

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

March 14, 2011

Theresa Southworth, Administrator  
Gill Odd Fellows Home  
8 Gill Terrace  
Ludlow, VT 05149

Provider ID #:475052

Dear Ms. Southworth:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 15, 2011**.

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

PRINTED: 02/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/15/2011
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NAME OF PROVIDER OR SUPPLIER  GILL ODD FELLOWS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8 GILL TERRACE LUDLOW, VT 05149
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F 000	INITIAL COMMENTS	F 000		
F 170 SS-B	<p>483.10(l)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL</p> <p>The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, 8 of 12 applicable residents did not receive their mail in a prompt manner. (Resident #4, #5, #6, #7, #8, #9, #10 &amp; #11) Findings include:</p> <p>1. Per interviews on 02/15/11 from 11:40 AM - 1:15 PM, Residents #4, #5, #6, #7, #8 and #11 stated to the nurse surveyor that they had not received a letter from their physician which was received at the facility on 02/01/11. Residents #9 and #10 stated that their families received the letters instead of them. During the resident interviews, all were determined to be capable of understanding verbal as well as written communication. Per interview at 1:35 PM, the Administrator confirmed that the above residents are their own decision makers and that the letters were not delivered promptly.</p>	F 170	<p>F170 Residents 4, 5, 6, 7, 8, 9, 10, &amp; 11 all received the letter from their physician. Administrator or designee will monitor mail delivery and ensure all residents receive mail in timely fashion. Mail delivery each day will be monitored and documented. Tracking will be completed by Recreation Staff. Mail delivery will be monitored at QA monthly and tracking systems will be maintained until consistent compliance maintained. Completion Date: 3/15/11</p> <p>F170 POC Accepted 3/14/11 M. Bolton, RN   M. Montarn</p>	
F 276 SS-B	<p>483.20(c) QUARTERLY ASSESSMENT AT LEAST EVERY 3 MONTHS</p> <p>A facility must assess a resident using the quarterly review instrument specified by the State</p>	F 276	<p>F276 Complete audit of each residents assessments. Assessments will be completed on each resident overdue. MDS Coordinator will be hired. Coordinator will be setting up scheduled weeks for completion of monthly assessments on each resident which will be reviewed at daily manager's meeting to ensure no further late assessments. Schedule completion and transmissions. MDS will be monitored monthly at QA until substantial compliance has been maintained and determined no longer necessary by QA Committee. Completion Date: 3/15/11</p> <p>F276 POC Accepted 3/14/11 M. Bolton RN   M. Montarn</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>M. Bolton</i>	TITLE Administrator	(X6) DATE 3-7-11
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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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F 276	Continued From page 1 and approved by CMS not less frequently than once every 3 months.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete Quarterly MDS (Minimum Data Set) Assessments within the required time frames for 15 of 36 applicable residents. Findings include:  Per record review on 02/15/11 at 10:00 AM, of the Printed Resident MDS Alert list from the software vendor, dated 01/24/11, 15 of 36 residents had '90 day alerts'. Eleven residents' assessments were last completed in October 2010 and four resident's assessments were last completed early November 2010 (greater than 92 days). During interview later in the morning, the newly appointed MDS coordinator stated that s/he was not made aware of the late assessments. In addition, the MDS coordinator confirmed that the Quarterly Assessment Review had not been completed within 92 days as required.	F 276		
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 observation, staff interview and record review, the facility failed to assure that nursing staff administered medications/treatments to 2 of 3 applicable residents in accordance with accepted professional standards of nursing	F 281	F281 All records will be reviewed for nutritional supplements and LPN/RN staff will be educated on supplements. All RN/LPN staff will be educated on G-Tube med/fluid administration and demonstrate competency. Staff orientation will include overview of nutritional supplements and GTube nutrition/med administration. RN/LPN will demonstrate competency before rendering care to GTube Patient. Dietary supplements and GTubes will be monitored randomly and be reviewed at monthly QA until no longer necessary by QA committee.  Completion Date: 3/15/11 F281 POC Accepted 3/14/11 M. Bolton RN / Amata RN	

*Sheena Southworth 3-7-11*

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F 281	<p>Continued From page 2</p> <p>practice during observations with 2 nurses. (Residents #2 &amp; 3) Findings include:</p> <ol style="list-style-type: none"> <li>1. During an observation of medication and treatment administration for Resident #2 on 2/15/11 at 11:40 AM, the Licensed Practical Nurse (LPN) poured an un-ordered nutritional supplement (Ensure) in place of the physician ordered supplement (2 Cal. HH) and was stopped from giving it to the resident by the Surveyor, who noted the error. The LPN then confirmed the error and administered the 2 Cal. HH supplement as ordered. S/he stated that s/he had given the Ensure and the 2 Cal. HH supplements interchangeably in the past because s/he had not realized that they were not nutritionally the same.</li> <li>2. During observation of administration of medications and initiation of G-Tube feedings for Resident #3 on 2/15/11 at 12 noon, the LPN failed to follow the physician orders for the amounts of free water to give during the administrations. The physician orders stated to: 1. flush feeding tube before and after feeding with 140 ml (milliliters) of water; 2. flush G-Tube during med pass with 120 ml water. The LPN poured 120 ml water into 1 cup and did the pre-feeding flush. The nurse then poured water from a larger container with a capacity of 500 ml as a flush between administration of 4 medications and 1 nutritional supplement. The nurse then initiated the feeding via pump over 2 hours. The nurse did not measure the amount of water being used to flush the G-Tube between medications. The amount of water administered was not measured to equal the ordered total of 260 ml. This was confirmed by the nurse immediately after the observation. She stated she had not accurately measured the water for the</li> </ol>	F 281		
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F 281	Continued From page 3 flushes.	F 281		
F 309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide the necessary care and services to attain the highest practicable well-being for 1 applicable resident regarding emergency medical care and neurological assessments after a fall (Resident #1). Findings include:</p> <p>Per interview on 02/15/11 at 12:45 PM, a family member expressed concern regarding Resident #1's well-being after a fall on 02/08/11, stating that the resident was not sent to the emergency room (ER) for nearly 10 hours after a severe fall. Per record review of the incident/accident report, the fall occurred at approximately 3:50 AM on 2/08/11, and stated that the "resident was found on rounds prone on floor with head under bed." Per a verbal order dated 02/08/11 at 2:00 PM 'transport to ER for evaluation of right wrist'.</p> <p>Per the ER note's dated 02/08/11 at 2:47 PM, the resident sustained "multiple skin tears, large deep laceration to the right dorsal forearm, can easily see veins and torn fascia, dead tissue along the borders that need to be cleaned up...left hand</p>	F 309	<p>F309 Fall packet initiated. Physician and DON/Designee to be notified with any fall within one hour. All nursing staff to receive education on neuro monitoring and fall F/U. Each RN/LPN will demonstrate competency with Incident/Accident reporting/neuro monitoring and family/MD notification. DON or designee will monitor each fall <u>for 72 hours</u> to ensure quality of care. All falls and treatments related to fall will be monitored daily at manager's meetings and monthly at QA Committee. Medical Director will be informed of each fall and f/u each week.</p> <p>Completion Date: 3-15-11</p> <p>F309 POC Accepted 3/14/11 M. Bohannon/Amestarn</p>	

*Theresa Soutter 3-7-11*

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F 309	<p>Continued From page 4</p> <p>pain and right wrist pain, abrasions to both plus anterior chest wall and both knees...hand x-ray: fracture involving the head of the left first metacarpal...laceration repair: length 8.0 cm [approximately 3 inches] complex requiring alignment [with sutures] of multiple flaps and revision of wound margins".</p> <p>Per review of the nurses's notes dated 02/08/11, a late entry note at 1:38 PM states "cleaned all areas, wrapped non-adherent pad to right hand with kerlix, padded tegaderm applied to left hand, bleeding controlled...complains of pain, refuses Tylenol...MD, family, DNS and Administrator aware". Per review of the resident's medical record, the Neurological Record dated 02/08/11 had only 2 assessments obtained during the first several hours ( 3:50 AM &amp; 4:20 PM) and 1 obtained prior to sending to the ER at 12:15 PM. Per the facility's Neurological Record, used for falls, staff were to monitor the resident's neurological status every 30 minutes for the first 2 hours, then every hour for 4 hours, every 4 hours for the first 24 hours and every 8 hours for 72 hours.</p> <p>Per interview on 02/15/11 at 2:30 PM, the staff nurse was not able to verbalize why the resident was not sent to the ER after sustaining severe injuries, where the policy and procedure manuals for falls/ER referrals are located to help direct staff for optimal resident care in emergent situations, nor why there was a lack of monitoring of the neurological/vital signs for this resident after this fall. Per interview at 2:45 PM, the Director of Nursing (DNS) confirmed that the resident's highest well-being was not maintained, as the necessary care and services were delayed.</p>	F 309		
F 514	483.75(l)(1) RES	F 514		

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F 514 SS=D	<p>Continued From page 5</p> <p><b>RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</b></p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain a complete and accurately documented clinical record for 1 applicable resident. (Resident #1) Findings include:</p> <p>Per record review on 02/15/11 at 1:00 PM, Resident #1's incident/accident report regarding a fall, which was not dated, did not identify additional areas of abrasions to both knees or anterior chest wall. In addition, the Neurological Record, dated 02/08/11, had only 2 assessments obtained during the first several hours (3:50 AM &amp; 4:20 PM) and 1 obtained prior to sending to the ER at 12:15 PM. Per the facility's Neurological Record, used for falls, staff were to monitor the resident's neurological status every 30 minutes for the first 2 hours, then every hour for 4 hours, every 4 hours for the first 24 hours and every 8 hours for 72 hours. Per interview on 02/08/11 at</p>	F 514	<p>F514 All falls and incidents regarding neuro records will be reviewed for accuracy and completion after each fall. Each RN/LPN will receive education related to Incident/Accident and neuro record and timely documentation. Fall documentation will be reviewed and monitored after each fall. Medical Director will be informed of all falls and incidents each week and treatment plan. All falls and incidents will be monitored daily at manager's meeting. All documentation of Incident/Accident will be reviewed monthly at QA for compliance. Completion Date: 3-15-11</p> <p>F514 POC Accepted m. Bolton RN / P. MacArthur</p>	
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F 514	Continued From page 6 2:45 PM, the DNS confirmed that the medical record was not complete or accurate.	F 514		

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