2016

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

D/B/A Name and Address of Entity

Maplewood at Orange
245 Indian Hill Rd
Orange CT 06477

Signature of Survey Staff

Melissa J. San Souci RN Nurse Consultant
Ph 203-208-3698

Licensure Category: Assisted Living Services Agency

Licensed Bed/Bassinet Capacity:

Census: 93

Date(s) of onsite inspection: 7/22/16, 7/26/16

Date(s) additional information obtained: _____

Personnel contacted: Gale Mayeron ED, Mary Beth Zwicharowski RN - SA, Debbie Bartosiewicz, Regional RN

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other:* (e.g. Strike) _____

[ ] Visit **OR** Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 10/2/2017

[ ] Desk Audit _____ [ ] Amended Letter date: _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referred to: _____

REPORT SUBMITTED BY: Melissa J. San Souci RN **DATE OF REPORT:** 08/31/16

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 12-9-16
Supervisor/Title

ENTITY: Maplewood at Orange

DATE(S) OF VISIT: 7/22/16

~~LICENSING~~ INSPECTION NARRATIVE ~~REPORT~~

Number of ALSA clients: 93

Number of home visits: 2 Number of records reviewed: 3

SALSA: Mary Beth Zwicharowski RN

SALSA Designee: Elizabeth Wong-Meyer

Home health care contracts/contracts:

Name: Excell Healthcare

Address: 110 Haverhill Rd Suite 401
Amesbury MA 01913

Phone: 978-388-4500 Fax 978-388-8255

Name:

Address:

Phone:

Managed Residential Community visited: Maplewood

Service Coordinator: Gail Mayeran ED

Policy review was done relative to record reviews and/or violations cited as appropriate. ✓

Rev.7/04-

SIGNATURE: Melissa San Souci RN

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Maplewood-Orange

Address 245 Indian River Road

City Orange State CT Zip Code 06477

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

Controlled Substance Policys

Supervisor of Assisted Living Services Signature: Executive Director

Date: July 22, 2016

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

October 2, 2017

Mary Beth Zwicharowski Supervisor of Assisted Living Services Agency
Maplewood At Orange
245 Indian River Road
Orange, CT 06477

Dear Ms. Zwicharowski:

Unannounced visits were made to Maplewood At Orange on July 22 and 26, 2016 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by October 16, 2017 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the department in response to the items of noncompliance identified in such notice. The plan of correction shall include:
(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

DATES OF VISIT: July 25 and 26, 2016

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Respectfully,

Loan P Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

LDN/MJS:jf

DATES OF VISIT: July 25 and 26, 2016

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living agency (4)(F) and/or (h) Nursing Services provided by an assisted living facility (3)(B) and/or (D) and/or (J)(i).

1. Based on review of the clinical records, agency documentation and interview with agency staff, for of two of three clients (Client #1 and #2) who required medication management, the ALSA nurse failed to provide the required services. The findings include:
   a. Client #1 was admitted to the ALSA program on 11/11/15 with diagnoses that included atrial fibrillation, congestive heart failure, vascular dementia, depression, hyperlipidemia, hypertension and osteoarthritis. Physician's orders dated 07/06/16 for the period of 07/17/16 to 08/13/16 included nursing services for assessments and ALSA aide services for medication reminders.

      Interview and review of the nursing notes with the SALSA and the ALSA Regional Director on 07/22/16 indicated that on 07/17/16 the client had increased confusion and slurred speech, with a urine dip sample positive for bacteria. The physician was notified and advised to transfer the client to the Emergency Department for evaluation and the client refused. On 07/18/16 at 7:25 a.m. the ALSA nurse documented that the client was lethargic, could not stand, with and confusion greater than baseline. The client was transferred to the hospital Emergency Department and was discharged to the ALSA on the same day at 10:25 p.m. with a diagnosis of urinary tract infection (UTI) and new orders for Keflex, Macrobid, Colace, Acetaminophen, Heparin injection, Xalatan ophthalmic solution and Nystatin powder (no site specified).

      i. Interview and review of the agency documentation with Licensed Practical Nurse (LPN) #1, the SALSA and Regional RN on 07/22/16 failed to identify notification to the attending physician of new orders from the hospital;

      ii. Interview with the Regional Director on 7/22/16 failed to identify procedures and guidelines to reconcile the hospital orders with the attending physician;

      iii. Interview and review of the service plan with the Regional Director on 7/22/16 failed to identify updates to include education to the patient, the family and the ALSA aides on bleeding precautions and the need to follow up on coagulation bloodwork while the client was on Heparin therapy;

      iv. Interview and review of the service plan dated 07/19/16 with the Regional Director on 7/22/16 failed to identify review of the service plan with the client and/or responsible party.
   b. Client #2 had a move in date of 04/18/16 and diagnoses that included Alzheimer's Dementia, anxiety and asthma. Physician's orders for the period of 05/04/16 to 07/28/16

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

included nursing services for medication management and assessments and ALSA aide services for assistance with activities of daily living and medication cueing.

Interview and review of the physician's medication orders and the client's medication administration record (MAR) with the SALSA on 07/22/16 identified the following discrepancies:

i. Physician's order dated 04/18/16 included Tylenol (Acetaminophen) 500 mg one tablet by mouth every six hours "as needed" for generalized pain. The MAR for the periods of 04/19/16 through 06/04/16 listed the Acetaminophen as scheduled doses at 12:00 AM, 6:00 AM, 12 PM and 6:00 PM and failed to conform with the physician's order dated 04/18/16 for an "as needed" basis;

ii. A physician's order dated 04/26/16 directed to discontinue Melatonin 5 mg "as needed" and start Melatonin 5mg at bedtime. The MAR from 04/19/16 to 05/07/16 failed to identify discontinuation of the "as needed" Melatonin, failed to identify a start date for Melatonin 5 mg at bedtime, and failed to indicate that the Melatonin was given to Client #2 at bedtime from 04/27/16 to 05/07/16;

iii. The MARs for the periods of 06/05/16 through 07/30/16 identified Melatonin 5 mg by mouth at bedtime "as needed" with food once a day with a start date of 05/31/16, but failed to identify a physician's order to administer Melatonin "as needed" once a day starting 5/31/16;

iv. Physician's orders dated 05/03/16 included Claritin 10 mg by mouth daily, with a notation that the order had been faxed to the pharmacy. The MAR for the period of 04/19/16 to 05/07/16 identified a handwritten transcription of the Claritin order on 05/04/16 with an "on hold" notation, failed to identify the name and credentials of the author of the transcription, and failed to identify conformance with the physician's orders;

v. Physician's orders dated 05/18/16 included Preservision eye vitamin and mineral supplement, one softgel in the morning and one in the evening with food. The MAR for the period of 05/08/16 to 06/04/16 identified a transcription for the Preservision but failed to identify documentation that the Preservision was given to the client from 05/18/16 to 06/04/16;

vi. The subsequent MAR dated 06/05/16 to 07/02/16 failed to included transcription of the Preservision order;

vii. The MAR dated 07/03/16 to 07/30/16 identified a transcription for the Preservision with the frequency of one capsule at bedtime, failed to reflect the correct frequency of one one softgel in the morning and one in the evening with food, and failed to identify any

DATES OF VISIT: July 25 and 26, 2016

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

administration of the Preservision to Client #2 from 07/03/16 to 07/30/16;

viii. Physician's orders dated 07/12/16 included Hydrocortisone ointment 2.5 % to the genitals twice a day as needed. The MAR for the period of 07/03/16 to 07/30/16 failed to include the Hydrocortisone transcription.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (l) Quality assurance program for an assisted living service agency (10).

2. Based on review of the agency documentation and interview with agency personnel, the agency Quality Assurance (QA) committee failed to summarize findings and recommendations in an annual written report. The findings include:
   a. Interview and review of the QA program with the Regional Director on 07/26/16 failed to identify an annual report for the year 2014.

ALSA

POC Approved
7/24/18
M-Ann Bovis RN

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October 16, 2017

By Email to Loan.Nguyen@ct.gov

Ms. Loan Nguyen, R.N., M.S.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Re: Maplewood at Orange ALSA, LLC/Maplewood at Orange

Dear Ms. Nguyen:

This letter is in response to your letter dated October 2, 2017 regarding Maplewood at Orange ALSA, LLC, the provider of assisted living services at Maplewood at Orange, an assisted living community located in Orange, Connecticut. This letter does not constitute an admission that the law has been violated as alleged in the letter, that the facts as alleged in the letter are true, or of any other wrong doing. Rather, this letter is set forth as a comprehensive Plan of Correction for the following alleged violations of the Regulations of Connecticut State Agencies and/or the General Statutes of the State of Connecticut which were noted during unannounced visits by a representative of the State of Connecticut Department of Public Health Facility Licensing and Investigations Section on July 22 and 26, 2016.

1. Violations of Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living agency (4)(F) and /or (h) Nursing Services provided by an assisted living facility (3)(B) and/or (D) and/or (J)(i).

A. Measures to Prevent Recurrence:

1. **Medication reconciliation: The Medication Reconciliation Policy** was created in October 2017 in regards to what steps should be taken when a resident returns to the community after a hospital stay. A copy of the policy, attached hereto as Exhibit 1, provides clear instructions regarding general practice. The policy was rolled-out on October 2, 2017 during a state wide SALSA meeting.

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880
Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

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7/24/18
M Sansoucie RN

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2. Education provided by SALSA to in-service all ALSA nurses on the Medication Reconciliation Policy will include reviewing all steps of the reconciliation procedure, forms to use in the process and communication requirements with the primary care provider.

3. Service Plans: Service Plans will include documentation of coordination of services with the family or health care representative evidenced by obtaining a signature and date in the pre-printed section of the service plan. In addition to the care plan being signed by all parties, the family meeting or conference will be documented in nursing progress notes. In the event a signature cannot be obtained in the pre-printed section of the care plan then, the RN will document on the service plan communication attempts i.e. telephone conference call, mail, emails etc. and with whom, to ensure it is clearly evident that the conference took place.

4. Education provided by Regional Nurse to ensure RN's are aware that coordination of services must be demonstrated on the service plan.

5. Management of Medication Orders: The Management of Medication Orders Policy was created in October 2017 to address proper transcription and documentation of all medical prescriber orders. A copy of the policy, attached hereto as Exhibit 2, provides clear instructions regarding general practice. The policy was rolled-out on 10/2/2017 during a state wide SALSA meeting.

6. Education provided by SALSA to in-service all ALSA nurses on the Management of Medication Orders Policy will include reviewing all steps of the medication transcription between the Medication Administration Record (MAR), the Physician Order Sheet (POS), forms to use in the process and requirements for following through with the primary care provider orders.

7. Medication Management: Medication Administration and Medication Errors: Medication Management: Medication Administration and Medication Errors Policy then in effect was updated in September 2017 in regards to what steps should be followed and documentation needed by ALSA nurses during medication administration. A copy of the updated policy, attached hereto as Exhibit 3, provides clear instructions regarding general practice.

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7/24/18
M Stanton Sousa RN

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8. Education provided by SALSA to in-service all ALSA nurses on the Medication Management: Medication Administration and Medication Errors Policy will include reviewing all steps of the medication administration and proper documentation of the medication administration on the Medication Administration Record (MAR).

B. Date of Corrective Action (CAP):

All corrective action will have been completed or on-going by October 27, 2017.

C. Plan to Monitor Quality and Performance Improvement:

1. In an effort to ensure sustained compliance, by October 27, 2017, and during each of the next five (5) months, the SALSA will supervise monthly a random sample of (3) active resident records who have returned from a medical leave of absence, to ensure ALSA nurses competency regarding medication reconciliation and communication with the primary care provider. The SALSA will also review monthly a separate random sample of (3) active resident records to ensure that medical prescriber orders are properly transcribed and that the medication administration was properly documented in the Medication Administration Record (MAR) by all ALSA nurses. Each resident record reviewed by the SALSA will be documented via progress notes in the resident's electronic chart. The results of both audits will be presented to the quality assurance committee.

2. In an effort to ensure sustained compliance, at least once each calendar month, the Regional Registered Nurse ("Regional Registered RN" or "Regional RN") will randomly audit six (6) residents' records, including, but not limited to, the Progress Notes entered in the last 30 days, in order to ascertain whether Service Plan conferencing has occurred and all signatures were obtained to evidence said conferencing. The monthly audit will be implemented by November 30, 2017. The goal of the audit will be to achieve compliance within a 6-month timeframe. Each resident record reviewed by the Regional RN will be documented via progress notes in the resident's electronic chart. The results of the audit will be presented to the quality assurance committee.

D. Institution's staff members responsible for ensuring the institution's compliance with this plan of correction:

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880
Phone: 203.557.4777
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POC Approved 7/24/18
Mr. San Souci AP

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The Institution's staff member responsible for ensuring the institution's compliance with this plan of correction will be the Supervisor of Assisted Living Services Agency at Maplewood at Orange and the Regional Director of Resident Services.

2. **Violations of Regulations of Connecticut State Agencies Section 19-13-D105 (l) Quality assurance program for an assisted living service agency (10).**

A. Measures to Prevent Recurrence:

1. **Governing Authority: Governing Authority Policy** then in effect provided clear instructions for the performance of the quality assurance audits by a licensed home health agency as well as annual summary reviews. A copy of the policy, attached hereto as Exhibit 4, provides clear instructions regarding general practice.

2. Education provided by Regional Nurse to ensure SALSA and Service Coordinator are aware that quality assurance meetings occur every 120 days and that an annual summary is available for review by the State of Connecticut Department of Health representative.

B. Date of Corrective Action (CAP):

All corrective action will have been completed or on-going by October 27, 2017.

C. Plan to Monitor Quality and Performance Improvement:

In an effort to ensure sustained compliance the Service Coordinator will audit the Quality Assurance Binder at the community every 120 days to determine if the meetings are occurring regularly as per policy. The Executive Director will maintain a copy of each 120 days audit in his/her office and will also ensure that the annual report was completed and available for review for this calendar year and each year going forward.

D. Institution's Staff Members Responsible for Ensuring the Institution's Compliance with this Plan of Correction:

The Institution's staff member responsible for ensuring the institution's compliance

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Exhibit 1 –

Medication Reconciliation Policy

(following pages)

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880

Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

BVL Approved 7/24/18
M. Sanders

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with this Plan of Correction will be the Executive Director at Maplewood at Orange and the Regional Director of Resident Services.

Constantin Popescu
Supervisor of Assisted Living Services Agency
Maplewood at Orange

CP:aa
Enclosures

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880

Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

Title: Medication Reconciliation

Standard: All medications being administered and/or managed by MSL nurses will be reconciled against a provider order. Medication orders are managed as outlined in the "Management of Medication Orders" policy. Any medications found to have been dispensed in error by the pharmacy will be reported to the Regional Director of Resident Services and/or Corporate Director of Resident Services immediately.

Definitions:

- *Primary Care Provider* – Also known as "PCP", this is the resident's primary healthcare provider who oversees the entirety of the resident's medical treatment plan. The PCP can be a physician, physician assistant, or nurse practitioner.
- *Physician Clearance Form* – The form filled out by the PCP prior to resident move-in that confirms "chronic and stable" status and documents the initial medication orders
- *Medication Order Set* – A complete master list of medications prescribed to the resident and verified and signed by the PCP. The Medication Order Set could be documented on a Physician Clearance Form, a signed Physician/Provider Order Form, a W-10, or a singed Discharge Instructions Form that includes a medication order set.
- *Home Medication List* – A list of medications the resident is taking at home as reported by the resident and/or family/POA. **The Home Medication List is NOT an order.**
- *Physician/Provider Order Form* – The form used by MSL to document provider orders. This form is signed by the nurse receiving the orders and the prescribing provider and is placed in the chart under "MD Orders".
- *Physician Order Sheet* – Often referred to as the "POS", this form is provided by the pharmacy and once reconciled, serves as a ***verified*** **"master list"** of all medications being taken by a resident. **The POS IS NOT AN ORDER.**
- *Medication Administration Record* – Often referred to as the "MAR", this form is provided by the pharmacy, corresponds to the POS, and is the tool used to document administration of medications to residents by MSL staff. **The MAR is NOT an order.**
- *W-10/Interagency Patient Referral Report* – This form is provided by acute or subacute providers and serves as the Order Set from those providers following a hospitalization or rehabilitation stay.
- *Discharge Instructions and Home Medication List* – This form often accompanies the W-10 and may have a signed Medication Order Set attached.
- *Medicine On Time Card* – Often referred to as the "MOT Card", this is the color-coded packaging tray with secure detachable dosage cups from the pharmacy that contains the resident's medications.
- *PIC List* – This is a list supplied by the pharmacy that shows each resident's profile that is due for delivery in the next delivery cycle. **The PIC List IS NOT an ORDER.**

Practice:

Pre-New Resident Move In:

1. The nurse will obtain a signed Physician Clearance Form. This form will serve as the initial Medication Order Set for the resident's medications.
2. If provided, the nurse will compare the Home Medication List to the Physician Clearance Form to identify any discrepancies.
3. Any and all discrepancies must be clarified with relevant specialists and the PCP prior to resident move-in.
4. If discrepancies between the Home Medication List and the signed Physician Clearance Form are verified by the prescriber, the nurse will create an updated, complete and accurate list of medication orders using the Physician/Provider Order Form and fax to the PCP for signature per the "Management of Medication Orders Policy". This Physician Order Form will now serve as the initial Medication Order Set and will be placed in the resident's chart under the "MD Orders" section.

Post-New Resident Move In:

1. Upon receiving medications, as well as the POS and the MAR from the pharmacy, the nurse will reconcile the medications in the MOT card/s against the POS, the MAR and the signed Initial Medication Order Set in the chart and document that a reconciliation was completed in a progress not in Yardi.
2. ALL MEDICATIONS, THE POS, AND MAR MUST RECOCILE WITH THE INITIAL SIGNED MEDICATION ORDER SET IN THE CHART.
3. Any discrepancies must be reported to the Resident Service Director, the pharmacy and the prescriber, and the situation must be rectified, before administration or queuing of any medications in question begins.
4. Once all medications are properly reconciled, medications can be placed in the resident's box for administration/cueing.
5. The nurse will initial and sign the initial Medication Order Set and the initial POS after reconciliation, and will enter a progress note stating that all medication received from the pharmacy have been reconciled against the signed initial Medication Order Set.
6. The receiving nurse will leave a copy of the reconciled POS and MAR in the RN box for second reconciliation by an RN.

W-10 reconciliation – Resident Returning from Hospital or SNF:

1. Upon returning to the community, the nurse will review the W-10 and follow the next steps:
    a. The nurse will reconcile the W-10 against the most recent Medication Order Set.
    b. Any medications identified as new or any changes in previous medications will be transcribed onto the POS and the MAR. This process will include any medications or treatments that were discontinued.
    c. Fax the W-10 to the Pharmacy Provider for immediate delivery of medications
    d. Fax a copy of the W-10 and the physician order form to the outside primary care provider for review and signature.

e. For in-house primary care provider, leave copy of W10/discharge paperwork and Physician/Provider Order Form in the provider's box for review and signature with next rounds.
f. Place a copy of the W10/discharge paperwork and the Physician/Provider order form in the RN box for second reconciliation by the RN.

Weekly Medication Reconciliation:

1. The PIC List will be reconciled weekly by the nurse as follows:
   a. The night nurse will reconcile the weekly PIC List against the current POS on file
   b. The night nurse will initial the PIC List and leave a copy in the RN box for review
   c. Once the RN reviews the reconciled PIC List, a copy will be faxed to the pharmacy for processing the next delivery cycle
2. At delivery the medication will be reconciled by the nurse and pharmacy tech as follows:
   a. When the weekly cycle is delivered, the new POS and MAR delivered by the pharmacy will be reconciled against the current POS and MAR by the nurse and pharmacy tech.
   b. After that reconciliation occurs, the medications in the MOT Cards will be cross-referenced against the new updated POS and MAR by the nurse and pharmacy tech.

Daily Pharmacy Deliveries:

- All medications delivered by pharmacy must be reconciled by the nurse on duty as follows:
  - The nurse will crosscheck the medications in the MOT Cards against current POS and MAR on file.
  - The nurse will initial the POS after reconciliation indicating that the new POS and MAR have been reconciled.

Routine Procedures:

- Every night shift the nurse will verify that all orders received during the day were properly noted and transcribed on the POS and MAR.
- The RN will review each move-in chart for the current month, and a minimum of six additional charts monthly to verify that the reconciliation processes is being properly followed.

Approval Date	October 2017	Review Date		Review Date	
Review Date		Review Date		Review Date	

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Exhibit 2 –

Management of Medication Orders Policy

(following pages)

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880

Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

Title: Management of Medication Orders

Standard: All medication orders will be obtained, documented, handled, and stored in accordance with this policy as well as all applicable state regulations and nursing best practices.

Definitions:

- *Primary Care Provider* – Also known as "PCP", this is the resident's primary healthcare provider who oversees the entirety of the resident's medical treatment plan. The PCP can be a physician, physician assistant, or nurse practitioner.
- *Physician Clearance Form* – The form filled out by the PCP prior to resident move-in that confirms "chronic and stable" status and documents the initial medication orders
- *Medication Order Set* – A complete master list of medications prescribed to the resident and verified and signed by the PCP. The Medication Order Set could be documented on a Physician Clearance Form, a signed Physician/Provider Order Form, a W-10, or a singed Discharge Instructions Form that includes a medication order set.
- *Home Medication List* – A list of medications the resident is taking at home as reported by the resident and/or family/POA. **The Home Medication List is NOT an order.**
- *Physician/Provider Order Form* – The form used by MSL to document provider orders. This form is signed by the nurse receiving the orders and the prescribing provider and is placed in the chart under "MD Orders".
- *Physician Order Sheet* – Often referred to as the "POS", this form is provided by the pharmacy and once reconciled, serves as a ***verified*** **"master list"** of all medications being taken by a resident. **The POS IS NOT AN ORDER.**
- *Medication Administration Record* – Often referred to as the "MAR", this form is provided by the pharmacy, corresponds to the POS, and is the tool used to document administration of medications to residents by MSL staff. **The MAR is NOT an order.**
- *W-10/Interagency Patient Referral Report* – This form is provided by acute or subacute providers and serves as the Order Set from those providers following a hospitalization or rehabilitation stay.
- *Discharge Instructions and Home Medication List* – This form often accompanies the W-10 and may have a signed Medication Order Set attached.
- *Medicine On Time Card* – Often referred to as the "MOT Card", this is the color-coded packaging tray with secure detachable dosage cups from the pharmacy that contains the resident's medications.
- *PIC List* – This is a list supplied by the pharmacy that shows each resident's profile that is due for delivery in the next delivery cycle. **The PIC List IS NOT an ORDER.**

Practice:

- Medication orders can only be accepted from properly licensed physicians, physician assistants, and/or nurse practitioners.

- Medication orders must be clear and legible. Any unclear or illegible medication orders must be corrected prior to executing the order or sending to the pharmacy.
- Medications cannot be administered without a corresponding order given by a properly licensed provider.
- Medication orders can only come in one of the following forms:
  - A signed Physician Clearance Form
  - A Physician/Provider Order Form (which should be signed within 14 days of order date)
  - A signed W-10
  - A signed Prescription (Rx)
  - A signed Medication Order Set
- Each medication order must contain the following elements:
  - Medication name, strength/concentration dose, route, and frequency
  - Short-term medications (like antibiotics) must also include duration
  - For all "as needed" (PRN) orders, indication or reason for use is required on the order
  - Orders using words such as "I suggest" or "I recommend" are not acceptable must be replaced with a properly written and signed order
  - Non-specific orders such as "continue previous medications", "resume postoperative orders", "discharge current medications", or "take 1-2 tabs twice daily" are unacceptable and need to be replaced with clear, specific orders.
- All Orders must be stored in reverse chronological order (most current on top) in the "MD Orders" section of the resident's chart.
- Signed prescriptions (Rx) must be taped to a Physician/Provider Order Form and placed in the "MD Orders" section of the chart.
- All new medications, and all changes to currently prescribed medications must have a corresponding order in the resident's record.
  - If the order involves a change to or discontinuation of a currently prescribed medication, the nurse will update the POS and MAR by highlighting that medication in yellow and writing his/her initials, the change/discontinue date and the name of the ordering provider next to the changed/discontinued medication.
  - If the discontinued/changed medication is part of a single dose MOT Card, the nurse will remove the old medication from the resident's box.
  - If the discontinued/changed medication is part of a multi-dose pack, the nurse will arrange for a new card to be delivered by the pharmacy and remove discontinued/changed medication from the multi-pack as indicated.
- It is not acceptable for nurses to modify any part of the MAR or POS without a corresponding order.

Telephone Orders:

- Telephone orders should be signed by an appropriately licensed provider within 14 days of the order date.

- Telephone orders must be transcribed accurately onto the Physician/Provider Order Form. The nurse then follows these steps:
    1. The order is faxed to the pharmacy for processing and delivery
    2. The order is transcribed onto the MAR and the POS
    3. The order is faxed to provider or placed in Provider Order Box for signature
    4. The original order, or a copy of the original must be placed in reverse chronological order (most recent on top) in the resident's chart under "MD Orders".
    5. Each community will have a tracking process to ensure all orders are signed within the 14-day window

Approval Date	October 2017	Review Date		Review Date	
Review Date		Review Date		Review Date	

MAPLEWOOD
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Exhibit 3 –

Medication Management: Medication Administration and Medication Errors Policy

(following pages)

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880

Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

Title: Medication Management: Medication Administration and Medication Errors

Standard: The standard for proper medication management is when a resident is administered the correct medication with a properly written and signed physician/provider order.
The 7Rs for medication management are:

1. Right resident received medication
2. Right medication is administered
3. Right dosage is given
4. Right route is used
5. Right date and time
6. Right of the resident to refuse medication
7. Right reason for medication.

If a medication error occurs, the nurse shall take all appropriate steps to ensure that resident's safety.

Practice:

NURSE:

- Shall have the properly reconciled Medication Administration Record (MAR) present upon administration
  - Document on the MAR that a medication has been administered.
  - Initial in the MAR box indicating the date and time when the medication has been administered.
  - Sign his/her name on the MAR for each cycle.
- For resident refusals, the nurse will leave the medication pack in the resident med box. The nurse will continue with the medication pass and make a second attempt to administer the medication only at the end of the medication pass.
- If the resident is refusing for a second time, the medication will be removed from the box and destroyed in the Drug Buster in the nursing office.
- Refusal of medications documentation: the nurse will circle his/her initial in the MAR box and indicate on the MAR that resident has refused his/her medication.
- Refusals will be reported to the RN and prescribing physician and documented in Yardi.

NURSE AIDE:

- Have Need to spell out the acronym the first time with acronym in parentheses. Then use acronym moving forward. SAMM/MOR present upon cueing/prompting medications.
  - Document on the SAMM/MOR that a medication has been prompted

or cued.
    - Initial on the MOR box indicating the date and time administered.
    - Sign his/her name to the MOR.
- For any refusals, the nurse aide will remove the medication pack from the box and bring the medication to the nurse. The nurse will make a second attempt at administering the medication and follow the procedure discussed above.
    - The nurse aide will circle his/her initial along with the letter "R" in the MOR box and indicate that the resident has refused his/her medication on reverse of SAMM.

MEDICATION ERRORS:

- Nurse identifies that a medication error occurred based upon a breach of the 7Rs.
- Nurse ensures that the resident's safety is first and foremost.
- Nurse obtains vital signs, and if necessary, notifies EMS.
- Nurse notifies physician/provider
- Nurse notifies the resident and/or legal representative.
- Nurse documents on the incident and accident report.
- Nurse documents in the progress notes.
- Based upon the medication error, a change of condition assessment maybe required.
- Re-education of the nurse on the 7Rs to proper medication administration.
- For nurse aides, re-education of Medicine On Time (MOT) training.

Acceptable Codes for Medication Administration/Cueing:

R = Refused medication
O = Out of Community
H = Hospital or medical leave of absence
L = Leave of Absence. Given to family or resident.

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Exhibit 4 –

Governing Authority Policy

(following pages)

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880

Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

Title: Governing Authority

Standard:

I. Purpose. The purpose of the Maplewood Senior Living Services is to assist each resident of the Community to function at his or her optimal physical, social, and emotional capacity and to assist each resident to live independently in a residential environment with dignity as he or she ages.

II. Governing Authority. The Governing Authority shall be officers and directors of the Corporation.

III. Powers, Duties and Voting Procedures. The management of Maplewood shall be vested in the Governing Authority. The Governing Authority shall meet at least two (2) times per year and shall maintain minutes for each meeting. Decisions requiring a vote shall be made by the majority of the members.

The Governing Authority has the responsibility to:

A. Ensure the quality of services provided by Maplewood and the quality of care rendered to clients.
B. Establish a Customer Quality Experience program.
C. Select and appoint a Customer Quality Experience Committee ("QCE Committee").
D. Review and accept all minutes of meetings held by the QCE Committee and assure the implementation of corrective actions identified in these minutes.
E. Adopt and document the annual review of the written Maplewood budget.
F. Develop policies and programs and delegate the authority to implement policies and programs.
G. Manage the fiscal affairs of Maplewood.
H. Review its By-Laws and Rules annually.
I. Monthly summaries of the following reports will be provided to the Governing Authority no less than every six (6) months: Service Coordinator Report Core Services and Assisted Living Services Maplewood statistical data.
J. Ensure that a written contract is maintained between Maplewood and one (1) or more licensed home health care agencies to provide care and services to residents whose condition is no longer chronic and stable.

The Governing Authority shall provide copies of minutes of its meetings for review by the Department of Health.

IV. Customer Quality Experience Committee. Maplewood's QCE Committee shall meet at least once every one hundred twenty (120) days. The QCE Committee shall participate in Maplewood's Customer Quality Experience program and at least annually review and revise, if necessary, Maplewood's policies on:

A. Program evaluation
B. Assessment and referral criteria
C. Service records

D. Evaluation of client satisfaction
E. Personnel qualifications
F. Standards of care, and
G. Professional issues, especially as they relate to the delivery of services and findings of the Customer Quality Experience program.

The affirmative vote of a majority of the members of the QCE Committee shall be sufficient to decide any matter appropriately before the QCE Committee.

The QCE Committee appointed by the members shall consist of one (1) physician, one (1) registered nurse with a minimum of two (2) years of clinical experience in home health care or one (1) nurse with a bachelor's degree in nursing and one (1) social worker with a bachelor's degree in social work or in a related human service field. Representatives appointed to the QCE Committee shall be in active practice in their profession or shall have been in active practice within the last five (5) years. No member of the QCE Committee shall be a member or employee of Maplewood. Members of the QCE Committee shall serve two-year terms and may serve any number of consecutive terms.

V. Supervisor of Maplewood. The Supervisor of Maplewood has the authority and responsibility to:
   A. Coordinate and manage all nursing and assisted living aide services rendered to clients by direct service staff under his or her supervision.
   B. Supervise assigned nursing personnel and assisted living aides in the delivery of nursing services and assistance with the provision of activities of daily living.
   C. Ensure the evaluation of the clinical competence of assigned nursing personnel and assisted living aides.
   D. Participate in or develop all Maplewood objectives, standards of care, policies and procedures concerning nursing services and the provision of assistance with activities of daily living.
   E. Participate in direct service staff recruitment, selection orientation and in- service education.
   F. Participate in program planning, budgeting and evaluating activities related to the clinical services provided by Maplewood;
   G. Provide weekly reports to the Service Coordinator regarding any problems associated with the managed residential community or Maplewood, summaries of which shall be provided to the governing authority; and
   H. Provide monthly reports to the Service Coordinator regarding statistical data including the number of clients served and services provided, summaries of which shall be provided to the governing authority in accordance with the schedule established by the Governing Authority.

VI. Conflict of Interest Policy and Procedure. Members of the Governing Authority shall be entitled to enter into transactions that may be considered to be competitive with, or

a business opportunity that may be beneficial to, Maplewood, it being expressly understood that the Members may enter into transactions that are similar to the transactions into which Maplewood may enter. A Member does not violate a duty of obligation to Maplewood merely because the Member's conduct furthers the Member's own interest. A Member may lend money to and transact other business with Maplewood. The rights and obligations of a Member who lends money to or transacts business with Maplewood are the same as those of a person who is not a Member, subject to other applicable law.

Notwithstanding the foregoing, every Member shall account to Maplewood and hold as trustee for it any property or benefit derived by that person without the consent of more than a Majority of the disinterested Members from (a) any transaction connected with the conduct or winding up of Maplewood or (b) any use or appropriation by the Member of Maplewood property, including confidential or proprietary information of Maplewood or other matters entrusted to the Member as a result of his or her status as a Member.

VII. Contract with Home Health Care Agency. A written contract shall be maintained by Maplewood with one or more licensed home health care agencies.

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