

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

March 2, 2015

Ms. Nancy Bourne, Administrator
Sterling House At Rockingham
33 Atkinson Street
Bellows Falls, VT 05101-1502

Dear Ms. Bourne:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 21, 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

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2015
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101
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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 complaint investigations were conducted on 01/12/15 by the Division of Licensing and Protection and completed on 01/21/15. The following are Residential Care Home (RCH)licensing regulatory findings.	R100		
R114 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.3 Discharge and Transfer Requirements</p> <p>5.3.a Involuntary Discharge or Transfer of Residents</p> <p>(2) In the case of an involuntary discharge or transfer, the manager shall:</p> <p>i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.</p> <p>ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.</p> <p>iii. Include a statement in the written notice that</p>	R114	<p>2/8/15 Sterling House manager will give written notice to any transfer / discharged resident. This will be monitored by manager on every transfer / discharge. Plan in place 2/8/15.</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *My C Be* 2/9/15 TITLE _____ (X6) DATE _____

STATE FORM 6899 D4IM11 If continuation sheet 1 of 5

R114 - R161 POCs accepted 2/26/15 Semmons RN/pmc

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R114	<p>Continued From page 1</p> <p>the resident may remain in the room or home during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Administrator failed to issue an appropriate written notice to the resident or legal representative regarding intent to discharge the resident from the home for 1 of 3 residents in the sample (Resident #1). Findings include:</p> <p>During a previous interview with Resident #1 on 12/10/14, while located at another facility, the resident was weepy and upset stating s/he had no choice in the transfer from Sterling House (RCH) to the nursing home. In addition, per medical record review at the nursing home, a Hospice note dated 12/01/14, states the family was upset at not being notified properly of the discharge from the RCH. The Hospice note further states that the charge nurse gave reason for the transfer to the nursing home as the RCH "did not feel they could staff every 3 hour oral morphine dosing at night if it became necessary and that the patient's condition had deteriorated to that point".</p> <p>Per interview on 01/12/15 at 10:00 AM at Sterling House, the Nurse Manager stated "we didn't have them sign a discharge notice because we didn't view this as an involuntary discharge". S/he stated that the Resident was able to make [his/her] needs known and had some short term memory loss. There is no evidence that the resident and family requested a transfer or</p>	R114		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT ROCKINGHAM	33 ATKINSON STREET BELLOWS FALLS, VT 05101

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R114	<p>Continued From page 2</p> <p>discharge. Per a care plan note dated 11/04/14 states "resident now on Hospice VNA, will collaborate for comfort care, discussed respite options for increase care when needed, family meeting with Hospice". Two care plan notes dated 11/15/14 and 11/27/14 state "family understands plan for a transfer". However, there was no actual agreement for a discharge date, what the respite options entailed nor an assessment to note if the resident's needs changed or could be met. There is no evidence that the resident was involved or agreed to the discharge.</p> <p>Per the signed admission agreement dated 6/20/14 by the Resident, notes in Section Section D. Termination</p> <p>"1. Termination by Resident-with or without cause by giving a 30 days notice</p> <p>2. Termination by Sterling House-The Residence is intended to be an environment in which residents maintain the highest level of personal independence as long a possible....If the Manager determines in consultation with you, your family, your physician, no longer appropriate, you may be asked to move to a more suitable facility. A 30 day notice is required when:</p> <ul style="list-style-type: none"> i. your care needs exceed those which the home is licensed or approved through a variance to provide or ii. the home is unable to meet your assessed needs iii. you present a threat to yourself or others iv. failure to pay monthly charges <p>In the event of termination of this agreement as a result of involuntary transfer or discharge for any one of the above reasons you have the right to receive adequate written notice (30 days) of the involuntary/transfer/discharge."</p>	R114		

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R114	Continued From page 3 The Nurse Manager acknowledged that the respite (temporary) option as discussed with family was indeed a permanent move and there was not a re-assessment for a change in condition to see if the needs could or could not be met. S/he confirmed that the social worker was away on vacation for two weeks when the discharged happened and 'may have helped'.	R114		
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 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. This REQUIREMENT is not met as evidenced by: Based on observations, review of the facility's medication administration protocol and confirmed through staff interview, the manager of the home failed to ensure all medications are handled according to the home's policies. Findings include: 1. Per observation on 01/12/15 staff did not follow protocols for medication administration. The nurse surveyor entered the kitchen area at 10:00 AM and introduced herself to two staff, one preparing food and one staff person who stated that the nurse manager is upstairs and will go and get the nurse manager. At 10:10 AM the nurse manager escorted the nurse surveyor to a small room off the kitchen which was identified as the medication/ staff office room. At that time several	R161	2/9/15 All meal passers will have review of medication administration policy. Review will include process of administering meal when prepared and appropriate storage. All meal passers will demonstrate to RN understanding and appropriate performance. RN to monitor meal passing and document acceptable process of meal passers. Review of all meal passers will be complete 2/20/15.	

M C Be 2/10/15

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R161	<p>Continued From page 4</p> <p>clear plastic cups were noted to have medications, some loose and some in bubble pack, sitting on top of the med cart in a small office. A third staff person entered and was identified as the unlicensed staff, who was delegated to administer medications. Approximately five cups were noted to have 'Noon' written on them and two of the cups were noted to have a first name, room number and 2 PM on them and each had white pills but of different size. The delegated staff stated [s/he] was getting ready for the noon administration. When asked why the pour is nearly two to four hours ahead the staff person said "I'm trying to get ahead" and proceeded to place the open cups in the top drawer, locked it and went out of the room. At 1:54 PM the two cups with the '2 PM' written on them, which were prepared nearly four hours previous, were still noted in the top drawer in unlabeled containers.</p> <p>Per review of the policy, staff are to remove medications from the bubble packs or containers at the time of administration.</p> <p>During interview at 2:00 PM the Nurse Manager confirmed that the expectation and per policy is that staff should pour at the time of administration and should not leave unlabeled medications.</p>	R161		