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

December 31, 2024

Melissa Byrne, Manager
Sterling House At Rockingham
33 Atkinson Street
Bellows Falls, VT 05101-1502

Dear Ms. Byrne:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 5, 2024.** 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
	0609	A. BUILDING: _____ B. WING _____	C 11/05/2024

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

(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 onsite relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 11/5/24. The complaint investigation was found to be in substantial compliance with regulatory requirements. Regulatory deficiencies were identified with the relicensure survey. Findings include:	R100		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation the manager failed to ensure medications were stored in locked storage compartments and secure from unauthorized access. Findings include: Per observation of the medication storage systems, the refrigerator within the staff room, was available to be opened and not secure, within the refrigerator, eye drop medication was stored on the door of the refrigerator and a storage container with a dial locking mechanism storing insulin was not properly secure allowing access the insulin pens within the container.	R173		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0609	A. BUILDING: _____ B. WING _____	C 11/05/2024

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

(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
R173	Continued From page 1 Per interview on 11/5/24 12:00 PM the Med Tech confirmed the room in which medications are stored is accessible to all staff, including staff whom are not medication delegated. The staff confirmed the refrigerator is not secured with a lock and the medications stored within the refrigerator are accessible to unauthorized personnel.	R173		
R176 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) 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, record review and staff interview RCH failed to ensure expired medications were disposed of in accordance to facility policy and applicable standards of practice. During an observation of the medication storage system, the following medications belonging to current residents were identified as expired, Travoprost 0.004 % eye drop 4 boxes 9/2024, Calcium antacid 500 mg expired 912/202/4, Senna 8.6 mg expired 8/27/24, Nabumetone 500 mg expired 7/10/24, Senna 8.6 mg expired 7/16/24, Urinary relief AZO expired 9/24.	R176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0609	A. BUILDING: _____ B. WING _____	C 11/05/2024

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

(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
R176	Continued From page 2 Additionally within in the medication storage system, four medication cards fulfilled by a pharmacy, had the name blackened out, that were expired, the medications Tylenol 500 mg tablet expired 3/28/24 and 6/2024, Melatonin 3 mg tablet expired 6/2024, Ondensetron 4 mg tab expired 6/2024. Per interview on 11/5/24 at 1:00 PM , the Staff Manager confirmed the medications identified were expired. S/he confirmed the medication storage systems are to be gone through by the nurse(s) to observed for expired medications and all expired medications are brought to to public disposal cites such as a police station. In a follow up interview on 11/5/24 at 2:00 PM the Manager confirmed the policies of wasting medication for non-narcotic medications and narcotic medications.	R176		
R266 SS=F	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 there is a failure to ensure a safe, functional, homelike environment. During the environmental tour commencing at	R266		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0609	A. BUILDING: _____ B. WING _____	C 11/05/2024

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

(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 3 10:00 AM, observation of residential room and bathrooms indicated concerns of providing a safe environment. 1. Within a resident's bathroom a transfer bar within the shower, appeared to attach to the shower wall by a suction mechanism. When the bar was inspected for securement, the transfer bar fell from the shower wall. The transfer bar appeared to not be properly attached to the surface for safe use. Per interview on 11/5/24 at 12:45 PM, the Manager confirmed to have recently applied the transfer bar within the shower, s/he indicated the bars are checked for proper securement prior to use. 2. On the second floor of the RCH, a resident's room was observed to not have a screen in place, upon inspection the window was able to be opened to approximately the full window pane length. The window opening led to a porch roof. Per interview on 11/5/24 at 12:50 PM, the Manager confirmed the window air conditioners were recently removed and the screen was not placed back.	R266		

Sterling House At Rockingham

Residential Care Home
33 Atkinson Street
Bellows Falls, Vermont 05101
802-463-0137

Carolyn Scott and Janielle Shea
Div Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060

Original: November 27, 2024

Completed: December 4, 2024

Plan of Correction for survey conducted November 5, 2024.

Resident Care Home Services

R 173

1.Education with all the Med-Techs will be fulfilled by December 7, 2024.
2. All medications that require refrigeration will be in a locked refrigerator that only Med Techs and nursing will have access to.
3. All Med Techs will be re-educated on making sure the refrigerator is locked at all times. Audits of the refrigerator will be conducted every shift for a month. There will be a spreadsheet that Med Tech's will have to sign acknowledging that the medication is properly stored, and the refrigerator is locked. After 30 days of full compliance, audits will be performed randomly for 30 days to ensure compliance.

R 173 Accepted
Jenielle Shea, RN
12/31/24

R 176

1. Expired resident medications removed immediately and disposed of per facility policy.
2. At the beginning of the month all medications that are due to expire will have a red dot sticker placed on them by a nurse to make staff aware that they are due to expire that month. This will be completed by 12/2/2024.
3. The last day of every month (or noted expiration date) a nurse will go through the medication room and dispose of all expired medications per facility policy.
4. Upon discharge of a resident from the home any medications pertaining to that resident will be removed from the cart and disposed of by nursing per facility policy or sent with resident/family to the next facility.

R176 Accepted
Jenielle Shea, RN
12/31/24

R 266

1. Resident bathrooms that had loose suction cup handrails have been removed 11/9/2024 and replaced with permanent fixed metal handrails.
2. Screen in resident's room 16 was present but had not been pulled down after air conditioner removal. Screen was immediately pulled down. Completed on 11/5/2024
3. Staff to be educated on placing screens back to appropriate positions once air conditioners are removed. Management will perform checks to make sure this is completed upon air conditioner removal.
4. Manager will perform random checks throughout the year to ensure screens stay down. This will be noted on the manager's calendar.

R266 Accepted
Jenielle Shea, RN
12/31/24

Please feel free to contact me with any questions or concerns.

Sincerely,

Melissa Byrne, Director