

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

July 26, 2016

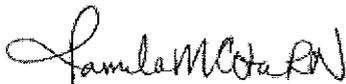
Ms. Leslie Slingerland, Manager
Second Spring North
1071 Vt Route 15
Underhill, VT 05489-9341

Dear Ms. Slingerland:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 22, 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: 0611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/22/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SECOND SPRING NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1071 VT ROUTE 15 UNDERHILL, VT 05489
---	--

(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 onsite survey was completed on 6/22/16 by the Vermont Division of Licensing and Protection related to facility mandated self-reports and 2 complaints. The following regulatory deficiencies were found.	R100	<i>see attached plan of correction</i> 	
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 facility nurse failed to develop care plans that addressed each identified need for 2 of 4 residents in the total sample. (Residents #1 and #2). Findings include: 1. Per record review, Resident #1 left a facility group AMA (against medical advice) during an activity outing away from the home. Staff observed this and followed him/her for a while and were able to convince him/her to return to the facility a short time later. The care plan/treatment plan was not revised to reflect the resident's history of leaving the facility outing AMA. The resident did subsequently leave the facility AMA at a later date, per record review on 6/21/16. 2. Per record review, the care plan for Resident #2 did not address the resident's diagnoses and	R145		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
MICHAEL ZACHARIAS
TITLE
ACTING PROGRAM MGR
(X6) DATE
7/22/16

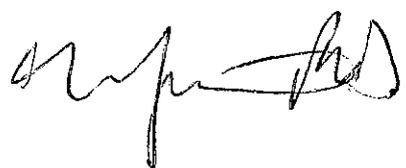
STATE FORM 6899 XZOL11 If continuation sheet 1 of 3
See signature above under "see attached plan of correction" etc
R145-R167 POCs accepted 7/26/16 *amctarw*

Division of Licensing and Protection

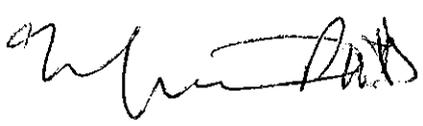
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/22/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SECOND SPRING NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1071 VT ROUTE 15 UNDERHILL, VT 05489
---	--

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

R145	Continued From page 1 history of PTSD (Post Traumatic Stress Disorder) and Anger Disorder. Although staff interviewed were knowledgeable regarding how these diagnoses affected behaviors and reactions of the resident, it was not included on the care plan or treatment plan, to include specific goals and interventions to assist staff in the provision of care. These findings were confirmed during interview with the RN on duty for the evening shift and the Case Manager.	R145		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there was a written care plan to direct staff in the administration of	R167	see attached plan of correction PRN Administration Record. 	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2016
NAME OF PROVIDER OR SUPPLIER SECOND SPRING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 VT ROUTE 15 UNDERHILL, VT 05489	
(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
R167	<p>Continued From page 2</p> <p>psychotropic medications that had been ordered to be given PRN (as needed) by the provider for 1 applicable resident in the sample. (Resident #1). Findings include:</p> <p>Per record review, Resident#1 had physician orders to administer Haldol PRN (as needed) for agitation or Lorazepam PRN for agitation/anxiety. During interview, the RN confirmed that they had not developed the required written "PRN Psychoactive Care Plan" as described in the Residential Care Home Licensing Regulations. The regulation states that staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the behaviors the medication is intended to address, specifies when it may be given; educates staff about desired effects or undesired side effects staff must monitor for; and documents the time, reason, and specific results of the medication use.</p>	R167	<p>see attached plan of correction</p> 

Collaborative Solutions Corporation

Second Spring North Plan of Correction

Complaint Investigation

06-22-16

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. R145 V. RESIDENT CARE AND HOME SERVICES 5.9.C (2) Oversee development of a written plan of care for I each resident that is based on abilities and needs J 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;</p> <p>I. Per record review, Resident #1 left a facility group AMA (against medical advice) during an activity outing away from the home. Staff observed this and followed him/her for a while and were able to convince him/her to return to the facility a short time later. The care plan/treatment plan was not revised to reflect the resident's history of leaving the facility outing AMA. The resident did subsequently leave the facility AMA at a later date, per record review on 6/21/16.</p> <p>2. Per record review, the care plan for Resident #2 did not address the resident's diagnoses and history of PTSD (Post Traumatic Stress Disorder) and Anger Disorder. Although staff interviewed were knowledgeable regarding how these diagnoses affected behaviors and reactions of the resident, it was not included on the care plan or treatment plan, to include specific goals and interventions to assist staff in the provision of care.</p>	<p>1. Risk for AMA can be added to the green sheet. 2. Care plan did not address the residents psych diagnosis in the nursing care plan. Nursing will address the primary Axis I diagnosis in the Nursing Care Plan.</p>	<p>Nursing</p>	<p>07/08/2016</p>

Collaborative Solutions Corporation

Second Spring North Plan of Correction

Complaint Investigation

06-22-16

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>3. RI67 V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home I has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the I staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p>	<p>The monitoring of psychoactive PRN administration by non-licensed staff will include a new version of PRN record, titled Psychoactive PRN Administration Record (see attached document). This document will act as a Plan of Care to address the following:</p> <ol style="list-style-type: none"> 1. Criteria for administration (Per physician's order) 2. List behavior(s) PRN is intended to address (including desired effects of the medication) 3. List of undesired effects to monitor for Nursing staff will complete the Psychoactive PRN Administration Record when one is ordered and consult with the prescribing physician on items 1-3 in the How Monitored column. 	<p>Nursing staff will monitor for completion of Psychoactive PRN Administration Record and effectiveness of PRN's by all un-licensed personnel.</p> <p>Nursing manager will add a section to Med-delegation training to educate licensed and non-licensed personnel about the differences in monitoring non-psychoactive PRNs & Psychoactive PRN during orientation training and on an as needed basis. This information will also be kept in the Med-delegation handbook for educational reference.</p>	<p>06/27/2016</p>

Collaborative Solutions Corporation
 Second Spring Westford
 Community Recovery Residence

Psychoactive PRN Administration Record

Resident: _____
 Medication: _____
 Medication Order: _____

Plan of care _____

Criteria for administration (Per physician's order): _____
 Behaviors PRN is intended to address: _____

Undesired effects to monitor for: _____

DATE	TIME	REASON (subjective data about why resident is needing PRN)	DOSE (circle mL or)	EFFECT (Follow up in one hour to assess effect of medication on target symptoms)	SIGNATURE
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		
			X mL or mg= mL or mg		