

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

April 21, 2014

Ms. Jennifer Combs-Wilber, Administrator  
Green Mountain Nursing And Rehabilitation  
475 Ethan Allen Avenue  
Colchester, VT 05446-3312

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 26, 2014**. 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: 04/09/2014  
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  C 03/26/2014
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NAME OF PROVIDER OR SUPPLIER  GREEN MOUNTAIN NURSING AND REHABILITATION	STREET ADDRESS CITY STATE ZIP CODE 476 ETHAN ALLEN AVENUE COLCHESTER, VT 05446
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X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D 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

An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection from 3/25-3/26/14 concerning Nursing Services and Quality of Care and Treatment. The following regulatory findings were identified:

F 225 483.13(c)(1)(ii)-(iii) (c)(2) - (4)  
SS=D INVESTIGATE/REPORT  
ALLEGATIONS/INDIVIDUALS

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.

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).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse. While the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated

**The preparation and execution of this Plan of Correction does not constitute an admission or agreement by the Provider as to the truth or accuracy of the facts alleged or the conclusions set forth in the Statement of Deficiencies. This plan of Correction is prepared and executed because it is required by Federal and State law.**

F 225

It is the policy of GMNR is to 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/or to other officials in accordance with State law through established procedures.

No residents were affected by this alleged deficient practice.

All residents have the potential to be affected by this alleged deficient practice. To assure that this alleged deficient practice does not affect any residents we are practicing the following procedure. Employees will be reeducated on the importance of notification to all agencies SA, OPR and APS to ensure that suspicion of possible staff nurse to resident neglect, related to suspected medication diversion, are reported immediately. Any person who holds a waiver granted by the State Agency to work at GMNR and suspicions behavior arises will result in immediate

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deanne Combs-Welker TITLE: Admin DATE: 4/17/14

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 due to be closed 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.

*Amc*

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F 225		Continued From page 1		F 225			
		<p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the 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 on administrative and staff interview and review of the facility internal investigation and abuse policies, the facility failed to ensure that incidents of possible staff nurse to resident neglect, related to suspected medication diversion, were reported immediately to the State Agency (SA= The Division of Licensing and Protection). Additionally, the facility failed to notify the SA that the nurse, who was working under a variance (waiver), had a change in professional standing and was now under investigation for alleged medication diversion. These events had the potential of affecting all residents on the Champlain East and West units. The findings include: Per 3/25/14 review of the facility's internal investigation dated 12/30/13, on 12/29/13 a staff nurse reported to the administration that another nurse working in the facility might be diverting residents' Vicodin (a controlled pain medication). On 12/20/13 the facility reported the allegation to the State Office of Professional Regulation, but failed to notify the SA of the incident. Per personnel file review on 3/26/14 the nurse named in the allegation had been granted an employment variance by the SA on 10/3/12 based on findings in his/her background check. Per 3/25/14 review, the facility policy titled "Reporting Abuse to Facility Management "neglect" is</p>				<p>notification to the State Agency. The measures that GMNR follows to assure that this alleged practice does not occur is; Any suspicion of possible staff nurse to resident neglect, related to suspected medication diversion, are reported immediately to Administrator, or DON for complete investigation and to the following agencies SA, OPR and APS. Any person who holds a waiver granted by the State Agency to work at GMNR that has a suspicious behavior arise will result in immediate notification to the State Agency by the Administrator or designee.</p> <p>The Administrator will monitor the waiver program by having a current list of "waiver" employees and reeducating the staff on notification of the suspicious behavior of any employees so the administrator can cross match this list with suspicions without breaking confidentiality of the employee holding the waiver.</p> <p>Completion Date 4/26/2014</p> <p>F225 POC accepted 4/18/14 SDennis APRN/PMC</p>	

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<p>F 225 Continued From page 2</p> <p>defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. The facility policy titled "Abuse Investigations" states, "The administrator or designee will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency ...within 24 hours of the reported incident."</p> <p>On 3/25/14 at 3:20 PM, the facility administrator confirmed s/he did not report the incident of possible resident neglect or the nurses' change in professional standing to the SA; the administrator stated that s/he thought reporting the incident to the Professional Regulation office meant the SA was also notified.</p> <p>(Refer F226, F281, F431)</p> <p>F226 483.13(c) DEVELOP/IMPLMENT SS=D ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by</p> <p>Based on administrative interview and review of the facility's internal investigation and policies, the facility failed to implement their Abuse Policy regarding reporting an allegation of possible staff to resident neglect that had the potential of affecting all residents on the Champlain East and West units. Findings include:</p> <p>Per 3/25/14 review of the facility's internal</p>		<p>F 225</p> <p>F 226 It is the policy of GMNR is to 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/or to other officials in accordance with State law through established procedures.</p> <p>No residents were affected by this alleged deficient practice.</p> <p>All residents have the potential to be affected by this alleged deficient practice. To assure that this alleged deficient practice continues to not affect any residents we are practicing the following procedure. Employees will be reeducated on the importance of notification to all agencies SA, OPR and APS to ensure that suspicion of possible staff nurse to resident neglect, related to suspected medication diversion, are reported immediately. Any person who holds a waiver granted by the State Agency to work at GMNR and suspicions behavior arises will result in immediate</p>	

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F 226	Continued From page 3 investigation dated 12/30/13, on 12/29/13 a staff nurse reported to the administration that another nurse working in the facility might be diverting residents' Vicodin (a controlled pain medication). On 12/20/13 the facility reported the allegation to the State Office of Professional Regulation, but failed to notify the SA (SA= State Agency, The Division of Licensing and Protection) of the incident. Per personnel file review on 3/26/14 the nurse named in the allegation had been granted an employment variance by the SA on 10/3/12 based on positive findings in his/her background check. Per 3/25/14 review, the facility policy titled, "Reporting Abuse to Facility Management." "neglect" is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. The facility policy titled, "Abuse Investigations," states, "The administrator or designee will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency... within 24 hours of the reported incident. On 3/25/14 at 3:20 PM, the facility administrator confirmed s/he did not report the incident of possible resident neglect or the nurses' change in professional standing to the SA; the administrator stated that s/he thought reporting the incident to the Professional Regulation office meant the SA was also notified. (Refer F225, F281, F431)		F 226	notification to the State Agency. A reasonable suspicion education program will be scheduled when outside presenter is available.  The measures that GMNR follows to assure that this alleged practice does not occur is; Any suspicion of possible staff nurse to resident neglect, related to suspected medication diversion, are reported immediately to Administrator, or DON for complete investigation and to the following agencies SA, OPR and APS. Any person who holds a waiver granted by the State Agency to work at GMNR that has a suspicious behavior arise will result in immediate notification to the State Agency by the Administrator or designee.  The Administrator will monitor the waiver program by having a current list of "waiver" employees and reeducating the staff on notification of the suspicious behavior of any employees so the administrator can cross match this list with suspicions without breaking confidentiality of the employee holding the waiver.  Completion Date 4/26/2014  F226 POC accepted 4/18/14 SDennis APRN / PML	
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET SS-E PROFESSIONAL STANDARDS				
	The services provided or arranged by the facility must meet professional standards of quality.				

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F 281	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation record review staff interview and review of policy and facility investigation, the facility failed to provide services that meet professional standards regarding the management, monitoring and disposition of controlled medications for 3 of 5 residents (Resident #1, Resident #3 and Resident #4). Findings include:  Per 3/25/14 review of the facility's internal investigation dated 12/30/13 on 12/29/13 a staff nurse (Nurse #1) reported to the administration that another nurse in the facility (Nurse #2) might be diverting residents' Vicodin (a controlled pain medication). Nurse #1 reported she noticed when Nurse #2 was on duty there seemed to be more prn (as needed) Vicodin given and there were several times when Vicodin had been wasted or dropped (by Nurse #2). The investigation determined that there were instances where Nurse #2 documented that medications were "wasted" (wasted=disposed of due to dropping on the floor or being opened in error) and that s/he did not get a second nurse to witness and co-sign that the medications were disposed of per facility policy. Per 3/25/14 review the facility policy titled "Discarding and Destroying Medications" states: 1. Non-controlled and Schedule V controlled drugs must be destroyed in the presence of two (2) licensed nurses. 2. Schedule II, III, and IV controlled drugs must be destroyed by the Director of Nursing services or licensed designee and another licensed nurse (Vicodin is a schedule III drug). 6. Whoever witnesses the destruction/disposal of medications must sign and date the medication disposition record.		F 281	It is the policy of GMNR is to ensure that all services provided or arranged by the facility must meet professional standards of quality  GMNR did a in house investigation once nurse #1 brought her concerns to the DON as well as reporting to the office of professional regulation for suspicion of drug diversion within 24 hours of notification, an investigation on the "wasting practices" of nurse #2 for the suspicions that nurse #1 brought forward. Investigation included chart review of any potential information that would indicate residents of wasting practice did not receive prescribed medications, review of indicated time from Nurse #1 on the narcotic sign out sheet, DON also interviewed residents who had a potential to be affected by wasting practice. It is our conclusion of in house investigation that residents were not harmed and received their medications as prescribed.  Staff will be reeducated on monitoring of medication administration of their peers and reasonable suspicion surrounding medication administration practices.  To assure that the alleged practice of diversion through wasting does not occur, GMNH is designing a "wasting incident form" that will be completed by the nurses who are discarding or destroying medications. All discarding or destroying medications will be done according to facility policy. The form will be submitted to the DON and the Administrator for further follow up monitoring and investigation.  GMNH will monitor the MAR's and Narcotic documentation records for suspicious behavior of medication administration practices. Staff nurses will keep an eye on peer practices as educated. DON and/or Designee will audit MAR's and Narcotic documentation records on a weekly basis for 6 weeks starting 4/18/2014, DON or Designee will continually monitor documentation of narcotic book and MAR frequently to identify if any patterns are occurring.	

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F 281 Continued From page 5

F 281

Per 3/26/14 review of the narcotic log book the Director of Nursing (DON) confirmed that for Resident #1 there were 5 entries recorded where Nurse #2 "wasted" Vicodin without getting a second nurse to witness and co-sign the destruction (dated 4/24/13 5/8/13 10/12/13 10/25/13 and 11/11/13). For Resident #3 the DON confirmed that Nurse #2 documented that s/he had "pulled (Vicodin) from the wrong card" (dated 5-14/13 and a second time where s/he did not date the entry); at the time of the mistake Resident #3 had already been discharged from the facility on 5/11/14.

On 3/26/14 at 8:30 AM, the nursing supervisor of the Champlain unit reported that s/he was not aware that anyone in the facility reviewed the narcotic book for patterns [of diversion] and had not received training to do so. S/he also stated that when residents die or leave the facility the narcotics are kept in the medication cart until the DON or Assistant DON (ADON) come to remove them for safekeeping until destroyed. S/he stated, sometimes the medications remain on the cart for up to a month or longer.

On 3/26/14 at 1:54 PM The Director of Nursing (DON) stated that prior to the reported allegation of possible drug diversion the facility did not have a system in place to monitor that the policy for controlled medication disposition was followed and to check for co-signatures or irregularities related to their disposition. The DON added that staff are trained about the narcotic policy during their orientation; the training is not repeated and nurses are expected to have learned the process from their orientation with the DON and other floor nurses. The DON reported that if a resident dies or goes home, controlled medications are removed from the cart by the DON or ADON usually on the day the resident leaves or the next

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F 281 Continued From page 6

day. The drugs are then placed in a pharmacy lock box until the pharmacist comes in and they are destroyed

On 3/26/14 at 3:03 PM, during an observation of the "change of shift" narcotic count on the Champlain East medication cart; one Fentanyl patch (a controlled pain medication) and 13 tablets of Vicodin were present in the medication cart for a resident who had been discharged from the facility on 3/14/14. Resident #4). This observation was confirmed by the two nurses doing the count.  
(Refer F225 F226 F431)

Reference: Lippincott Manual of Nursing Practice (9th ed.), Wolters Kluwer Health/Lippincott Williams & Wilkins.

F 281

Medications of discharged residents are safeguarded by remaining in the narcotic box under double lock on the medication cart until the DON and/or designee are able to destroy per facility policy. When the medications remain in the narcotic box under double lock in the Medication cart they are counted and documented every change of shift with the controlled medications of residents currently in the facility to limit access and discrepancies.

*F281 POC Accepted 4/16/14  
SDennis APRN/PMC*

F 431 483.60(b), (d), (e) DRUG RECORDS  
SS=E LABEL/STORE DRUGS & BIOLOGICALS

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws the facility must store all drugs and biologicals in

F 431

It is the policy of GMNR to develop and implement safeguards and systems to control and monitor usage and disposition of controlled medications in sufficient detail to identify discrepancies.

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F 431	<p>Continued From page 7</p> <p>locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and administrative interview and review of the facility's internal investigation and narcotic log book the facility failed to develop and implement safeguards and systems to control and monitor usage and disposition of controlled medications in sufficient detail to identify discrepancies for 3 of 5 residents receiving controlled medications for pain (Resident #1 Resident #3 and Resident #4). The findings include: Per 3/25/14 review of the facility's internal investigation dated 12/30/13 on 12/29/13 a staff nurse (Nurse #1) reported to the administration that another nurse in the facility (Nurse #2) might be diverting residents' Vicodin (a controlled pain medication). Nurse #1 reported she noticed when Nurse #2 was on duty there seemed to be more prn (as needed) Vicodin given and there were several times when Vicodin had been wasted or dropped (by Nurse #2). The investigation determined that there were</p>	F 431	<p>GMNR did a in house investigation once nurse #1 brought her concerns to the DON as well as reporting to the office of professional regulation for suspicion of drug diversion within 24 hours of notification, an investigation on the "wasting practices" of nurse #2 for the suspicions that nurse #1 brought forward. Investigation included chart review of any potential information that would indicate residents of wasting practice did not receive prescribed medications, review of indicated time from Nurse #1 on the narcotic sign out sheet, DON also interviewed residents who had a potential to be affected by wasting practice. It is our conclusion of in house investigation that residents were not harmed and received their medications as prescribed.</p> <p>Staff will be reeducated on monitoring of medication administration of their peers and reasonable suspicion surrounding medication administration practices.</p> <p>To assure that the alleged practice of diversion through wasting does not occur, GMNH is designing a "wasting incident form" that will be completed by the nurses who are discarding or destroying medications. All discarding or destroying medications will be done according to facility policy. The form will be submitted to the DON and the Administrator for further follow up monitoring and investigation.</p> <p>GMNH will monitor the MAR's and Narcotic documentation records for suspicious behavior of medication administration practices. Staff nurses will keep an eye on peer practices as educated. DON and/or Designee will audit MAR's and Narcotic documentation records on a weekly basis for 6 weeks starting 4/18/2014, DON or Designee will continually monitor documentation of narcotic book and MAR frequently to identify if any patterns are occurring.</p>

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F 431 Continued From page 8

F 431

instances where Nurse #2 documented that medications were "wasted" (wasted= disposed of, due to dropping on the floor or being opened in error) and that s/he did not get a second nurse to witness and co-sign that the medications were disposed of per facility policy.

Per 3/25/14 review the facility policy titled "Discarding and Destroying Medications." states

1. Non-controlled and Schedule V controlled drugs must be destroyed in the presence of two (2) licensed nurses
2. Schedule II, III, and IV controlled drugs must be destroyed by the Director of Nursing services or licensed designee and another licensed nurse. [Vicodin is a schedule III drug].
6. Whoever witnesses the destruction/disposal of medications must sign and date the medication disposition record

Per 3/26/14 review of the narcotic log book the Director of Nursing (DON) confirmed that for Resident #1, there were 5 entries recorded where Nurse #2 "wasted" Vicodin without getting a second nurse to witness and co-sign the destruction (dated 4/24/13, 5/8/13, 10/12/13, 10/25/13 and 11/11/13). For Resident #3 the DON confirmed that Nurse #2 documented that s/he had "pulled [Vicodin] from the wrong card" (dated 5/14/13 and a second time where s/he did not date the entry); at the time of the mistake Resident #3 had already been discharged from the facility on 5/11/14

On 3/28/14 at 8:30 AM, the nursing supervisor of the Champlain unit reported that s/he was not aware that anyone in the facility reviewed the narcotic book for patterns [of diversion] and had not received training to do so. S/he also stated that when residents die or leave the facility the narcotics are kept in the medication cart until the DON or Assistant DON (ADON) come to remove them for safekeeping until destroyed. S/he stated

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2014  
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  C 03/26/2014
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NAME OF PROVIDER OR SUPPLIER  GREEN MOUNTAIN NURSING AND REHABILITATION	STREET ADDRESS CITY STATE ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446
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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	DATE
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F 431 Continued From page 9

F 431

sometimes the medications remain on the cart for up to a month or longer.

On 3/26/14 at 1:54 PM, The Director of Nursing (DON) stated that prior to the reported allegation of possible drug diversion, the facility did not have a system in place to monitor that the policy for controlled medication disposition was followed and to check for co-signatures or irregularities related to their disposition. The DON added that staff are trained about the narcotic policy during their orientation; the training is not repeated and nurses are expected to have learned the process from their orientation with the DON and other floor nurses. The DON reported that if a resident dies or goes home, controlled medications are removed from the cart by the DON or ADON usually on the day the resident leaves or the next day. The drugs are then placed in a pharmacy lock box until the pharmacist comes in and they are destroyed.

On 3/26/14 at 3:03 PM, during an observation of the "change of shift" narcotic count on the Champlain East medication cart, one Fentanyl patch (a controlled pain medication) and 13 tablets of V1codin were present in the medication cart for a resident who had been discharged from the facility on 3/14/14 (Resident #4). This observation was confirmed by the two nurses doing the count.

(Refer F225, F226, F281)

F 516 483.75(1)(3), 483.20(f)(5) RELEASE RES INFO  
SS=B SAFEGUARD CLINICAL RECORDS

A facility may not release information that is resident-identifiable to the public.

The facility may release information that is resident-identifiable to an agent only in

Medications of discharged residents are safeguarded by remaining in the narcotic box under double lock on the medication cart until the DON and/or designee are able to destroy per facility policy. When the medications remain in the narcotic box under double lock in the Medication cart they are counted and documented every change of shift with the controlled medications of residents currently in the facility to limit access and discrepancies.

*F431 PDC accepted 4/18/14  
SDennis APRN/pmc*

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NAME OF PROVIDER OR SUPPLIER  GREEN MOUNTAIN NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	
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F 516 Continued From page 10

accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

The facility must safeguard clinical record information against loss, destruction, or unauthorized use.

This REQUIREMENT is not met as evidenced by

Based on observation and staff interview, the facility failed to assure that resident specific clinical records were safeguarded against unauthorized access. Findings include

1. Per observation on 3/26/14 at 8:09 AM, the "West side book" and "LNA flow sheets West" books were left unattended on a dining room table on the Champlain west unit (LNA = Licensed Nursing Assistant). One resident was observed seated at the same table as the books and a second resident was present in the dining room. The books contained LNA care plans for the residents on the unit and included resident names, pertinent diagnoses, and resident specific information related to activities of daily living, behavior monitoring and records of resident bowel activity and weights. On 3/26/14 at 8:13 AM, an LNA working on the unit confirmed that the books were left unattended in a public area with access to residents and should have been kept at the nurses station.

2. Per observation on 3/26/14 at 1:15 PM on the Champlain unit west wing the Medication Administration Record (MAR) and narcotic log books were left unattended and unlocked on the

F 516

*This Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this Plan of correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is being submitted to meet requirements of state and federal law.*

It is the policy of GMNR to assure that resident specific clinical records are safeguarded against unauthorized access.

At no time were the records of our residents accessed by any individual who is unauthorized to access the records. The binders of records were closed at all times except when accessed by an authorized individual.

A sheet on the front of the binder states "Protected Health Information May be accessed by authorized personnel only"

Per inquiring with our pharmacist, It is common practice in many facilities nationwide to have the closed MAR binder on the medication cart to have immediate access to documentation for the administration of the prescribed medications.

The closed binders are in a high staff traffic area, therefore the ability for an unauthorized person to access these documents in the closed binder remains minimal and are within sight of staff more frequently than not. To further safe guard the LNA documentation books will be put in a cupboard on champlain east and in closet on champlain west when not in use. MAR documentation binders will be brought to nursing station when not in use.

Staff will be reminded to monitor the closed binders that contain protected health information for any unauthorized access. Any unauthorized access will be reported to the Administrator per facility policy.

Audits will be done during Administrator and DON or Designee rounds throughout the facility to make sure protected personal information is safeguarded.

Any concerns of personal information not being safeguarded addressed immediately.

Completion Date 4/18/2014

F516 POC accepted 4/18/14  
SDennis APRN / PML

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F 516	Continued From page 11 medication cart in a public corridor. The MAR and narcotic log book contained resident specific information, including names, diagnoses, behaviors, medications and doses. A staff nurse confirmed the above observations at the time and agreed that the medical records were not within sight of the nurses station and that facility visitors, unauthorized staff and residents could access the information.  Per 3/26/14 review, the facility's policy titled "Non-Disclosure of Resident or Facility Information" states, "All resident and facility information must be protected and may not be accessed, released or used without proper authorization." Under the heading, Policy Interpretation and Implementation, step 3 states "It is the responsibility of all employees to protect resident and facility information."	F 516	