



VERMONT

AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

April 9, 2012

Ms. Marlene Raymond, Administrator  
Ringer's Home Care  
195 Green Street  
Vergennes, VT 05491

Provider #: 0350

Dear Ms. Raymond:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 25, 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,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS  
Licensing Chief

PC: ne

Enclosure



FEB 15 2012

PRINTED: 02/01/2012  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2012</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>RINGER'S HOME CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>195 GREEN STREET VERGENNES, VT 05491</b>
---	--

(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 re-licensure survey and complaint investigation were conducted on 01/25/2012. The following regulatory deficiencies were identified during this survey. There were no deficiencies identified as a result of the complaint investigation portion of this visit.	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 record review and interview, the facility failed to assure that each resident's medication services were consistent with the physician's orders for one resident (Resident #1). Findings include:</p> <p>Per record review Resident #1 was seen by the physician on 12/29/2011 and the visit form contained an order written "Lorazepam 0.125 mg PO [by mouth] TID [three times a day]". There is no transcription of this physician's order onto the December 2011 MAR (Medication Administration Record) or the January 2012 MAR. In interview at 3:20 PM the facility Manager stated that s/he had accompanied the resident to the physician visit. S/he stated that the physician had verbally ordered the lorazepam as a PRN (as needed) order but that it was transcribed incorrectly. S/he acknowledged that the order was not corrected. The medication was not administered as written.</p>	R128	<p>For this specific resident documentation was submitted 2/1/12 to Doctor to clarify the order in question.</p> <hr/> <p>New Clarification of Orders forms have been developed to use with acute illness medications that include medication, dosage, date of order, duration of time, PRN or standing order.</p> <hr/> <p>Staff Nurse will review all Doctor visit orders + faxed orders weekly for a period and all future orders.</p> <p>POC ACCEPTED m [signature]</p>	<p>2/1/12</p> <p>2/4/12</p> <p>2/7/12</p>

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

TITLE  
*Administrator*

(X6) DATE  
*2/7/12*

*PMC*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>RINGER'S HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>195 GREEN STREET VERGENNES, VT 05491</b>		
(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
R128	Continued From page 1  No action was taken regarding this specific physician's order dated 12/29/2011.	R128		
R155 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.9.c. (12)  Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility Nurse failed to assure that staff performance in the administration of medications was in accordance with facility policies and procedures. Findings include:  Per record review, facility policies and the training program for medication administration contain information regarding infection control measures, including hand washing/sanitation during medication administration. During an observation of medication administration on 01/25/2012 at 12:18 PM the staff MT (Medication Technician) was observed administering medications to multiple residents, including an inhaler and PO (by mouth) medications, without washing or sanitizing hands. In an interview at 12:38 PM the MT acknowledged that s/he did not sanitize or wash hands between resident contacts during medication administration. In an interview at 3:20 PM the facility manager acknowledged that the expectation is that staff will sanitize hands between resident contacts during medication administration and that hand sanitizer had been provided for that purpose.	R155	A staff infection control training was scheduled prior to this survey and occurred on 1/26/12. Special emphasis was placed on hand washing between adm. of each residents medication. Use of anti-bacterial hand cleaner was also discussed + stressed.  Facility manager is doing repeated observations of employees adm. medications checking for proper hand clean techniques + times. This observation shall continue frequently each day for a period of 4-6 wks. then randomly thereafter.  <i>POC accepted 1/26/12</i>	1/26/12

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/25/2012	
NAME OF PROVIDER OR SUPPLIER  RINGER'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 GREEN STREET VERGENNES, VT 05491		
(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
R162 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that staff did not administer medications without a written, signed physician's order for 1 Resident (Resident #1). Findings include:</p> <p>Per record review and staff interview, Resident #1 received PRN (as needed) Lorazepam. There is a behavior plan for Lorazepam 0.5 mg PRN administration in the record. According to the PRN administration record, Resident #1 received Lorazepam 0.5 mg on 12/31/2012 at 8 PM for anxiety. In a review of the physicians orders there is not an order for Lorazepam 0.5 mg PO PRN found in the record. In an interview, the Manager of the facility stated that s/he noted that the resident had received Lorazepam during a hospitalization in October of 2011 with good results. S/he acknowledged that there was no signed physician's order found in the record for continuance of the PRN Lorazepam after re-admission to the facility.</p>	R162	<p>Record of original orders was located and placed in resident chart.</p> <hr/> <p>All medication orders and/or changes will be kept in with master medication lists until a complete medication list including all changes has been reviewed and signed by doctor.</p> <hr/> <p>Staff Nurse will review charts weekly for changes and supporting documentation for medications</p> <p>POC Accepted manager</p>	1/27/12