

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

November 2, 2015

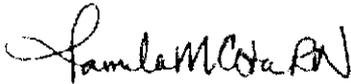
Ms. Jeanne Schmelzenbach, Manager
St Joseph Kervick Residence III
131 Convent Avenue
Rutland, VT 05701

Dear Ms. Schmelzenbach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 22, 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/22/2015
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH KERVICK RESIDENCE III	STREET ADDRESS, CITY, STATE, ZIP CODE 131 CONVENT AVENUE 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
R100	Initial Comments: An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection on 9/22/15. The purpose of the survey was to assess compliance with Vermont Residential Care Home Licensing Regulations. The following regulatory violations were found.	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that each resident received the necessary care and services to meet the nursing and medical needs for 1 of 7 residents in the total sample. (Resident #2) Findings include: Per record review, Resident #2 did not receive medication in accordance with the most recent physician orders for 1 ophthalmic preparation and in addition nurses failed to notify the physician, per orders when a resident's blood pressure readings were in the reportable, physician ordered range. 1. During an observation of medication administration for Resident #2 by the Medication Technician (MT) on 9/21/15 at 1:05 PM,	R126		

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

[Signature]
Administrator

TITLE: 10/19/15

(X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/22/2015
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R126	Continued From page 1 ophthalmic medication (pilocarpine 1 %) was not administered in accordance with physician orders as written on the Medication Administration Record (MAR) for September, 2015. The MAR stated "pilocarpine 1%, 2 drops left eye 3 X every day". The MT administered 1 drop in the left eye. During surveyor discussion with the MT reviewing the MAR, the MT confirmed s/he did not administer the dose stated on the MAR. At that point, the resident stated that during a recent appointment with the ophthalmologist (August 4, 2015), the dose was changed to 1 drop to the left eye 3 x daily. When the medical record was reviewed, the discrepancy was found and the change in dose was confirmed with the LPN (licensed practical nurse). The LPN stated that the changed dose had not been noted during the review of the written office visit summary and the order was not verified at that time. After contacting the physician via telephone (9/21/15), the correct order was confirmed as "pilocarpine 1%, 1 drop to the left eye, 3 x daily". 2. Resident #2 had physician orders stating "B/P [blood pressure] Q [every] Monday and Friday - if systolic B/P <100, inform CHG (nurse), CHG to inform [physician]." Per review of the flow sheets for recording the blood pressures taken, on 9/11/15, the resident's B/P was recorded as 98/56. There was no evidence in the medical record that the MD was notified. During interview on 9/22/15 at 3:42 PM, the LPN charge nurse confirmed that she had no knowledge of this B/P reading and had not informed the MD, per orders.	R128		
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES	R161		

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R161	<p>Continued From page 2</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility manager failed to assure all medications were handled according to the home's policies and that designated staff are fully trained in the policies and procedures. Findings include:</p> <p>1. During the initial tour with the Administrator on 09/21/15 at 10:30 AM, a treatment cart on the third floor was unlocked and unattended. The cart contained individual glucometers, needles, biologicals, topicals, bacitracin and skin care items. The Administrator stated "Ideally it should be locked". Per interview at 3:45 PM nursing staff stated that the treatment cart is brought up to the floors to do treatments and stated that the cart should be locked at all times, per facility policy. This was confirmed by the Administrator.</p> <p>2. During an observation of administration of ophthalmic medication to Resident #2 on 9/21/15 at 1:05 PM, the MT failed to sanitize hands prior to donning gloves to administer the eye drops. During interview after the observation, the MT confirmed that she had not sanitized his/her hands prior to putting on gloves, as s/he had been trained to do, and in accordance with infection prevention trainings.</p>	R161		

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R17B R178 SS=F	Continued From page 3 V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility's staffing pattern did not assure that safe, timely actions would take place in emergency situations such as fire or other disasters occurring during the overnight hours. All residents of the home are potentially affected. Findings include: Per review of staffing schedules and confirmed during interview with the Administrator, the facility staffing for the overnight shift includes 1 staff person to cover the entire building, which has residents on 3 floors and a capacity of 55 residents. During interview on 9/22/15, the Administrator stated that the plans for any overnight emergencies included having a staff person come over to the residence from another residence, also owned by the same entity and located across the street from St. Joseph's Kervick Home. The plan as outlined would leave the other home, which has a secure dementia unit, with less than the required staffing. Although there was no emergency during the 2 days of survey, the Administrator confirmed that s/he had not been aware that the plan would not be in compliance with staff regulations for Residential Care Homes (RCH). Although the current census	R178 R178		

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R178	Continued From page 4 included only 1 resident requiring weight bearing assistance, a significant number of the other 44 current residents require assistive devices and/or cueing to evacuate the building, making a timely evacuation less likely with only 1 staff assigned during the overnight hours.	R178		
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 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: (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. This REQUIREMENT is not met as evidenced by:	R179		

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R179	Continued From page 5 Based on record review and staff interview, the home failed to assure that 5 of 6 sampled staff persons who provide direct care to residents completed all mandatory trainings annually. Findings include: Per review of the in-service records provided by the facility on 09/21/15, 5 of 6 direct care staff in the sample had not completed all seven mandatory trainings in the past 12 months. During an interview on 09/21/15 at 12:55 PM, the Administrative staff confirmed that no records were available to show completion of all seven mandatory trainings in the past 12 months.	R179		
R221 SS=C	VI. RESIDENTS' RIGHTS 6.7 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home. This REQUIREMENT is not met as evidenced by: Based on staff interview the facility failed to assure that the residents having requested that the facility manage funds for them were provided an accounting of all transactions at least quarterly for 5 applicable residents in the sample. Findings	R221		

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NAME OF PROVIDER OR SUPPLIER
ST JOSEPH KERVICK RESIDENCE III

STREET ADDRESS, CITY, STATE, ZIP CODE
**191 CONVENT AVENUE
RUTLAND, VT 05701**

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R221	Continued From page 6 include: Per staff interview, the facility manages petty cash funds for residents when requested to do so. During interview on 09/21/15 at 1:57 PM the Administrative staff stated that the process is that each resident has an envelope and when money is requested, it is written on a tally sheet and the resident signs it or sometimes a receipt is written. S/he stated that they notify the resident/family if the petty cash funds get low and needs replenishment. The Administrative staff stated that s/he was unaware of the requirement that written quarterly statements be issued to residents whose funds are managed and confirmed that no statements had been issued.	R221		
R248 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that all food preparation areas and equipment in these areas were kept clean and sanitary. All residents are potentially affected. Findings include: Per observation during a tour of the kitchen on 9/21/15 at 11:24 AM, a cart used to transport resident food was observed to be soiled in various areas of the cart. The metal holder for the	R248		

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R248	Continued From page 7 manual can opener was noted to be soiled with a build up of dirt on the side and inner areas of the device. Additionally, 2 window air conditioners and 1 box fan used in the food preparation areas were noted to be heavily soiled and located near food items and work spaces. The observations were confirmed with the Food Service Director (FSD) at the time of the tour. The FSD confirmed that there was no cleaning schedule that included the items in the kitchen requiring less frequent, but total cleaning on a regular basis.	R248		
R252 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all areas of the home used for storage of food, utensils or equipment were constructed to be easily cleaned. All residents of the home are potentially affected. Findings include: Per observation during the tour of the kitchen on 9/21/15 at 11:24 AM, a long shelf extending from behind the dish machine area to drink and food refrigeration areas and food equipment areas had an unpainted/unsealed wood surface. The frames of the windows just behind the shelf were also unpainted/unsealed wood so that they were not able to be easily cleaned. The areas were noted	R252		

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R252	Continued From page 8 to be dusty and these issues were confirmed with the FSD during the tour.	R252		

Page #	(X4) ID PREFIX TAG	Statement of Deficiencies	Plan of Correction
1 of 9	R126	V. Resident Care and Home Services <u>5.5 General Care</u> 5.5.a-1. During an observation of medication administration for Resident #2 by the Medication Technician (MT) on 9/21/15.....	5.5.a-1 1. Telephone/fax/MD office visit order procedure has been revised to include an order checklist. See attached. 2. Staff is now trained on the use of the checklist. 3. Checklists will be spot-checked against telephone, fax, and MD office visit orders for accuracy by DON once per week. 4. Corrective action completed.
2 of 9	R126	V. Resident Care and Home Services <u>5.5 General Care</u> 5.5.a-2 Resident #2 had physician orders stating "B/P [blood pressure] Q [every] Monday and Friday -- if systolic B/P <100, inform..."	5.5.a-2 1. All orders including "ranges" for medication or physician notification (blood pressure, blood sugar, etc.) will be included on the Medication Administration Record (MAR) and initialed by staff. An additional item for MD blood pressure notification will be included on the MAR and initialed by staff when needed. 2. Individual staff member who did not report the parameter variance was re-trained regarding blood pressure parameters and reporting guidelines. 3. All nursing staff will be trained on change to MAR. 4. MARs will be spot-checked for appropriate action by DON once per week. 5. Corrective action will be completed by 10/30/15.
3 of 9	R161	V. Resident Care and Home Services <u>5.10 Medication Management</u> 5.10.b-1 During the initial tour with the Administrator on 9/21/15 at 10:30AM, a treatment cart on the 3 rd floor was unlocked and attended...	5.10.b-1 1. All treatment carts will be locked when not attended. 2. Staff will be re-trained on mandate. 3. Medication and treatment carts will be spot-checked by DON once per week (when they are out of the locked medication/treatment rooms). 4. Corrective action will be completed by 10/30/15.
3 of 9	R161	V. Resident Care and Home Services <u>5.10 Medication Management</u> 5.10.b-2 During an observation of administration of ophthalmic medication to Resident #2 on 9/21/15 at 1:05pm, the MT failed...	5.10.b-2 1. Training plan is in place for all eye, ear, nose, and chest procedures, to include eye drops and ointments, ear drops, nasal spray, and inhaled medications. 2. Individual staff member who did not sanitize hands was re-trained. 3. All Staff will be re-trained on sanitizing hands prior to donning gloves and between residents receiving care. 4. Eye drop delivery will be spot-checked by DON once per week. 5. Corrective action will be completed by 10/30/15.
4 of 9	R178	V. Resident Care and Home Services <u>5.11 Staff Services</u> 5.11.a Per review of staffing schedules and confirmed during interview with the Administrator, the facility staffing for the overnight shift includes 1 staff person...	5.11.a 1. An additional staff person will be assigned on the overnight shift 365 days per year. 2. Staff has been advised of plans to date. 3. Staffing schedule will be updated. 4. Corrective action will be completed by 12/31/15.
5 and 6 of 9	R179	V. Resident Care and Home Services <u>5.11 Staff Services</u> 5.11.b Per review of the in-service records provided by the facility on	5.11.b 1. Staff were reminded of the mandatory training requirements at two (2) all-staff meetings on 10/13 and 10/16. 2. Staff who does not complete the mandatory training will not

POC accepted R126, R161, R178, R179
Susan S. Emmann RN 10/26/15

		9/21/15, 5 of 6 direct care staff in the sample had not completed all 7 mandatory trainings...	return to work until the mandatory training is completed by 10.31.15. See attached. 3. Nursing Administrative Assistant will maintain a "Mandatory Training" checklist and this will be reviewed by DON once per month. 4. Corrective action will be completed by 10/31/15.
6 and 7 of 9	R221	VI. Residents' Rights <u>6.7 Residents' Rights</u> Per staff interview, the facility manages petty cash funds for residents when requested to do so. During interview on 9/21/15 at 1:57pm, the...	6.7 1. St. Joseph Kervick Administrative Assistant has prepared an accounting of funds going back through last quarter for all residents with facility-managed funds (7/1/15-9/30/15). 2. These reports are being delivered to the residents either directly, or through their financial agents (POA, attorney, etc.) 3. St. Joseph Kervick Administrative Assistant will continue to deliver quarterly reports to all residents and respective agents. 4. Corrective action completed.
7 and 8 of 9	R248	VII. Nutrition and Food Services <u>7.2 Food Safety and Sanitation</u> 7.2.c Per observation during a tour of the kitchen on 9/21/15 at 11:24am, a cart used to transport resident food was observed to be soiled in various areas of the cart...	7.2.c 1. All items noted have been cleaned. 2. Items will be cleaned post every use. 3. A check sheet has been initiated, which is initiated after each cleaning. This checklist will be used daily. 4. Corrective action completed.
8 of 9	R252	VII. Nutrition and Food Services <u>7.3 Nutrition and Food Services</u> 7.3.b Per observation during the tour of the kitchen on 9/21/15 at 11:24am, a long shelf extending from behind the dish machine area to drink and food refrigeration...	7.3.b 1. Maintenance will cover the surface behind the dish machine and paint the window frames. 2. The surface behind the dish machine will be covered with stainless steel and the window frames will be painted with epoxy-based paint. 3. Dietary staff will be responsible for monitoring areas in need of repair & notify maintenance. 4. Corrective action will be completed by 11/30/15.

APPROVED AND SUBMITTED BY: Jeanne Schmelzenbach DATE: 10/19/15
 Jeanne Schmelzenbach - Administrator

Poc accepted R221, R248, R252
 Susan L. Emmons, RN
 10/29/15

<p>A.) Order Checklist</p> <p><input type="checkbox"/> State: "I am not a nurse and I can only accept faxed orders."</p> <p><input type="checkbox"/> In rare instances when a fax is not possible, complete the following:</p> <p><input type="checkbox"/> Resident _____</p> <p><input type="checkbox"/> DOB: _____</p> <p><input type="checkbox"/> Date: _____</p> <p><input type="checkbox"/> Time: _____</p> <p><input type="checkbox"/> MD/P/ANP (or) _____</p> <p><input type="checkbox"/> Provider Nurse: _____</p> <p>MEDICATION ORDER:</p> <p><input type="checkbox"/> New Med / Changed Med / Discontinued Med (circle one)</p> <p><input type="checkbox"/> Name of Medication _____</p> <p><input type="checkbox"/> Dose: (No ranges) _____</p> <p><input type="checkbox"/> Frequency: (No ranges) _____</p> <p><input type="checkbox"/> Route: _____</p> <p><input type="checkbox"/> Diagnosis: _____</p> <p><input type="checkbox"/> End Date: (If any) _____</p> <p><input type="checkbox"/> Order read back to provider _____</p> <p><input type="checkbox"/> Order taken by: _____</p>	<p>B.) Order Checklist (Please initial)</p> <p><input type="checkbox"/> Write the order in the Health Direct physician order book.</p> <p><input type="checkbox"/> Fill out a Telephone Order Form (if via telephone)</p> <p><input type="checkbox"/> Complete the original Physician's Order Form</p> <p><input type="checkbox"/> Document order in Nurse's Notes</p> <p><input type="checkbox"/> Update MAR and/or TAR <input type="checkbox"/> Initialed</p> <p><input type="checkbox"/> Dated</p> <p><input type="checkbox"/> Update Health Direct via Fax</p> <p><input type="checkbox"/> Update Ordering Pharmacy via Fax (if necessary)</p> <p><input type="checkbox"/> Verify Fax Transmission sheets to both: -Health Direct -Ordering Pharmacy</p> <p><input type="checkbox"/> Initial "ok" on the fax transmission sheets confirming success of fax.</p> <p><input type="checkbox"/> File Transmission sheets in fax binder (for the specific pharmacy).</p> <p>C.) Order Checklist (RN/LPN only)</p> <p><input type="checkbox"/> Order reviewed & initialed?</p> <p><input type="checkbox"/> Care Plan Updated?</p> <p><input type="checkbox"/> Resident Drug Reference Book Updated?</p> <p><input type="checkbox"/> Physician Order sent to MD for signature? (Reference the process on how to send original telephone order to MD)</p> <p>RN/LPN APPROVAL OF A)B)C) _____</p>
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Follow through of order:

Order needs to be transcribed from checklist form to an order form. All information must be present. Order is what is faxed to both Health Direct or other pharmacy and health direct as listed below.

If order is received by med tech an RN or LPN needs to verify the order.

Contact ordering pharmacy via Fax to update on new med/change in med/discontinuation of medication. All information needs to be present (dose, route, time, diagnosis etc). Do not use abbreviations. (Example: "by mouth" correct PO-do not use).

Update Health Direct even if medications are not received from them with a Fax indicating "Profile only" which will update them to make the appropriate changes to the resident MARS.

All successful Fax transmissions need to be kept in binder for documentation.

Update MAR/TAR

Write a nurses note indicating change.

10/13/15

Dear _____:

YOU NEED TO COMPLETE:

- First Aid Handout (and Quiz)
- Sexual Harrassment Video (and Quiz)
- Chemical Hazards Video (and Quiz)
- Infection Control Video (and Quiz)
- Fire Safety/Emergency Response (Part 2 & 3)
Videos and 2 Quizzes
- General Supervision and Care of Residents
Handout only – please acknowledge receipt
- Elder Abuse and Neglect Video (and Quiz)
- Effective Communication and Interaction w/Residents
Handout only – please acknowledge receipt
- Resident Rights Video (and Quiz)
- "Through the Looking Glass" Alzheimer's & Suicide
Video (and Quiz)
- HIPPA Video (and Quiz)
- Fall Prevention – You Tube Video – please
acknowledge having watched it.
<https://m.youtube.com/watch?v=SlEiNnPJbGY>.

The videos and quizzes are located in a box on the Sun Porch at Loretto. Please come in early or stay late to get into compliance, as it is a State Mandate!

As was discussed in the All-Staff Meeting, you must complete these by 10/31 or you will receive a written warning and not be able to come in to work.

Once you have completed your videos and quizzes, they need to be returned to Beth Laramie. Thank you!