospital discharge summary stated that	R224	Immediately following the incident, these steps were taken: ① The staff person involved was taken off the schedule, suspended, and terminated at a later date (4/8/15). ② A safety protocol for tub bathing was posted in the tub room, and all staff reviewed the process and signed off on the protocol. The next step was the development of individual-specific protocols for all three residents. These protocols apply to all transfers, positioning in chairs or on other equipment, specific eating/drinking requirements and use of monitors. Staff were re-trained on all procedures and each staff person required to sign-off on each protocol. The 'Pleasant Street House Rules' were also reviewed with all staff.	

Division of Licensing and Protection

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

TITLE

(X6) DATE

Michelle Shannon

House Manager

5/26/15

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/06/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 59 SOUTH PLEASANT STREET RANDOLPH, VT 05060
---	---

(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
--------------------	--	---------------	---	--------------------

R224	Continued From page 1 Resident #1 was evaluated in the ED (Emergency Department) on 3/28/15 following an aspiration event in which the resident had reportedly been receiving a bath, the caretaker left the room momentarily, and upon returning found the resident fully submerged in water. On admission to the ED the resident was having increased respiratory effort, was admitted, and received treatment for aspiration pneumonia, and was discharged back to the home on 4/1/15. DCS #2 stated, during interview at 3:01 PM, that s/he had been working on the morning of 3/28/15, and was in the kitchen area preparing breakfast for residents while DCS #1 was giving Resident #1 a bath in the bathtub. S/he stated that DCS #1 appeared in the kitchen to obtain a cup of coffee and spoke with DCS #2 for a short period of time and during this time DCS #2 could hear the jets from the bathtub running in the bathroom. DCS #1 returned to Resident #1 in the bathroom and shortly after DCS #2 heard a yell, approached the bathroom and found that Resident #1 was lying on the floor of the bathroom, was "blue" in color and not responding. DCS #2 stated s/he began CPR (cardiopulmonary resuscitation) and told DCS #1 to call 911. DCS #2 stated that Resident #1 began to respond, with "gurgling" breaths shortly after initiation of CPR and was awake when the ambulance arrived shortly thereafter and transported the resident to the hospital. During interview, on the afternoon of 5/6/15, the Program Director, covering the oversight of the home, confirmed that Resident #1 was totally dependent upon staff for care and would not be able to support himself/herself in the bathtub. The Program Director stated a mechanical lift is used to lower the resident into the tub, which requires use of a sling placed under the resident, and	R224	<i>The scheduling of staff has been restructured and two staff have been named to have supervisory roles. One supervisor will be working the entire weekend, for greater consistency. Both supervisors will have the authority to monitor compliance with all protocols, and will communicate any concerns directly to the house manager. In addition to her regular weekday hours, the house manager will work directly with staff on scheduled overnights and will also come in occasionally to work other shifts and observe staff.</i> <i>Review of all individual protocols will occur at least annually, and whenever there is a change in procedure. The house manager will be responsible for scheduling and documenting this retraining. The house manager will also continue to ensure that any new or seasonal staff are trained to proficiency before being assigned to work independently. This training will be documented.</i>	
------	---	------	--	--

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/06/2015
NAME OF PROVIDER OR SUPPLIER PLEASANT STREET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 59 SOUTH PLEASANT STREET RANDOLPH, VT 05060		
(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
R224	Continued From page 2 containing 1 strap on each side of the upper body and 2 straps that crisscross across the resident's upper legs that are then attached to the lift and used to lift and support the resident. The resident is then lowered by the sling into the tub, and staff receive training to assure all 4 straps remain attached to the lift, to provide safety throughout the bath. The Program Director further confirmed that Direct Care Staff (DCS) #1 had acknowledged that s/he had been responsible for providing Resident #1 with a bath on the morning of 3/28/15, that s/he had removed the leg straps from the lift when the resident was in the water, that s/he had left the resident unattended for a short period of time and upon returning to the bathroom found the resident submerged in the water.	R224	<p><i>This corrective action was completed on 4/26/2015, when the new schedule was implemented. All staff are current in their trainings and have signed-off on all individual protocols. The house manager has been working two overnights per week on a regular basis, and has also covered some weekend shifts. She has worked side-by-side with the newly designated supervisory staff.</i></p> <p><i>We hope these added measures will prevent any future incidents like the one detailed in this survey report.</i></p> <p><i>POC accepted 5/28/15 Bonnie Howe RN</i></p>	