

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

January 5, 2011

James Sutton, Administrator
Cedar Hill Health Care Center
49 Cedar Hill Drive
Windsor, VT 05089

Provider ID #:475046

Dear Mr. Sutton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 6, 2010.**

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

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on of
11710

PRINTED: 12/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED C 12/06/2010
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NAME OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089
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(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 000	INITIAL COMMENTS	F 000		
F 225 SS=E	<p>An unannounced onsite complaint investigation was conducted on 12/6/10. The following regulatory violation was identified.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the</p>	F 225	<p>F255 Investigate/Report Allegations/Individuals</p> <p>DNS/ADNS will review the deficient practice guidelines and set up the system below to assure this practice does not recur.</p> <p>The corrective action plan put into place to assure this practice does not continue is all allegations of abuse, neglect and/or exploitation will be logged into a ledger by the DNS with the date and time allegation is received.</p> <p>When allegation is received the DNS/ADNS will notify the Administrator. The DNS will immediately open an internal investigation. The staff member(s) involved will be removed from service on the floor with residents. The allegation will be reported to the Division of Licensing and Protection/Adult Protective Services with follow-up as requested and needed.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
James B. Aulton

TITLE
ADMINISTRATOR

(X6) DATE
12-16-2010

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.

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NAME OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089		
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F 225	<p>Continued From page 1 incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the Facility failed to ensure that alleged violations involving employee to resident abuse and neglect were thoroughly investigated and reported to the Division of Licensing and Protection. (Employees A, B, C and Resident #1) This is a repeat deficiency. Findings include:</p> <p>1. Per employee file review, Employee A's file contained a letter dated 10/30/10, signed by staff, stating that Employee A was "spoken to today concerning her inappropriate behavior/rude to a couple of residents". Per staff interview on 12/6/10 at 2:37 PM, the DNS (Director of Nursing Services) acknowledged receipt of the 10/30/10 letter signed by staff concerning Employee A's "inappropriate/rude behavior to a couple of residents". In addition, the DNS verified on 12/6/10 at 2:40 PM that she did not conduct an investigation concerning the allegations and did not report the allegations to the Division of Licensing and Protection (Residents are unknown).</p> <p>2. Per record review, the Administrator and DNS received a letter from a second employee, dated 10/22/10 at 9:00 PM, alleging staff to resident neglect concerning Employee A. In addition, on 10/26/10 at 1600 the DNS attached a note to the letter stating the DNS and ADNS met with the employee. Per staff interview on 12/6/10 at 2:11 PM, the DNS confirmed that the alleged staff to</p>	F 225	<p>This corrective action will be monitored by the Administrator and the DNS and reviewed by the Quality Assurance Committee at the quarterly meetings.</p> <p>Corrective Action to be completed by January 6, 2011.</p> <p>F225 POC Accepted 1/5/11 <i>Amotarn</i></p>	

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F 225	Continued From page 2 resident neglect concerning Employee A was not reported to the Division of Licensing and Protection (Residents are unknown). 3. Per record review, the Administrator and DNS received a letter from an employee dated 10/22/10 at 9:35 PM alleging staff to resident neglect concerning Employee B. In addition, on 10/25/10 at 1600, the DNS attached a note to the letter stating the DNS met with the employee to discuss concerns. Per staff interview on 12/6/10 at 2:11 PM, the DNS confirmed that the alleged staff to resident neglect concerning Employee B was not reported to the Division of Licensing and Protection (Residents are unknown). 4. Per staff interview on 12/6/10 at 2:22 PM, the DNS confirmed that an employee reported that Employee C spoke harshly to Resident #1 on 10/25/10. On 12/6/10 at 2:25 PM, the DNS confirmed that an alleged abuse investigation was not conducted, and the alleged abuse was not reported to the Division of Licensing and Protection concerning Employee C and Resident #1.	F 225			

