

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

September 21, 2011

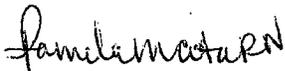
Thomas Rice, Administrator
Brookside Health and Rehab
1200 Christian Street
White River Jct, VT 05001

Dear Mr. Rice:

Enclosed is a copy of your acceptable plans of correction for the unannounced annual recertification survey concluded on **August 3, 2011**. 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, BS
Licensing Chief

Enclosure: As noted above.



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

PRINTED: 08/12/2011
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 08/03/2011
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)	(X5) COMPLETION DATE
F 221	Continued From page 1 slip was signed for the lap belt for positioning and safety dated 4/19/11. Per interview at 3:30 PM on 08/02/11, the DNS (Director of Nursing Services) and ADNS (Assistant Director of Nursing Services) confirmed that there was no systematic process of evaluation and care planning prior to using the lap belt and that the lap belt was not fitted properly.	F 221	<p><i>F221 POC Accepted 8/25/11 S. Emmons RN / [Signature]</i></p> <p>Corrective Action: Photos were taken of all residents immediately and placed on MARS. MARS were checked for names on every page. Names and dates were written where needed. Nurse responsible for medications at 0600 was notified of failure to sign off meds and nurses came back to facility and signed medication off.</p> <p>Protection of Other Residents: Photos of all residents or I.D bracelets was placed on MARS or on residents (if documented of refusal of picture). Nurses re-educated on requirements of signing off medications as soon as given.</p> <p>Systemic Changes: Nursing will check at the end of their shift to be sure all medications/treatments are completed and signed off</p> <p>Monitoring All nurses will monitor for medications not signed off and relate these findings to appropriate nurse for completion. Issue will be addressed at QA meetings monthly and in A.M. QA meetings. Unit Coordinators will monitor MARS for completion and report to QA quarterly.</p>	Completion Date 8/26/11
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to meet professional standards of practice for the delivery of medications for 1 of 11 applicable residents in the Stage 2 sample. (Resident #91) Findings include: 1. Per record review on 08/01/11 at 2:15 PM of the medical record for Resident #91, who was admitted on 07/25/11 with a diagnosis of Alzheimer's and aphasia, the Medication Administration Record (MAR) did not have identifying information such as the resident's name or the time period for charting. The name listed on the MAR was "Admission, White River" and the time period was listed as "00/00/0000 through 00/00/0000". In addition, there was no photo I.D. and/or bracelet in any of the records. The documentation for 08/01/11 was noted that the resident had received medication (Haldol PRN) and was scheduled to receive Levothyroxine 0.075 mcg (micrograms) at 6:00	F 281		

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F 281	Continued From page 2 AM, but that was not signed off as being given. Per interview at 2:30 PM, the Director of Nursing Services (DNS) confirmed that the resident's name, month and/or time period and signatures should be clearly written on the MAR. The DNS also confirmed that identifying information such as a photo.I.D. or bracelet is expected for residents, especially for those who are unable to speak for themselves. References: 1. Lippincott, Williams & Wilkins. Nursing 2010 Drug Handbook, pg 13-18. 2. Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins, pg 17.	F 281	F281 POC Accepted 8/25/11 S. Emmons RN / AMcGowan	
③ F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to use a preventative device correctly to prevent an accident for 1 applicable resident (Resident #58). Findings include: 1. Per record review on 08/02/11 at 3:50 PM, the	F 323	Corrective Action: See F221 Protection of Other Residents: Systemic Changes: All Staff will be in-service on any safety device required by residents and on how to properly apply. Weekly inspections will be done to monitor compliance or need for change. Monitoring Nurses to monitor daily and Unit Coordinator to monitor weekly and to report to daily QA and monthly QA. F323 POC Accepted 8/25/11 S. Emmons RN / AMcGowan	Completion Date 8/26/11

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F 323	Continued From page 3 nurses' notes dated 04/25/2011 describe Resident #58 as having a fall as s/he stood up independently and fell. The incident report for a fall on 04/25/11 states "The resident has no leg rest and seat belt and slid out of wheelchair while trying to stand". The care plan directed staff to use a wheelchair seatbelt when the resident is in a wheelchair for safety and positioning and to also use leg rests. Per observation during 3 days of survey, Resident #58 had a loose fitting lap belt while seated in the wheelchair and the leg rests were not in use when the resident was seated at the bedside stand. Per interview at 3:30 PM on 08/02/11, the DNS and ADNS confirmed that the safety devices were not used properly to prevent a fall.	F 323		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 329	Corrective Action: Medications Ativan and Haldol were reviewed for appropriateness, proper diagnosis, and frequency and monitoring guidelines. MD. Notified of concerns and these issues were discussed. New orders were obtained, noted and implemented immediately Protection of Other Residents: All residents will be appropriately assessed and all measures other than psychotropic drugs will be utilized before usage of such drugs. Need for psychotropic drugs will be properly evaluated. Order will initiate for lowest dose and contain proper diagnosis supporting for such drugs and will also include monitoring guidelines. Initiation of psychotropic drugs will be at lowest dose and increased only if needed, depending on effectiveness of medication and nursing measures.	Completion Date 8/26/11

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F 329	Continued From page 4 contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to assure that there were adequate indications and/or monitoring for use of antipsychotic medications for 2 of 3 residents (Residents #84 and # 91) in the Stage 2 sample. Findings include: 1. Per record review and interview, there was no evidence that staff had identified Resident #91's specific symptoms or causes of anxiety/restlessness/agitation, had considered non-pharmacological interventions prior to administration of a psychotropic medication, or had an indication for use of the medication. Per record review on 08/01/11, Resident #91's diagnosis is Alzheimer's. Per the MAR (medication administration record) the following are the PRN (as needed) medications: a) Ativan 0.5 ml p.o. (by mouth) q2 hrs (every 2 hours) PRN for anxiety/agitation, b) Ativan 1 ml p.o. q2hrs PRN for anxiety/agitation, c) Haldol 1 mg (1 ml) from syringe , apply to skin and rub in q 4hrs PRN agitation/restless/aggressive, d) Ativan gel 2 mg/ml 0.5 ml topically q 4 hrs for agitation/restless/aggressive.	F 329	Systemic Changes: Residents will be assessed per report from facility, diagnosis, medication records before admission for behaviors requiring intervention and attempt nursing measures before administering psychotropic drugs. If such drug is necessary, will be discussed with doctor proper diagnosis, and monitoring guidelines. Monitoring Nurses will monitor behaviors and document effectiveness every shift using behavior flow sheets. Pharmacy monitors use of psychotropic medications and proper diagnosis. Pharmacy reports to QA monthly. F329 POC Accepted 8/25/11 S. Emmons RN / J. McCarty RN	

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F 329	Continued From page 5 During a 6 day period (7/25/11 through 08/01/11) Resident #91 received 9 PRN doses of Ativan (anti-anxiety) with a range of 0.5 ml to 1.0 ml and 13 doses of PRN Haldol (anti-psychotic) 1 mg topically for increased agitation and restlessness. On 5 occasions out of the 22, the resident was given the medications for kicking, hitting, or yelling. Per interview on 08/02/11 at 9:20 AM the DNS confirmed that there was no method to monitor specific objective behaviors, whether other nursing interventions were used prior to psychotropic administration and there was no appropriate diagnosis to support the use of antipsychotics. 2. Per record review and interview, there was no evidence in Resident #84's medical record that staff had identified a specific indication for use or symptoms/causes of exit seeking, anxiety, and restlessness, or considered non-pharmacological interventions for managing these behaviors, prior to administering Haldol (an anti-psychotic medication) 2 mg/mL (milligrams per milliliter) orally on 7 occasions from 5/25/11 to 6/30/11. A medical order (which was in place upon admission of Resident #84 on 5/25/11) prescribes Haldol Lactate oral 2 mg/mL, one mL every 6 hours as needed (prn). The prescription lacks specific indications for as needed use of Haldol. Per review of the Medication Administration Record (MAR), Resident #84 was administered 2 mg Haldol orally for listed symptoms of exit seeking, restlessness, anxious/cannot settle once	F 329			

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F 329	Continued From page 6 on 5/25/11, twice on 5/28/11, and once on 5/30/11, 5/31/11, 6/1/11, and 6/4/11. There was no written evidence of behavioral monitoring in conjunction with the use of Haldol in either the medical record or the MAR. During an interview on 8/3/11 at 10:00 AM, the Director of Nursing (DNS) confirmed that the medical record had no evidence of an indication for use of prn Haldol, and no evidence of targeted behavioral monitoring or non-pharmacological interventions in conjunction with prn administration of Haldol between 5/25/11 and 6/30/11.	F 329		
⑤ F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions	F 441	<p>Corrective Action: LNA was re-educated immediately by DNS.</p> <p>Protection of Other Residents: All staff will observe proper infection control techniques during all resident care. All infection control supplies will be available.</p> <p>Systemic Changes: Staff will be in-serviced yearly on infection control</p> <p>Monitoring Random audits by infection control committee will be done. Infection Control committee to report to QA quarterly.</p>	<p>Completion Date 8/26/11</p>

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F 441	<p>Continued From page 7</p> <p>from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to assure practices to prevent the spread of infection by cross contamination through hand washing/hand sanitization during dining/feeding assistance. Findings include:</p> <p>1. Per observation and staff interview on 08/01/2011 at 11:50 AM, a staff member was observed feeding food and drink to two residents and touching the resident's hands and arms then touching drinking glasses and flatware without sanitizing hands in between. In an interview on 08/01/11 at 11:55 AM, a staff member acknowledged that s/he would normally sanitize hands between direct resident contacts. During interview s/he stated, "I didn't think of that when feeding two residents." In an interview with the Assistant Director of Nursing Services on 08/02/2011 at 2:45 PM, s/he stated that when a staff member is feeding two residents at one time, it would be expected that s/he use one hand for each resident exclusively. If for some reason</p>	F 441	<p>F441 POC Accepted 08/11/11 S.EMMONS RN / P. MCOTAR RN</p>	
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F 441	<p>Continued From page 8</p> <p>s/he was to use both hands in feeding or s/he was to have direct contact with a resident, it would be expected that s/he wash or sanitize hands between residents. In an interview with the Director of Nursing Services (DNS) on 08/02/2011 at 2:55 PM s/he stated that it is expected that staff sanitize hands between direct resident contact.</p> <p>2. Per observation at 8/1/11 12:14 PM, in the facility's main dining room, a Licensed Nursing Assistant (LNA) was observed to feed one resident then reach down with bare hands and put a second resident's bare legs onto the foot supports of a wheelchair, then return to feeding the first resident bread with her/his hands without washing them. Per interview, the LNA stated s/he usually does not wash [staff] hands in between resident contacts. When the LNA was informed of the facility's expectation of hand washing between direct resident contact, the LNA stated "I guess I should have ". This was confirmed by the DNS on 08/02/11 at 2:55 PM.</p>	F 441			