VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 5, 2025

Joseph Olio, Manager
Our Lady Of The Meadows
1 Pinnacle Meadows
Richford, VT 05476-7637

Dear Mr. Olio:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 27, 2025.** 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0197	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LADY OF THE MEADOWS	1 PINNACLE MEADOWS RICHFORD, VT 05476

(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: On 1/27/25 the Division of Licensing and Protection conducted and unannounced on-site annual relicensure survey. The following regulatory deficiencies were identified:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to administer medications as ordered for one applicable resident (Resident #1). Findings include: Per record review Resident #1's provider prescribed the antibiotic medication Macrobid 100 mg twice daily for a 7 days beginning on 1/18/25 to treat a urinary tract infection. Per review of Resident #1's January 2025 Medication Administration Record, staff signatures document administration of this medication indicate Resident #1 was given 3 extra doses of this medication including doses given on 1/26/25 and 1/27/25. This finding was confirmed by the Registered Nurse on duty on the afternoon of 1/27/25.	R128	See attachment	
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES	R162		

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R162	Continued From page 1 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to obtain written, signed provider's orders for one applicable resident (Resident #2). Findings include: Per review of signed medication orders on file and available for review, there was a failure to obtain written, signed prescriber's orders for the following medications listed on Resident #2's January 2025 Medication Administration Record: 1. Acetaminophen 325 mg tablet Give 2 tablets by mouth three times a day for Hospice Resident s/p fall w/ increased agitation. 2. Ibuprofen 200 mg tablet Give 1 tablet by mouth every 6 hours as needed for PAIN related to Low Back Pain, Unspecified. At 3:50 PM on 1/27/25 the Registered Nurse on duty confirmed this finding.	R162	See Attachment	
R176 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4)	R176		

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R176	Continued From page 2 Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure prompt disposal of outdated medications. Findings include: The home's Medication Disposal Policy states "Unwanted or expired medications need to be disposed of properly", however this policy does not identify a time frame for disposal of outdated medications. Following the 2:00 PM Med Pass on 1/27/25 the following outdated medications were observed to be stored in the medication cart: 1. House Stock Loperamide 2 mg tabs expired 9/2024 2. For Resident #3: Super Vitamin B Complex tabs expired on 8/2024 and Senna Plus tabs expired on 2/2023 3. For Resident #4 Lorazepam 0.5 mg tables expired on 9/27/2024 This finding was confirmed by the Registered Nurse who manages the home's admissions.	R176	See Attachment	
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff	R179		

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Division of Licensing and Protection

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R179	Continued From page 3 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: Based on staff interview and record review there was a failure to ensure all required trainings were completed for 4 out of 5 sampled staff. Findings include: The home's Educational Assistance policy effective 5/1/2001 is consistent with this regulatory requirement. Per review of training records on file and available for review for a sample of 5 staff, all required trainings were not completed as required for 4 out of 5 sampled staff. This finding was confirmed by	R179	See Attachment	

10

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R179	Continued From page 4 the Human Resources Manager at 3:09 PM on 1/27/25.	R179	see Attachment	

50

Deficiency Statement Plan of Correction (POC)

Survey Date: 1/27/2025

Facility Name: Our Lady Of The Meadows

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R128 Correcitve Actions accepted by Jo A Evans RN on 3/2/25.	Medication was stopped on 1/27/25 and the order was removed from the EMAR.	3/14/2025	The facility policy for Medication/Treatment Orders/Transcriptions will be updated to include end dates for duration-specific orders. Once the policy is updated, nursing will provide training to all nursing staff and med-techs reviewing the updated policy to include the end dates.	Nursing
R162 Correcitve Actions accepted by Jo A Evans RN on 3/2/25.	Medication orders that didn't have a signed order have been removed from the chart.	2/28/2025	Nursing will review Medication/Treatment Orders/Transcription policies and provide training to all nursing and medication staff to ensure all orders are signed prior to administering medication.	Nursing
R176 Correcitve Actions accepted by Jo A Evans RN on 3/2/25.	All medications that were expired were immediately discarded appropriately	1/27/2025	Med-Techs who were assigned to monthly medication reconciliations will be provided with re-education to ensure that expired medications are immediately disposed of. The facility's medication disposal policy will be updated to reflect that all expired narcotics and unused narcotics from a deceased resident, will be destroyed immediately. (Note, if a narcotic expires or a resident passes away on a weekend day, the facility will have up to 72hrs so the narcotics can be destroyed by a registered nurse.	Nursing
R179 Correcitve Actions accepted by Jo A Evans RN on 3/2/25.	Staff that were behind have caught up in the training to adhere to the regulations.	3/14/2025	Re educating all staff members about the importance to adhere to state regulations and that on going training is expected and part of their job.	HR/Admin

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