

Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury, VT 05671-2060  
<http://www.dail.vermont.gov>  
Survey and Certification Voice/TTY (802) 241-0480  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line: (888) 700-5330  
To Report Adult Abuse: (800) 564-1612

June 29, 2016

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 8, 2016. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREEN MOUNTAIN NURSING AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446</b>		
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{F 000}	INITIAL COMMENTS	{F 000}	<p><b>Assuming for the moment that the findings and the determination of the alleged deficiencies 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:</b></p> <p>It is the policy of Green Mountain Nursing and Rehabilitation to keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>The information in question has a cover and has been relocated to another room that is locked. Access to this room is limited. Employees must gain approval from the Administrator or Director of nursing and or designee to be accessed by authorized staff only.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>To ensure the alleged practice does not occur, and procedure stays consistent with policy we are taking the following measures: Only the Administrator and or designee with HIPPA education have access to the overflow and discharge medical record rooms, any other authorized staff must get clearance from the Administrator or Director of Nursing and or designee to gain access.</p>		
{F 164} SS=E	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced</p>	{F 164}			

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

TITLE

(X6) DATE

*Juniper Wilber Administrator*

*6/27/16*

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 164}	Continued From page 1 by: Based on observation and staff interview, the facility failed to ensure that all medical information related to a resident's stay at the facility is stored in a manner that ensures the confidentiality and privacy of all retained information. The findings include the following:  Per tour of the area called "The Cave", in the presence of the Maintenance Director, an uncovered box containing completed resident incident reports, multiple manila folders dated 2008-2013 and multiple 24 hour report forms (a communication device used by the nursing department identifying resident condition, incidents and other pertinent information from shift to shift), was located on the floor. Confirmation was made by the Director of Nurses and the Maintenance Director that the information was stored in unprotected area, "The Cave" is never locked and all staff have access to this area.  Per review of policies titled Location and Storage of Medical Records and Confidentiality of Information both identify that "the facility will safeguard all resident records, whether medical, financial or social in nature, to protect the confidentiality of the information. All current medical records are filed in the Medical Records Department and are maintained by the Medical Records Clerk".	{F 164}	Staff will be reminded to not put protected health information in the "cave"  Access to resident medical records will be limited to authorize staff and business associates according to policy.  A quality improvement evaluation has been implemented under the supervision of the quality improvement team to ensure that the records are continuously protected. Periodic audits will be completed to verify that medical record boxes are covered and in the medical record overflow room and not in the cave.  Completion Date: 6/24/2016  F164 POC accepted 6/29/16 mbc <tranar pme<="" td=""> <td></td> </tranar>	
{F 253} SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	{F 253}	Assuming for the moment that the findings and the determination of the alleged deficiencies 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:	

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{F 253}	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that maintenance services were provided to maintain a safe, orderly and comfortable interior for all nursing units. The findings include the following:</p> <p>Per facility tour in the presence of the Maintenance Director the following were observed and confirmed that the facility is in disrepair: First Floor:</p> <ol style="list-style-type: none"> <li>Room #106 beds 1 and 2 (at the head board area), both have gouges in the sheet rock and missing wall paper.</li> <li>Room #111 bed 2, torn wall paper that needs repair.</li> <li>Room #115, linoleum located at the entrance of the room, noted to be torn, has a missing portion (approximately 4 inches in length), and the torn edges are lifting off the base floor causing a fall risk. The resident voices that "the floor has been that way since I came to live here". Date of Admission was 6/25/15.</li> <li>Room #116, missing wall paper at the cove base level across to bed 1.</li> </ol> <p>Second Floor:</p> <ol style="list-style-type: none"> <li>Room #202, bed 2 missing wall paper and gouged sheet rock.</li> <li>Room #203, cove base sloughing in the bathroom behind the sink.</li> <li>Room #204, bathroom floor linoleum cracked, pieces missing and lifting upwards off the base floor in the following locations: the left of the</li> </ol>	{F 253}	<p>It is the policy of Green Mountain Nursing and Rehabilitation to provide maintenance services necessary to maintain a sanitary, orderly and comfortable environment. The following identified concerns have been maintained</p> <p>First Floor: Room #106 beds 1 and 2 (at the head board area), Room #111 bed 2, torn wall paper Room #115, linoleum located at the entrance of the room Room #116, missing wall paper at the cove base level across to bed 1.</p> <p>Second Floor: Room #202, bed 2 missing wall paper and gouged sheet rock. Room #203, cove base sloughing in the bathroom behind the sink. Room #204, bathroom floor linoleum cracked, pieces missing and lifting upwards off the base floor in the following locations: the left of the toilet, around the base of the toilet and under the sink. Room #208, wall paper under the window sill and behind the radiator torn and missing.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>To ensure the alleged practice does not occur, and procedure stays consistent we are taking the following measures:</p> <p>Weekly environmental rounds will be completed. Identified concerns will be completed in a timely manner.</p>	
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<p>{F 253}</p> <p>F 323 SS=D</p>	<p>Continued From page 3 toilet, around the base of the toilet and under the sink. This is a fall risk. 7. Room #208, wall paper under the window sill and behind the radiator torn and missing. This is visible from the doorway and with noted water stains. Resident was asked how s/he liked the room and the response in an agitated voice was "look at it".</p> <p>(see F 465) 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that 1 of 4 Utility Room doors was locked to prevent residents from accessing chemicals and other potential hazards. The findings include the following:</p> <p>Per tour of the facility, a utility room door on the Cabot Cove Unit, was found unlocked with the key located in the door knob. A taped message on the door identifies "Please do not keep key in the door knob". The room contained disinfectant cleaner, liquid floor cleaner, bags of antibacterial hand soap, a partially filled trash container and a</p>	<p>{F 253}</p> <p>F 323</p>	<p>Staff continued to be reminded of the work order process to ensure that housekeeping and maintenance are aware of situations that need attention. A quality improvement evaluation has been implemented under the supervision of the quality improvement team. Documented weekly environmental audits to identify any situations relating to housekeeping and maintenance services that are necessary to maintain a sanitary, orderly and comfortable environment.</p> <p>Completion Date: 7/1/2016 <i>FAS3 POC accepted 6/29/16 MBethune Fall 17/16</i></p> <p>Assuming for the moment that the findings and the determination of the alleged deficiencies 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:</p> <p>It is the policy of the facility to 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. All residents have the potential to be affected by the alleged deficient practice.</p> <p>To ensure the alleged practice does not occur, and procedure stays consistent we are taking the following measures:</p>	
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F 323	Continued From page 4 partially filled dirty laundry hamper. Confirmation was made by the Registered Nurse (RN) that the key is not to be stored in the door knob as per note taped to the door. RN also confirms that there is a resident who wanders about on the unit independently. This was also brought to the attention of the Director of Nurses and Maintenance Director who also confirmed the findings.  The utility room was also noted to have 6 large ceiling tiles missing. When asked when they were to be replaced the Director of Maintenance stated "they were used in another location in the facility and s/he had no idea when they would be replaced".	F 323	The utility room door on the Cabot Cove will utilize a key punch lock for access. Which will alleviate the key lock system.  A quality improvement evaluation has been implemented under the supervision of the quality improvement team. Audits will be completed during weekly environmental rounds to identify if the door is unlocked. Completion Date: 6/28/2016  <i>F 323 POC accepted 6/29/16 M. Bertrana R. L. Ball</i>		
{F 516} SS=E	483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, 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 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 store closed medical records in a	{F 516}	Assuming for the moment that the findings and the determination of the alleged deficiencies 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 the facility to safeguard clinical record information against loss, destruction, or unauthorized use.		

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{F 516}	Continued From page 5 manner that ensures that they are protected against unauthorized use. The findings include the following:  Per tour of the locked "over-flow" room in the presence of the Maintenance Director, evidenced four uncovered cardboard boxes containing closed medical records and 3-6 files lying on top of boxes. The names of residents whose files were stored were visible on entrance to the room. The over-flow room also stores the telephone system/panel for the the facility. The Maintenance Director was asked what would occur if a service person needed access to the lines? The response was "I would let him/her in and stay with the service person until they were done".  Per facility policy titled Confidentiality of Information identifies, ["access to resident medical records will be limited to the staff and consultants providing services to the resident"]. Confirmation was made by the Director of Nurses that the Maintenance Director should not have access to medical records nor does s/he provide services to the residents directly.  Per tour of the area called "The Cave", in the presence of the Maintenance Director, a uncovered box containing completed resident incident reports, multiple manila folders dated 2008-2013 and multiple 24 hour report forms (a communication device used by the nursing department identifying resident condition, incidents and other pertinent information from shift to shift), was located on the floor. Confirmation was made by the Director of Nurses and the Maintenance Director that the	{F 516}	All residents have the potential to be affected by the alleged deficient practice. To ensure the alleged deficient practice does not occur, and procedure stays consistent we are taking the following measures:  All boxes in the overflow room will have covers on them. If access to the overflow room must be granted for telephone company a staff member with rights to medical records according to policy will accompany any telephone repair person.  A periodic audit will be completed to verify that medical record boxes are covered and in the medical record overflow room. A periodic audit will be completed to identify that there are no medical record or personal protected information are stored in the "Cave"  Completion Date: 6/24/2016  F516 POC accepted 6/29/16 MButtrana R/W/MLL  <i>JW</i>		

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{F 516}	Continued From page 6 information was stored in this unprotected area, "The Cave" is never locked and all staff have access to this area.  Per review of policies titled Location and Storage of Medical Records and Confidentiality of Information both identify that "the facility will safeguard all resident records, whether medical, financial or social in nature, to protect the confidentiality of the information. All current medical records are filed in the Medical Records Department and are maintained by the Medical Records Clerk".	{F 516}			