

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

September 14, 2016

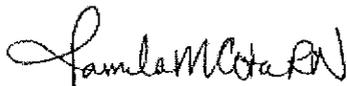
Ms. Jennifer Combs-Wilber, Administrator
Brookside Health And Rehabilitation
1200 Christian Street
White River Junction, VT 05001-9267

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on August 23, 2016. 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2016
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2016
NAME OF PROVIDER OR SUPPLIER BROOKSIDE HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001	
(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)

F 000 INITIAL COMMENTS

F 000

An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 8/23/2016. The following regulatory issue was identified.

F 425 483.60(a),(b) PHARMACEUTICAL SVC -
SS=D ACCURATE PROCEDURES, RPH

F 425

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to ensure procedures are implemented that assure accurate transcription and dispensing of medication for 1 of 4 residents in the applicable sample (Resident #3). Findings include:

Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction is as follows:

It is the policy of Brookside Nursing and Rehab to ensure procedures are implemented that assure accurate transcription and dispensing of medication.

Medication records of Resident #3 have been audited to assure that the correct dosages are documented. Physician has been notified of error, monitoring of any ill effects has been done.

All residents with medication orders have the potential to be affected by this alleged deficient practice.

To assure that this alleged deficient practice does not occur we have reminded the staff of the following practice and procedures around for accurate medication transcription and dispensing.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Donna Wilber, RPH

9/9/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/08/2016
FORM APPROVED
OMB NO 0938-0391

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NAME OF PROVIDER OR SUPPLIER BROOKSIDE HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001	
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F 425 Continued From page 1

Per record review, Resident # 3 received 5 extra doses of Furosemide (Lasix, a diuretic medication) 20 mg (milligrams) during the month of August 2016. The physician's orders dated 5/12/2016 are for Lasix 20 mg by mouth every other day. Per review of the August 2016 Medication Administration Record (MAR), the Resident received Lasix every day from August 1st through August 10th, instead of every other day, as ordered. The resident received Lasix as ordered every other day during July 2016, receiving a dose on July 31, 2016. The next scheduled dose would have been on August 2, 2016, then every other day after that. Resident # 3 received a total of 5 extra doses of Lasix (8/1, 8/3, 8/5, 8/7 & 8/9/2016). The Director of Nursing Services (DNS) confirmed, during an interview at 8/23/16 at 3:58 PM that multiple medication errors were discovered by the nurse on August 10, 2016, and the MAR was adjusted accordingly at that time. Resident # 3 received Lasix from 4 different nurses during this 10-day period of time. There is no documentation to indicate that assessments of Resident # 3 were done when the errors were identified. And there is no evidence that the physician was notified that Resident # 3 received 5 extra doses of Lasix. This is confirmed during interview with the DNS at 8/23/16 at 3:58PM.

F 425

Reeducation on the medication error process to include follow up assessment for ill effects, physician, and responsible party notification and the 6 steps of medication administration.
New monthly MARS to be triple checked prior to first of every month.

Keep previous months MAR on cart to cross check orders for the first 3 days of the month.

A quality assurance evaluation has been implemented under the supervision of the DON to audit and document medication errors.
Audits will be performed weekly for 90 days and then ongoing monthly with MAR change over.

Completion Date: 9/23/2016



F425 POC accepted 9/14/16 G Coleman RAL/ML