

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

August 27, 2013

Ms. Jennifer Combs-Wilber, Administrator
Green Mountain Nursing And Rehabilitation
475 Ethan Allen Avenue
Colchester, VT 05446

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 6, 2013**. 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

PC:jl



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

PRINTED: 08/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/06/2013
NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	
(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} F281

An unannounced onsite follow-up to the 6/19/13 annual recertification survey was conducted by the Division of Licensing and Protection on 8/6/13. Repeat regulatory deficiencies were identified as a result.

{F 281} 483.20(k)(3)(i) SERVICES PROVIDED MEET SS=E PROFESSIONAL STANDARDS

{F 281}

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:

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 assure that professional standards were met for the evaluation of effectiveness of as needed (PRN) medications for 2 of 4 sampled residents. (Residents # 9, 45). Findings include:

1. Per record review on 8/6/13 at 10:00 AM, Resident # 9 was administered PRN medications on 4 occasions without staff documentation of the effectiveness of the medications. PRN Xanax (antianxiety) was administered on 7/13/13 and 7/18/13. PRN Immodium (antidiarrheal) was administered on 8/5/13 and Norco (pain) was administered on 7/27/13.

2. Per record review on 8/6/13 at 10:15 AM, Resident # 45 was administered PRN Risperdal (antipsychotic) on 7/24/13 and 8/4/13 without nursing staff documentation of the effectiveness of the medication.

On 8/6/13 10:45 AM, the Unit Manager (UM)

It is the policy of this facility to assure that professional standards are met for evaluating the use and effectiveness of PRN medications. Some of the ways we have done this for Resident # 9 & 45 is to continue to reeducate staff on the importance of thorough and consistent documentation relating to the use and effectiveness of PRN medications. A chart review for usage and effectiveness documentation is currently being done by the unit managers on a daily basis and weekly by the DON, ADON or designee. Green pull tabs in the Medication (MAR) book will be used as a documentation reminder for nurses. Once PRN medication is administered nurse will pull green tab to remind themselves to go back and assess for effectiveness. **Completed 8/16/2013**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Janice Walker* TITLE *administrator* (X6) DATE *8/21/13*

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.

PMK

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{F 281}	Continued From page 1 stated that nursing staff are expected to document the effectiveness of a PRN medication after administering that medication. The UM confirmed that staff had not documented the effectiveness of the medications as described above. Reference: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.	{F 281}	All residents who have physician orders for PRN medications have a potential to be affected by this alleged deficient practice. To assure that this alleged deficient practice does not affect other residents continuation of reeducating staff on the importance of thorough and consistent documentation relating to the use and effectiveness of PRN medications. A chart review for usage and effectiveness documentation is currently being done by the unit managers on a daily basis and weekly by the DON, ADON or designee. Green pull tabs in the Medication (MAR) book will be used as a documentation reminder for nurses. Once PRN medication is administered nurse will pull green tab to remind themselves to go back and assess for effectiveness. Completed 8/16/2013	
{F 514} SS=E	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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. 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that the clinical record for 2 of 4 sampled residents (Residents # 9, 45) had complete documentation regarding the effectiveness of as needed (PRN) medications. Findings include: 1. Per record review on 8/6/13 at 10:00 AM,	{F 514}	To ensure the alleged practice does not occur, and procedure stays consistent we are taking the following measures: A quality Assurance evaluation has been implemented under the supervision of the QA committee,	

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(X5) COMPLETION DATE			

{F 514} Continued From page 2
Resident # 9 was administered PRN medications on 4 occasions without staff documentation of the effectiveness of the medications. PRN Xanax (antianxiety) was administered on 7/13/13 and 7/18/13. PRN Immodium (antidiarrheal) was administered on 8/5/13 and Norco (pain) was administered on 7/27/13.

2. Per record review on 8/6/13 at 10:15 AM, Resident # 45 was administered PRN Risperdal (antipsychotic) on 7/24/13 and 8/4/13 without nursing staff documentation of the effectiveness of the medication.

On 8/6/13 10:45 AM, the Unit Manager (UM) stated that nursing staff are expected to document the effectiveness of a PRN medication in the clinical record after administering that medication. The UM confirmed that staff had not documented the effectiveness of the medications as described above.

{F 514} DON, and Administrator for three consecutive months then quarterly thereafter. This evaluation will include a systematic review of all residents with PRN physician orders. Documentation will be audited for frequency of use and effectiveness; immediate action will be taken if warranted.
Completion Date 08/21/2013

F281 POC accepted 8/23/13
RTremblay RN | PMC

F 514

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 policies of this facility to assure that the clinical records on each resident have sufficient documentation regarding the use and effectiveness of PRN pain medications.
Some of the ways we have done this for Resident # 9 & 45 is to continue to reeducate staff on the

(514) cont.

importance of thorough and consistent documentation relating to the use and effectiveness of PRN medications. A chart review for usage and effectiveness documentation is currently being done by the unit managers on a daily basis and weekly by the DON, ADON or designee.

Green pull tabs in the Medication (MAR) book will be used as a documentation reminder for nurses. Once PRN medication is administered nurse will pull green tab to remind themselves to go back and assess for effectiveness.

Completed 8/16/2013

All residents who have physician orders for PRN medications have a potential to be affected by this alleged deficient practice.

To assure that this alleged deficient practice does not affect other residents continuation of reeducating staff on the importance of thorough and consistent documentation relating to the use and effectiveness of PRN medications. A chart review for usage and effectiveness documentation is currently being done by the unit managers on a daily basis and weekly by the DON, ADON or designee.

(514) cont.

Green pull tabs in the Medication (MAR) book will be used as a documentation reminder for nurses. Once PRN medication is administered nurse will pull green tab to remind themselves to go back and assess for effectiveness.

Completed 8/16/2013

To ensure the alleged practice does not occur, and procedure stays consistent we are taking the following measures:

A quality Assurance evaluation has been implemented under the supervision of the QA committee, DON, and Administrator for three consecutive months then quarterly thereafter. This evaluation will include a systematic review of all residents with PRN physician orders. Documentation will be audited for frequency of use and effectiveness; immediate action will be taken if warranted.

Completion Date 08/21/2013

F514 POC accepted 8/23/13
Rtremiday RN / pmc