

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

August 4, 2016

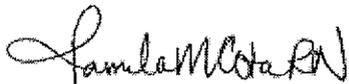
Ms. Betsy Hutchinson, Manager  
Second Spring South  
118 Clark Road  
Williamstown, VT 05679-9449

Dear Ms. Hutchinson:

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

JUL 07 2016

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/24/2016
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NAME OF PROVIDER OR SUPPLIER  SECOND SPRING SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
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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 on-site re-licensure survey and 2 facility self-report investigations were conducted on 5/23/16 - 5/24/16 by the Division of Licensing and Protection. As a result of the self-reports no regulatory findings were identified. The following deficiencies were identified as a result of the re-licensure survey.	R100	See attached plan of Correction and Psychoactive PRN Administration Form	6/27/16
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 record review and staff interview, the Residential Care Home (RCH) failed to ensure that the Registered nurse developed a written plan for delegated unlicensed staff for the use of PRN psychoactive 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	R167		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Betsy [Signature]* Program Manager  
R167-R302 POCs accepted 7/11/16 Fmcintosh RR/PMU  
6/24/16

Division of Licensing and Protection

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R167	Continued From page 1  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 for 1 of 4 residents sampled (Resident #1). Findings include:  Based on record review of a closed/discharged record and review of current residents, the RN failed to develop a plan of care for the administration of PRN (as needed) psychoactive medications identifying specific individualized symptoms that would indicate the need for the administration of a psychoactive medication. Per review of Resident #1, staff were administering Fluphenazine (Prolixin) 1 mg. orally up to 6 doses in 24 hours PRN for the management of hallucinations. Although a care plan for the resident was developed, the RN did not incorporate a specific care plan for the use of this psychoactive medication which described symptoms, appropriate behavior monitoring and guidance for the unlicensed delegated staff. At the time of survey, the RN was informed of this requirement.	R167		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision	R181	See attached plan of correction and Background Checks <sup>Btl</sup> and notification of verification form.	6/27/16

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R181	<p>Continued From page 2</p> <p>shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to complete an internal review for 2 of 5 employees who were identified to have a positive criminal background check when hired. Findings include:</p> <p>Per review of personnel records on 5/24/16, 2 staff members presently employed by the RCH and who have direct contact with residents had positive findings on criminal background checks. There was no evidence of an internal investigation to determine if either staff member pose a risk to residents based on the specific charges obtained from the criminal checks. Per interview on the afternoon of 5/24/16, the RCH Program Manager stated s/he was unaware of the positive criminal background checks because the Human Resource Department has forbidden information to be shared with the Administrative staff at the RCH. As a result, there has not been a review of each staff member's circumstances and if there is a present risk to the residents residing at the RCH.</p>	R181	

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R302 R302 SS=D	<p>Continued From page 3</p> <p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of fire drill documentation, the RCH failed to assure at least one fire drill was conducted during the night hours. Findings include:</p> <p>Per review of fire drills conducted at the RCH from 5/15/15 through 3/28/16 there was a failure to conduct a drill at night, as required. The omission was confirmed with the Program Manager on the afternoon of 5/24/16.</p>	R302 R302	<p>See attached emails <sup>BH</sup> and</p>	Appeal 6/29/16 Ham
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# Collaborative Solutions Corporation

## Second Spring South Plan of Correction

### Complaint Investigation

06-17-16

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. <b>R181</b>  <b>5.11 Staff Services</b>                      Per review of personnel records on 5/24/16, 2 staff members presently employed by the RCH and who have direct contact with residents has positive findings on criminal background checks. There was no evidence of an internal investigation to determine if either staff member pose a risk to residents based on the specific charges obtained from the criminal checks. Per interview on the afternoon of 5/24/16, the RCH Program Manager stated s/he was unaware of the positive criminal background checks because the Human Resource Department has forbidden information to be shared with the Administrative staff at the RCH. As a result, there has not been a review of each staff member's circumstances and if there is a present risk to the residents residing at the RCH</p> <p>CSC uses the attached form to document in Employee personnel files items that appear on the Criminal Background Check to ensure that we are hiring staff who are not a risk in working with our Resident population and do not appear on the Child and Adult Abuse Registry.</p>	<p>Human Resources will monitor and notify appropriate personnel as needed.</p>	<p>Human Resources Coordinator                      The completed document is signed by the Organization Executive Director or designee.</p>	<p>6/27/16</p>

<p>2. <b>R 167</b></p> <p><b>5.10 Medication Management</b></p> <p><b>5.10 d</b> If Resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p><b>(5)</b> Staff other than the 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 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.</p> <p>Based on record review and staff interview, the Residential Care Home (RCH) failed to ensure that he Registered nurse developed a written plan for delegated unlicensed staff for the use of PRN psychoactive 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 for 1 of 4 residents sampled (Resident #1).</p>	<p>The monitoring of psychoactive PRN administration by non-licensed staff will include a new version of PRN record; titled <i>Psychoactive PRN Administration Record</i> (see attached document). This document will act as a Plan of Care to address the following:</p> <ol style="list-style-type: none"> <li>1. Criteria for administration (Per physician's order)</li> <li>2. List behavior(s) PRN is intended to address (including desired effects of the medication)</li> <li>3. List of undesired effects to monitor for</li> </ol>	<p>Nursing staff will complete the <i>Psychoactive PRN Administration Record</i> when one is ordered and consult with the prescribing physician on items 1-3 in the <i>How Monitored</i> column.</p> <p>Nursing staff will monitor for completion of <i>Psychoactive PRN Administration Record</i> 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 &amp; 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>6/27/16</p>
<p>3. <b>9.11 Disaster and Emergency Preparedness</b></p> <p><b>9.11 c</b> Collaborative Solutions Corporation is appealing this citation.</p>			

# Collaborative Solutions Corporation

## Second Spring South Plan of Correction

### Complaint Investigation

7/11/16

### Addendum

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. 9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by:            Based on review of fire drill documentation, the RCH failed to assure at least one fire drill was conducted during the night hours. Findings include:            Per review of fire drills conducted at the RCH from 5/15/15 through 3/28/16 there was a failure to conduct a drill at night, as required. The omission was confirmed with the Program Manager on the afternoon of 5/24/16.</p>	<p>Night drills will be conducted after 11pm when residents are sleeping. This will be documented on fire drill form.</p>	<p>Staff conducting the drill must verify that all residents are sleeping prior to initiation of the drill.</p>	<p>7/19/16</p>
<p>2.</p>			
<p>3.</p>			

# Collaborative Solutions Corporation

## BACKGROUND CHECKS NOTIFICATION OF VERIFICATION For Licensed Facilities

Please retain this form for your records.

\_\_\_\_\_ has made the determination to hire  
(Name of Facility)

\_\_\_\_\_, whose name has the following  
(Name of Individual)

entries on their criminal background check \_\_\_\_\_

The criminal record information was discussed with the individual and resolved to our satisfaction. We do not believe the individual poses a foreseeable risk to residents, based on the following (or attached information.)

**All Facilities are prohibited from employing any individual found on the Child or Adult Abuse Registry.**

If you have any questions, please call the Division of Licensing and Protection at (802) 871-3317.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

P.O. Box 69  
Montpelier, Vermont 05601  
Phone: 802.433.6183 Fax: 802.476.1848

Collaborative Solutions Corporation  
 Second Spring, Williamstown  
 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 mg)	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		



# Collaborative Solutions Corporation

**SUBJECT** – Fire drill occurrence and procedures.

## **Introduction and Purpose**

To define, outline and explain CSC's Fire Drill SOP.

## **Standard Operational Procedure**

A full house evacuation fire drill will occur at each facility on a quarterly basis. These drills will be conducted in accordance with established site specific evacuation and drill procedures with the following additions:

- A photo copy of the drill sheet will be maintained on site.
- Completed original fire drill forms will be forwarded to compliance for review
- Once reviewed, completed forms will be forwarded to maintenance for review and filing.
- During drills, an exit may be blocked necessitating the responding staff to find an alternate evacuation route.
- Night drills are conducted after 11pm when residents are sleeping. Staff conducting the drill must verify that all residents are sleeping prior to initiation of the drill. This will be documented on fire drill form.
- Staff response will be evaluated during the drill and an after drill review will be conducted with staff to reaffirm staff responses.
- Team specific evacuation training will occur annually in January in addition to the annual fire safety training that occurs each summer.
- If a fire drill is scheduled and inclement weather is occurring, the drill will occur on the next weather appropriate day that the on duty recovery councilor team is working to maintain the established one drill per month rotation. Inclement weather, for this protocol, is defined as temperatures that could cause injury (significantly below zero) and heavy rain or electrical storm.

## **Staff Who May Conduct a Drill**

Specific staff will be trained on the fire alarm system so that they may, when asked, conduct a fire drill in accordance with site specific evacuation and drill procedures. Staff identified other than Maintenance and Compliance will be contacted on the day of the drill and asked to conduct the drill prior to end of shift in accordance with pre-established fire drill schedule.

- Facility Maintenance Staff
- Training and Compliance Team
- Program Manager
- Additional staff as assigned by Compliance and Maintenance

## Fire Drill Protocol and Form

- 1) Staff person performing Fire Drill assesses number of staff, residents, and visitors in the facility.
- 2) Call Central Station (1-800-639-2066), identify self and give account # and password, inform them of the time of the fire drill so they can take us off line, also call Williamston Fire Department (433-5907).
- 3) Pull fire station, begin timing of fire drill.
- 4) Post one staff at the shed (this is our outdoor meeting place, during inclement weather people can congregate inside), this staff performs outside headcount.
- 5) Two staff clear house, one upstairs and one downstairs checking all accessible rooms, bathrooms and closets.
- 6) When all people are accounted for at the shed, end timing of drill.
- 7) Reset station and call Central Station and Williamston Fire Department to inform them drill is over.
- 8) Document date and time of drill and elapsed time of evacuation with list of all participants (on back of this form).

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (am/pm) Elapsed time of drill: \_\_\_\_\_

Comments:

Staff Name: \_\_\_\_\_

Staff Signature/Date: \_\_\_\_\_

