

September 20, 2010

Peter E. Bacon
Department of Health and Human Services
Bureau of Licensing & Certification

Dear Mr. Bacon:

As the new manager of Emerald House, I am at once disappointed that our program has been out of compliance with the noted regulations and excited that I have the opportunity to spearhead corrections for these deficiencies in a proactive manner. Personnel who were ultimately responsible for ensuring compliance with all He-M rules and other relative statutes are no longer with the agency. As you will see within our corrective action plan, we have trained new personnel and we are educating all medical personnel to ensure that they understand the rules and statutes to ensure that there is not a recurrence of lapses in record keeping, medication administration or other compliance issues. The conditions that existed and made these deficiencies possible are no longer extant and will not be recreated or allowed to reappear under my direction. I am confident in the team that we now have in place and with our new nurse trainer and in the leadership and support of our senior management. As such, I present for your approval our corrective action plan. Many of these items were immediately actionable and will have already been implemented by the time you receive this. I assure you that we are moving quickly to remediate those items which were not instantly solvable and you will find an accurate estimate for the dates of their implementation within the corrective action plan.

Sincerely,

Michael Cancellieri
Recovery Support Services & Residential Manager
Monadnock Family Services

- 1) (He-P 814.23) *The program failed to ensure that each licensee shall submit its emergency plan to the local emergency management director and/or the local fire chief or his/her designee for review and approval when initially written and whenever the plan is revised.*

Our team moved immediately to remedy this deficiency. Capt. Lafreniere of the Keene Fire Department reviewed our Emergency Plan and provided his signature on 8/24/10. A calendar reminder system is now in place to ensure minimal annual reviews and any future revisions to the plan will be presented to the Fire Chief for collaboration, review and approval.

- 2) (He-M 1002.04) *The program failed to ensure that all staff had a TB symptom screen...*

Immediately following the Emerald House site visit on 8/17/10, Staff #1 completed the TB symptom screen. Evidence of this is now on file with Human Resources. As part of our continued oversight of the program, we will ensure that all new-hires have a TB test on file prior to their start of employment at Emerald House.

- 3) (He-M 1002.06) *the program failed to ensure that a health assessment occurred annually...*

Individual #2 had a health assessment on 7/30/10. Documentation of this has been included in the client's record at Emerald House. As of this writing, each Emerald House client is scheduled for a health assessment this year. Please see attached documentation.

- 4) (He-M 1002.06) *the program failed to ensure for each individual unable to evacuate his or her residence within 3 minutes, a fire safety plan shall be developed and approved by the individual or guardian, provider, and residential administrator...*

In response to this deficiency, we have created an Emerald House Fire Safety Plan that will be used in the event of an egress in excess of 3 minutes. The cause of the six minute evacuation of 6/10/10 (as noted in letter *a*) was that Individual #2 was asleep during the drill. The 7/27/10 drill (as noted in letter *b*) required four minutes and fifty-five seconds due to the last individual to exit having been in the shower at the time of the drill. Fire Safety Plans for both of these individuals have been written and included in the record. We have made all of my staff aware of the importance of completing Fire Safety Plans for individuals who exceed 3 minutes in their evacuation. As such, a deficiency as stated in letter *d* should not recur. Please see attached documentation.

Our response to letter *c* of this deficiency was to immediately edit the fire evacuation form to indicate 3 minutes as the maximum allowable time for egress whereas it had previously stated 5 minutes. This error was the cause of the reviewer being unable to determine how many residents evacuated in excess of 3 minutes and has been addressed. Please see attached documentation.

5) (He-M 1202) *The program failed to ensure that medication administration for individuals shall be conducted in accordance with He-M 1202...*

We have taken steps to ensure that an approved nurse-trainer supervises the residence in response to letter *a*. We have hired Chris Selmer, RN from within the agency to fulfill this role. As of this writing, we have applied for a waiver that will grant Ms. Selmer a 45 day conditional designation as a nurse-trainer (He-M 1202.09 {b}) while we move to secure the six hour orientation required for her official designation as such. This orientation will be provided by an incumbent nurse-trainer, Janet Vandenberg, RN, within the ensuing 45 day period.

We regret that our program was unable to produce documentation for the He-M 1202 Medication Administration Training as noted in letter *b*. As of this writing, all of our staff has undergone the training (provided by Janet Vandenberg, RN) and are now certified to dispense medications in accordance with the regulations. The training occurred on Wednesday 9/1, Thursday 9/2, and Saturday 9/11. All of our staff passed the written test and the practical medication pour. Documentation of these certifications now resides with each staff member, our Human Resources department, and is on file at Emerald House. The program manager will also maintain copies of these certifications in a confidential file.

As letter *c* notes, we were unable to produce the medication logs for April-June of 2009 at the time of the site visit. In response to this deficiency, I have directed my staff to locate the med logs and have seen near complete success. We have located the complete med logs, from the period in question, for six individuals. We have located the April 2009 med logs for an additional individual. A failure of communication, supervision, and record keeping procedures is responsible for this deficiency. As of this writing, I have implemented a policy whereby copies of each med log are maintained in an archive subsequent to each month's QA review. I am very confident that this system will prevent any future recurrence of this deficiency.

- 6) (He-M 1002.11 {b}) *The program failed to ensure that the application for certification was submitted sixty (60) days prior to the expiration of the certificate...*

Notation has been made on the program manager's scheduling calendar to ensure that our application is submitted no later than 60 days prior to the 4/30/11 expiration of our certificate. This date will also be included in a centralized calendar system to which the executive management team has access.

- 7) (He-M 1002.11 {c}) *The program failed to obtain a new, signed approval from the local fire official if renovations were completed since the last submission of a life safety code inspection that required a building permit...*

The modification of interior walls adjacent to our staff room required signed approval which we were unable to produce at the time of the site visit. In immediate response to this deficiency, we arranged for Capt. Lafreniere of the Keene Fire Department to inspect these modifications. The result of Capt. Lafreniere's inspection showed no violations. Capt. Lafreniere signed a life safety report on 8/20/10 which was then submitted to the Bureau of Licensing & Certification. We do not anticipate any new modifications to our building prior to next year's recertification; however, should the need arise, a life safety code inspection and report will be secured and submitted as soon as possible after any modifications.

- 8) (He-M 1202.03 {a}) *The program failed to ensure that only authorized providers or licensed persons administered medications...*

As noted above, immediately following the review, all of our staff have had the He-M 1202 Medication Administration training and are now authorized to administer medications. We will ensure that documentation of these authorizations is never again misplaced by keeping copies with each staff member, Human Resources, at Emerald House, and with the Program Manager. We understand the seriousness of this deficiency and are grateful that we were allowed to continue to serve our clients while we sought to remediate it.

- 9) (He-M 1201.03 {e}) *The program failed to ensure that authorized providers only administered medications for which there was a valid order.*

Our medical services staff have worked to ensure that current valid orders are present in the home for each of the clients' medications. At this writing, there are now valid orders for all clients' medications at Emerald House.

10) (He-M 1202.03 {b}) *The program failed to ensure that all individuals shall be initially assessed by a licensed practitioner, A.R.N.P., physician assistant, or nurse-trainer to determine the level of support needed specific to medication administration...*

It had been our previous practice to assess our residents for the ability to self-administer medications only after 6 months of treatment at Emerald House. We now understand that imposing med administration on our residents is a violation of their rights. We take client rights very seriously and we make learning independence a priority in our residents' treatment. As such, I have ensured that a self-med assessment is conducted immediately upon a new resident's arrival to Emerald House. This, most recently, is evidenced by an assessment having been done on 9/8/10 when a new resident moved in. This practice will continue to be agency policy in the future.

11) (He-M 1202.06 {a}) *The program failed to ensure that authorized providers shall maintain documentation of medication administration that includes the name of the individual, if applicable, the guardian's name and contact information, allergies as applicable, and for each medication prescribed the name, dosage, frequency, route, date and time of administration, the name of the prescribing practitioner, the order date and special considerations...*

As noted above, we have been able to locate the missing med logs for six individuals (covering the period between April and June of 2009) and have recovered the April 2009 med log for an additional individual. Our new policy, whereby copies of medication logs are maintained in an archive subsequent to each month's QA review, will ensure that this deficiency is not repeated in the future.

12) (He-M 1202.06 {e}{8}) *The program failed to ensure that when controlled medications are ordered, authorized providers shall maintain documentation of a daily count...*

As of this writing, our staff nurse has located the prescription for Individual #2 (indicated missing in letter *a*). All of our staff have recently undergone He-M 1202 Medication Administration Training. As an adjunct to this training, we have reinforced the importance of maintaining accurate records of medication orders, controlled medication orders, and controlled med counts. We are confident that diligent supervision from our current program manager and nurse-trainer will avoid repetition of this type of violation.

13) (He-M 1202.08 {a}) *The program failed to ensure that a registered nurse or licensed practical nurse reviewed medication logs monthly...*

This lapse came as a surprise to management since, after several queries from the Chief Operating Officer to the medical staff had resulted in assurance that compliance was being met. In addition to the training mentioned hereinabove and the addition of an RN Nurse Trainer with years of supervisory experience, we believe that the medication logs will be reviewed as required and records of these reviews will be readily available. Our Nurse Trainer will personally be performing such reviews and she will be training another RN as well so that vacations and other time off will not result in a lapse. We are confident that a lapse of this nature will not occur in the future.