

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
[http //www dail.vermont gov](http://www.dail.vermont.gov)  
Voice/TTY (802) 871-3317  
To Report Adult Abuse (800) 564-1612  
Fax (802) 871-3318

March 29, 2013

Ms Mary Naumann, Administrator  
Willows Of Windsor  
121 State Street  
Windsor, VT 05089

Provider # 0044

Dear Ms Naumann

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **February 13, 2013**. 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.ne

Enclosure



FILE COPY

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/13/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR	STREET ADDRESS, CITY, STATE ZIP CODE 121 STATE STREET WINDSOR, VT 05089
--	---

(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 investigation was conducted by the Division of Licensing and Protection on 2/13/13. There were regulatory violations identified.	R100		
R167 SS=D	<p>V RESIDENT CARE AND HOME SERVICES</p> <p>6.10 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 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</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that all PRN (as needed) psychoactive medications had a complete and clear order for their use for 1 of 12 residents sampled (Resident #5) Findings include:</p> <p>Per record review on 2/13/13, Resident #5 had an order for "Haldol 1 mg. Give 1/2 to 1 tab PRN, for Paranoia, Anxiety, Agitation" at noon. The PRN order did not indicate when it would be appropriate to give a half or whole tab, thus</p>	R167	<p>① NO "RANGES" OF MEDICATION DOSES OR TIMING WILL BE WRITTEN IN MARS</p> <p>② ALL CLIENTS WITH PSYCHOACTIVE MEDS WILL HAVE A WRITTEN PLAN &amp; DOCUMENTATION FORM IN THE MAR THAT ADDRESSED THESE REQUIREMENTS SEE SAMPLE PLAN ATTACHED</p> <p>POC Addendum per telephone conversation with Mary Naumann on 3/21/13</p> <p>Home Administrator will be responsible for compliance. MARS to be checked weekly for one month, and monthly thereafter during MAR review</p> <p>Correction date 4/15/13</p> <p>POC accepted w/addendum on 3/28/13</p>	<p>NLT APRIL 1, 2013</p>

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

STATE FORM \_\_\_\_\_ LFE11 \_\_\_\_\_

Karen Campbell  
(X5) DATE RN

pkc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/13/2013
NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR		STREET ADDRESS, CITY, STATE, ZIP CODE 121 STATE STREET WINDSOR, VT 05089		
(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	Continued From page 1  leaving it up to unlicensed staff to be making the choice of how much to administer. On 2/12/13, the order was changed from a PRN dose to a scheduled dose, however was not clarified on the Medication Administration Record whether to give 1/2 or a whole 1 mg tab. On 2/13/13 at 3:10 PM, the home's manager confirmed that the order was written with a range of dose, and that there were no clear behavior or other guidelines for staff to make a choice between the two doses.	R167		
R171 SS-E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10 g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced	R171		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/13/2013	
NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR		STREET ADDRESS, CITY, STATE, ZIP CODE 121 STATE STREET WINDSOR, VT 05089		
(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
R171	<p>Continued From page 2</p> <p>by.</p> <p>Based on record review and staff interview, the home failed to assure that all medication orders were complete, or had no dose or time ranges without parameters for use for 7 of 12 residents sampled (Residents #1, 2, 3, 4, 5, 6 and 7). Findings include:</p> <p>Per record review on 2/13/13, on the Medication Administration Record, there were a number of medication orders that contained a range of dose, range of time between doses, or incomplete orders</p> <p>Resident #1 had an order for "Robitussin 1-2 tsp every 4-6 hrs PRN".</p> <p>Resident #2 had an order for "Vit D3 by mouth daily" with no dose specified, and an order for "Benadryl 1-2 tabs Q 6hrs".</p> <p>Resident #3 had an order for "Xopenex Inhaler 2 puffs Q 4-6 hrs PRN", and "Lactulose 1-2 ounces QID".</p> <p>Resident #4 had an order for "Tylenol 500 mg 1-2 tabs Q 4-6 hrs PRN".</p> <p>Resident #5 had an order for "Senna 1-2 tabs PRN".</p> <p>Resident #6 had an order for "Acetaminophen 325 mg or 500 mg, 1-2 tabs PRN".</p> <p>Resident #7 had an order for "Tramadol Hcl. 50 mg., Take 1-2 tabs as needed every 6 hours for pain".</p> <p>There were no indicators in these instances to guide staff in choosing the dose to give or to wait 4 or 6 hours before administering again. Most of these medications were brought over from signed MD standing orders, which contained the dose and time ranges. There were psychoactive medications ordered for Resident #5 with similar concerns, cited under R167. Per interview on</p>	R171	<p>Correction date 4/15/13</p> <p>ALL MEDICATIONS WRITTEN IN THE MAR WILL BE DOSE SPECIFIC AS DECIDED BY THE RN IF THE ORDER FROM THE PHYSICIAN INVOLVES A RANGE IN DOSE OR TIME.</p> <p>Home Administrator will work with doctors to minimize the occurrence of dose / time ranges in the standing orders.</p> <p>All standing orders will have a specific dose / time range when written on the MAR.</p> <p>Monthly audits for compliance will be done by nursing.</p> <p>Home Administrator will be responsible for monitoring for compliance</p> <p>POC accepted w/ addendum</p>	APRIL 2013

Addendum per TC: 3/21/13

R171

POC accepted w/ addendum

Keren Campos RN

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/13/2013
NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR		STREET ADDRESS CITY, STATE, ZIP CODE 121 STATE STREET WINDSOR, VT 05089		
(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
R171	Continued From page 3  2/13/13 at 2:55 PM, the home's manager confirmed that the above orders were not clarified with a defined dose or time range, which means that unlicensed staff were making a decision about which dose to administer and how frequently.	R171		
R266 SS=E	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment  This REQUIREMENT is not met as evidenced by. Based on observation and staff interview, the home failed to assure that a safe environment was maintained Findings include:  Per observation on 2/13/13 at 10:45 AM, there were a variety of cleaning products within easy access to residents, stored in an unlocked area. The items included Pine-Sol, Clorox Clean-up, liquid bleach, window cleaner, toilet bowl cleaner, disinfectant spray, and other cleaning products and liquid soap. The room was utilized for storing the med cart, laundry equipment, food storage in one area, and cleaning products in another. The room connected the two resident room wings, and had a 3 foot high gate that latched but did not lock, and was observed to be left opened throughout the day as staff came and went to access medications, laundry, and cleaning products. Even with the gate closed, I was able to easily reach the shelf from the hallway and pick up items off the cleaning products shelf. This was demonstrated to the home's manager at 11:05	R266	Correction date: 2/13/13  THE CLEANING SUPPLIES WERE MOVED FROM A CART IN THE PANTRY TO A METAL CABINET NOT ACCESSIBLE TO CLIENTS  Addendum: R266 Home Administrator will reeducate staff regarding cleaning product storage safety.  Compliance will be monitored on a daily basis.  Home Administrator will be responsible for monitoring for compliance  Per TC w/ Mary Naumann on 3/21/13 POC accepted w/ addendum 3/28/13  Karen Campos RN	2.14.2013

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/13/2013
NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR		STREET ADDRESS, CITY, STATE, ZIP CODE 121 STATE STREET WINDSOR, VT 05089		
(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
R266	Continued From page 4  AM. Per review of resident records and confirmed with the manager at the time of the demonstration, there were residents with cognitive deficits who could be injured by ingesting or otherwise improperly using the products, and that the items were easily accessible from the hallway.	R266		