

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 24, 2015

Ms. Theresa Southworth,
Gill Odd Fellows Home
8 Gill Terrace
Ludlow, VT 05149-1004

Dear Ms. Southworth:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 1, 2015**. 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

JUN 17 2015

PRINTED: 06/08/2015
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 06/01/2015
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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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(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
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F 000	INITIAL COMMENTS	F 000		
F 281 SS=E	<p>An unannounced on-site investigation was conducted on two facility self-reported incidents by the Division of Licensing and Protection on 6/1/15. The findings include the following: 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the facility failed to adhere to professional standards regarding the monitoring and screening of Neurological Vital Signs after unwitnessed falls for 2 of 4 Residents sampled (Resident #3 and #4). The findings include the following:</p> <ol style="list-style-type: none"> Per medical record review, Resident #3 was found lying on his/her side in his/her room in front of the door on 4/5/15 at 1645. The resident's walker was down on the floor with his/her. This unwitnessed fall did not result in any injury, as determined by the Registered Nurse who conducted the initial exam. Documentation evidences a neurological evaluation sheet in place. <p>Per Neurological Screening Flow Sheet evaluations are to be evaluated every 30 minutes times 4, every hour times 4, every 4 hours times 6 and every 8 hours times 6. Per Neurological Screening Flow Sheet, dated 4/5/15, identifies that the professional staff did not</p>	F 281	<p>F-281 SERVICES MEET PROFESSIONAL STANDARDS</p> <p>Resident # 3 and Resident #4 had their Care Plan reviewed and updated by the interdisciplinary team. Nursing notes revealed Res # 3 & 4 were monitored for the 72 hour period following a fall and there was no adverse effects as a result of not documenting on neuro monitoring flow sheet. .</p> <p>All residents with a fall in last three months will be reviewed for the presence of neurological screening and all fall care plans will be reviewed by the Interdisciplinary Team.</p> <p>Nursing to be educated about falls policy. All falls will be reviewed by DON or Designee for completion of Neuro Observations.</p> <p>The DON or Designee will be responsible to monitor and review at Quality Assurance monitoring at least quarterly.</p> <p>Completion Date: June 29, 2015</p> <p>F281 POC accepted 6/24/15 mBertrand RN/pmc</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Theresa Southworth</i>	TITLE Administrator	(X6) DATE 6/12/15
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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 281	<p>Continued From page 1</p> <p>complete Neurological Vital Signs (NVS), for two of the 30 minute evaluations, for two of the hourly evaluations, for two of the 4 hourly evaluations and all 6 of the 8 hour evaluations.</p> <p>Per interview with the Director of Nurses, confirmation is made that at 2 PM that the Neurological Screening was not completed as per policy.</p> <p>2. Per medical record review, Resident #3 had an unwitnessed fall on 4/19/15 at 1530. Resident was in his/her room with the door closed. According to the resident s/he was ambulating without the use of a walker. Per evaluation by the Registered Nurse no injuries resulted. Vital signs and flow sheet in place.</p> <p>Per Neurological Screening Flow Sheet evaluations are to be evaluated every 30 minutes times 4, every hour times 4, every 4 hours times 6 and every 8 hours times 6.</p> <p>Per Neurological Screening Flow Sheet, dated 4/19/15, the professional staff did not complete Neurological Vital Signs (NVS), for all four of the hourly evaluations and for three of the 8 hour evaluations.</p> <p>Per interview with the Director of Nurses, confirmation is made that at 2 PM that the Neurological Screening was not completed as per policy.</p> <p>3. Per medical record review, Resident #4 had a fall on 5/11/15 at 11:15 AM. The resident was trying to go to the bathroom, was assisted with a staff member, but suddenly sat on the floor. Resident assumed that there was a chair behind his/her. Sustained a 3 centimeter (cm) x 3 cm</p>	F 281			

Theresa Southworth 6/12/15

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F 281	Continued From page 2 hematoma on the back of his/her head. Documentation identifies that 15 minute vital checks and neurological checks begun. Per Neurological Screening Flow Sheet evaluations are to be evaluated every 30 minutes times 4, every hour times 4, every 4 hours times 6 and every 8 hours times 6. Per Neurological Screening Flow Sheet, dated 5/11/15, identifies that the professional staff did not complete Neurological Vital Signs (NVS), for three of the hourly evaluations and four of the six 8 hour evaluations. Per interview with the Director of Nurses, confirmation is made that at 2 PM that the Neurological Screening was not completed as per policy. Reference: Lippincott Manual of Nursing Practice (9th ed.) Wolters Kluwer Health/Lippincott Williams & Wilkins.	F 281	F- 309 QUALITY OF CARE Resident # 3 and Resident #4 had their Care Plan reviewed and updated by the interdisciplinary team. Nursing notes revealed Res # 3 & 4 were monitored for the 72 hour period following a fall and there was no adverse effects as a result of not documenting on neuro monitoring flow sheet. . All residents with a fall in last three months will be reviewed for the presence of neurological screening and all fall care plans will be reviewed by the Interdisciplinary Team. Nursing to be educated about falls policy. All falls will be reviewed by DON or Designee for completion of Neuro Observations. The DON or Designee will be responsible to monitor and review at Quality Assurance monitoring at least quarterly. Completion Date: June 29, 2015 F309 POC accepted 6/24/15 mBertrand RN/PML	
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by staff interview the facility failed to ensure that	F 309		

Theresa Southworth Administrator
6-12-15

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F 309	<p>Continued From page 3</p> <p>each resident receives the necessary care and services to maintain the highest practicable physical well-being for 2 of 4 sampled resident (Resident #3 and #4) regarding proper assessment and monitoring after falls. The findings include the following:</p> <p>1. Per medical record review, Resident #3 was found lying on his/her side in his/her room in front of the door on 4/5/15 at 1645. The resident's walker was down on the floor with his/her. This unwitnessed fall did not result in any injury, as determined by the Registered Nurse who conducted the initial exam. Documentation evidences that neurological evaluation sheet in place.</p> <p>Per Neurological Screening Flow Sheet evaluations are to be evaluated every 30 minutes times 4, every hour times 4, every 4 hours times 6 and every 8 hours times 6.</p> <p>Per Neurological Screening Flow Sheet, dated 4/5/15, identifies that the professional staff did not complete Neurological Vital Signs (NVS), for two of the 30 minute evaluations, for two of the hourly evaluations, for two of the 4 hourly evaluations and all 6 of the 8 hour evaluations.</p> <p>Per interview with the Director of Nurses, confirmation is made that at 2 PM that the Neurological Screening was not completed as per policy.</p> <p>2. Per medical record review, Resident #3 had an unwitnessed fall on 4/19/15 at 1530. Resident was in his/her room with the door closed. According to the resident s/he was ambulating without the use of a walker. Per evaluation by the Registered Nurse no injuries resulted. Vital signs</p>	F 309			

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F 309	<p>Continued From page 4 and flow sheet in place.</p> <p>Per Neurological Screening Flow Sheet evaluations are to be evaluated every 30 minutes times 4, every hour times 4, every 4 hours times 6 and every 8 hours times 6.</p> <p>Per Neurological Screening Flow Sheet, dated 4/19/15, the professional staff did not complete Neurological Vital Signs (NVS), for all four of the hourly evaluations and for three of the 8 hour evaluations.</p> <p>Per interview with the Director of Nurses, confirmation is made that at 2 PM that the Neurological Screening was not completed as per policy.</p> <p>3. Per medical record review, Resident #4 had a fall on 5/11/15 at 11:15 AM. The resident was trying to go to the bathroom, was assisted with a staff member, but suddenly sat on the floor. Resident assumed that there was a chair behind his/her. Sustained a 3 centimeter (cm) x 3 cm hematoma on the back of his/her head. Documentation identifies that 15 minute vital checks and neurological checks begun.</p> <p>Per Neurological Screening Flow Sheet evaluations are to be evaluated every 30 minutes times 4, every hour times 4, every 4 hours times 6 and every 8 hours times 6.</p> <p>Per Neurological Screening Flow Sheet, dated 5/11/15, identifies that the professional staff did not complete Neurological Vital Signs (NVS), for three of the hourly evaluations and four of the six 8 hour evaluations.</p> <p>Per interview with the Director of Nurses, confirmation is made that at 2 PM that the</p>	F 309			

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F 309	Continued From page 5 Neurological Screening was not completed as per policy.	F 309			

Theresa Southworth Administrator
6/12/15