

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

July 15, 2015

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 **June 30, 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

PRINTED: 07/01/2015
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 06/30/2015
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)
		(X6) COMPLETION DATE	

F 000 INITIAL COMMENTS

F 000

An unannounced on-site complaint investigation concerning care and services was conducted on 6/30/15 by the Division of Licensing and Protection. The following regulatory violations were identified:

F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

F 282

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure that care was provided in accordance with the resident's written plan of care related to fall prevention for 1 of 3 residents (Resident #1). Findings include:
Per 6/30/15 medical record review, Resident #1 had a diagnosis of Alzheimer's disease and dementia. The resident's 4/8/15 MDS quarterly review (Minimum Data Set) indicated that the resident's cognitive skills for daily decision making were moderately impaired; there were problems with both short and long term memory; and his/her balance during walking, moving on and off the toilet and moving from seated to standing position was unsteady and required staff assistance to stabilize. The above information was confirmed by the MDS nurse on 6/30/15 at 12:18 PM.

Per review, Resident #1's physician orders for 6/1/15-6/30/15 stated, "Bed/Chair alarm q shift."

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 to meet requirements established by state and federal law is as follows:

It is the policy of Green Mountain Nursing & Rehab to ensure that care is provided in accordance to the residents' written plan of care relating to fall prevention.

All residents who have a written plan of care relating to fall prevention have the potential to be affected by the alleged deficient practices

To ensure the alleged practice does not occur, and procedure stays consistent we are taking the following measures; staff have been reeducated on the importance of making sure devices are installed if care planned.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

George Corb-Wilber

TITLE

NHA

(X8) DATE

7/13/15

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 282 Continued From page 1

F 282

Additionally, his/her care plan was revised on 5/7/15, following a fall, to include "Chair [and] bed alarms in-place at all times." A 4/29/15 fall risk assessment score totaled 13 (scores greater than or equal to 10 indicate a high risk for falls).

An Accident/Incident Report dated 6/23/15, documented that on 6/23/15 Resident #1 was found on the floor of room 114, left side lying, with blood noted on the left side of the head; the fall was unwitnessed. The resident complained of head and left hip pain and was transferred via ambulance for an Emergency Department evaluation. Per staff interviews, the resident was presumed to have gotten up from his/her chair and walked to another resident's room in an attempt to self-toilet.

On 6/30/15 at 12:58 PM, the DNS (Director of Nursing) confirmed that the resident's physician orders and care plan called for an alarm to be in place when the resident was in bed or up in a chair due to his/her high risk for falls. Facility staff and the DNS confirmed that the care plan was not implemented and that Resident #1 did not have his/her chair alarm in place at the time of the fall on 6/23/15. If in place, the alarm would have sounded when the resident got up to standing and alerted staff that the resident needed assistance.

F 323 483.25(h) FREE OF ACCIDENT
SS=D HAZARDS/SUPERVISION/DEVICES

F 323

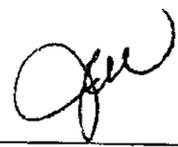
The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

Continue F 282

A quality improvement evaluation has been implemented under the supervision of The Director of Nursing and Quality/Process improvement team along with the incident/accident committee to develop an auditing process to evaluate the fall management program and implementation of devices, making sure devices are being utilized per plans of care.

The initial audits and evaluations will be done consecutively for three months, then less frequently if approved by Quality/Process Improvement team.

Date of Completion July 24th 2015



F282 POC accepted 7/13/15 SDennis RN/RMC

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(X5) COMPLETION DATE			

F 323 Continued From page 2

F 323

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure that each resident received adequate supervision and assistive devices to prevent accidents for 1 of 3 residents. (Resident #1) Findings include:

Per 6/30/15 medical record review, Resident #1 had a diagnosis of Alzheimer's disease and dementia. The resident's 4/8/15 MDS quarterly review (Minimum Data Set) indicated that the resident's cognitive skills for daily decision making were moderately impaired; there were problems with both short and long term memory; and his/her balance during walking, moving on and off the toilet and moving from seated to standing position was unsteady and required staff assistance to stabilize. The above information was confirmed by the MDS nurse on 6/30/15 at 12:18 PM.

Per review, Resident #1's medical orders for 6/1/15-6/30/15 stated, "Bed/Chair alarm q shift." Additionally, his/her care plan was revised on 5/7/15, following a fall, to include "Chair [and] bed alarms in-place at all times." A 4/29/15 fall risk assessment score totaled 13 (scores greater than or equal to 10 indicate a high risk for falls).

An Accident/Incident Report dated 6/23/15, documented that on 6/23/15 Resident #1 was found on the floor of room 114, left side lying, with blood noted on the left side of the head; the fall was unwitnessed. The resident complained of

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 to meet requirements established by state and federal law is as follows:

It is the policy of Green Mountain Nursing & Rehab to ensure that residents receive adequate supervision and assistive devices to prevent accidents.

All residents who have a written plan of care to utilize assistive devices have the potential to be affected by the alleged deficient practices

To ensure the alleged practice does not occur, and procedure stays consistent we are taking the following measures; staff have been reeducated on the importance of making sure devices are installed if care planned.



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F 323 Continued From page 3

F 323

head and left hip pain and was transferred via ambulance for an Emergency Department evaluation. Per staff interviews, the resident was presumed to have gotten up from his/her chair and walked to another resident's room in an attempt to self-toilet.

On 6/30/15 at 12:58 PM, the DNS (Director of Nursing) confirmed that the resident's physician orders and care plan called for an alarm to be in place when the resident was in bed or up in a chair due to his/her high risk for falls. Facility staff and the DNS confirmed that the resident did not have his/her chair alarm in place at the time of the fall on 6/23/15. If in place, the alarm would have sounded when the resident got up to standing and alerted staff that the resident needed assistance.

A quality improvement evaluation has been implemented under the supervision of The Director of Nursing and Quality/Process improvement team along with the incident/accident committee to develop an auditing process to evaluate the fall management program and implementation of devices, making sure devices are being utilized per plans of care.

The initial audits and evaluations will be done consecutively for three months, then less frequently if approved by Quality/Process Improvement team.

Date of Completion July 24th 2015



F323 POC accepted 7/13/15 SDennis RW/PME