

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

October 7, 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 **September 22, 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:kc



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

PRINTED: 10/01/2014
FORM APPROVED
OMB NO. 0938-0301

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-C 09/22/2014
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)	(X5) COMPLETION DATE
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(F 000) INITIAL COMMENTS

An unannounced onsite follow up survey was completed by the Division of Licensing and Protection on 9/22/14, to follow up on the deficiencies cited on 7/16/14 and 8/11/14. The findings related to the follow up survey are as follows:

F 221 483.13(a) RIGHT TO BE FREE FROM
SS-D PHYSICAL RESTRAINTS

The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and staff interview for 1 of 9 sampled residents, the facility failed to ensure, that Resident #5, was free from a physical restraint. The finding include the following:

Per review of the medical record on 9/22/14 at approximately 10 AM, Resident #5 was admitted on 2/13/09 with diagnoses to include Huntington's Disease, Parkinson's Disease, Osteoporosis, Anxiety and Dissociative Somatoform Disorder.

Interdisciplinary Care Plan (ICP) dated 5/12/10 identifies Problem 0047 as Resident #5 being at risk for injury due to falls related to diagnosis of Huntington Disease manifested by spastic movements of both upper and lower extremities. Resident #5 requires a seatbelt restraint in wheelchair to enable her/him to sit up safely. Seatbelt has a potential for injury. Documentation dated

(F 000)

F 221

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 policy of Green Mountain Nursing & Rehab to assure that residents have the right to be free from any physical restraints imposed for the purpose of discipline or convenience, and not required to treat the resident's medical symptoms.

Resident # 5's care plan has been updated resident # 5 utilizes a Broda tilt wheelchair with a specific Huntington's package that includes a thigh restraint positioning device due to non-volitional sever spastic movements.

All residents who exhibit non volitional movements that require a restraint positioning device have the potential to be affected by this alleged deficient practice.

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

TITLE

(X6) DATE

Jennifer Wilson

NHA

10/3/14

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 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.

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

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OMB NO. 0938-0391

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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 221

Continued From page 1

9/16/14 identifies that a Broda chair trial began. The ICP evidences approaches to manage Resident #5 safely as they relate specifically to wheel chair and a seat belt restraint.

Per observation on 9/22/14 at approximately 11 AM and 3:45 PM, Resident #5 is observed not to be in a wheelchair with a seat belt, but in a high backed Broda Chair that is slightly tipped in the reclining position. The resident's head and upper torso are supported on both sides with padded cushions that are attached to the chair. Both of the resident's legs are strapped in place with a well padded strap (approximately 6-8 inches wide), that encircles both thighs individually. The strap then is clamped/locked in place underneath the chair. Surveyor is able to place her/his hand between the strap and the resident's thigh to evaluate tightness with no difficulty. The resident's feet are resting in a padded box for foot support that is also attached to the chair.

Per observation at 3:50 PM, with the Physical Therapist (PT), Director of Nurses (DNS) and Assistant Director of Nurses (ADNS), the surveyor requests the ADNS to remove the thigh strap. Resident #5 immediately moves both legs up towards her/his chest, moves both legs to each side of the chair and then rests them straight for a few seconds. The involuntary movement repeats itself. It is confirmed by all present that the thigh restraint restricts the involuntary movement of Resident #5's legs.

Per review of facility policy titled Use of Restraints, dated 1/2013 identifies that prior to placing a resident in a restraint, there shall be a pre-restraining assessment and review to determine the need for the restraint. The policy

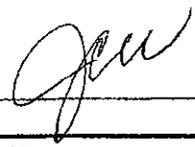
F 221

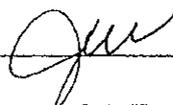
To assure that this alleged deficient practice of failure to update care plan for a restraint positioning device, staff have been reeducated on care planning for restraint positioning devices and updating.

A quality improvement evaluation has been implemented under the supervision of the quality improvement team. A thorough, audit has been done by the DON and or designee, to review care plans and updates. This audit will continue to be done as changes to resident's plan of care occur as well as during quarterly team care plan reviews. Ongoing.

Completion Date: 10/6/2014

F221 POC accepted 10/6/14 M.Bertrand RN/PML



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/22/2014
NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 476 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)	(X5) COMPLETION DATE
F 221	Continued From page 2 also identifies that care plans for residents in restraints will reflect interventions. Per interview on 9/22/14 at 4 PM with the PT, the DNS and the ADNS, confirmation is made that there is no evidence in the medical record of ongoing assessments and careplans revisions that demonstrate the ongoing need for a thigh restraint which was changed from a seatbelt on 9/16/14. Physician orders identify that the resident may be in a wheelchair with seatbelt to be used to prevent injury from spastic movement from medical condition of Huntington's Disease. See also F282.	F 221		
(F 280) SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	(F 280)	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 policy of Green Mountain Nursing & Rehab to assure that residents have the right to be free from any physical restraints imposed for the purpose of discipline or convenience, and not required to treat the resident's medical symptoms. 	

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{F 280} Continued From page 3

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and staff interview for 1 of 9 sampled residents, the facility failed to revise the care plan to ensure it included measurable objectives and timetables that reflect the current care needs and equipment used for the resident. (Resident #5) The findings include the following.

Per review of the medical record on 9/22/14 at approximately 10 AM, Resident #5 was admitted on 2/13/09 with diagnoses to include Huntington's Disease, Parkinson's Disease, Osteoporosis, Anxiety and Dissociative Somatoform Disorder. Interdisciplinary Care Plan (ICP) dated 5/12/10 identifies Problem 0047 as Resident #5 being at risk for injury due to falls related to diagnosis of Huntington Disease manifested by spastic movements of both upper and lower extremities. The ICP states that Resident #5 requires a seatbelt restraint in wheel chair to enable her/him to sit up safely. Seatbelt has a potential for injury. Documentation on the ICP dated 9/16/14 identifies that a Broda chair trial began. The ICP evidences approaches to manage Resident #5's safety as it relates to wheel chair and a seat belt restraint, not the broda chair that utilizes thigh straps and a foot box. In addition to padded cushions to maintain body position.

Per observation on 9/22/14 at approximately 11 AM and 3:45 PM, Resident #5 is observed in a high backed Broda Chair that is slightly tipped in the reclining position. The resident's head and upper torso are supported on both sides with padded cushions that are attached to the chair.

{F 280}

Resident # 5's care plan has been updated resident # 5 utilizes a Broda tilt wheelchair with a specific Huntington's package that includes a thigh restraint positioning device due to non-volitional sever spastic movements.

All residents who exhibit non volitional movements that require a restraint positioning device have the potential to be affected by this alleged deficient practice.

To assure that this alleged deficient practice of failure to update a care plan for a restraint positioning device does not occur staff have been reeducated on care planning for restraint positioning devices and updating.

A quality improvement evaluation has been implemented under the supervision of the quality improvement team. A thorough, audit has been done by the DON and or designee, to review care plans of updates. This audit will continue to be done as changes to resident's plan of care occurs as well as during quarterly team care plan reviews.

Completion Date: 10/6/2014

F280 POC accepted 10/6/14 mbertandru/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 280}	Continued From page 4 Both of the resident's legs are strapped in place with a well padded strap (approximately six-eight inches wide), that encircles both thighs individually. The strap then is clamped/locked in place underneath the chair. The resident's feet are resting in a padded (box) for foot support that is also attached to the chair. Per interview on 9/22/14 at 4 PM with the PT, the DNS and the ADNS, confirmation is made that there is no evidence in the medical record of care plans revisions that demonstrate the ongoing need for a thigh restraint which was changed from a seatbelt on 9/16/14. See also F221.	{F 280}	F 356 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 policy of Green Mountain Nursing & Rehab to assure that facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. Shift staffing information shall be recorded on the <i>Nursing Staff Directly Responsible for Resident Care</i> form for each shift. The information recorded on the form shall include: The name of the facility. The date for which the information is posted. The resident census at the beginning of the shift for which the information is posted. Twenty-four (24)-hour shift schedule operated by the facility. The shift for which the information is posted. Type (RN, LPN, LVN, or CNA) and category (licensed or non-licensed) of nursing staff working during that shift. The actual time worked during that shift for each category and type of nursing staff. Total number of licensed and non-licensed nursing staff working for the posted shift.	
F 356 SS=C	489.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to	F 356		

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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 05448	

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F 356 Continued From page 5 residents and visitors.

The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to insure that posting of daily nursing staff was in an accurate and readable format as required by regulation. This potentially affects all Residents in the facility. Findings include:

1. Per observation of the nursing stations at 9:58 AM a total of three RNs [registered nurses] were present. Per observation at 10:30 AM no posting of the daily staffing was found. At 10:37 AM the scheduler stated that a copy was made earlier and "was in my drawer I forgot to post it". Upon review there was no census of the residents and it presented as one RN was working the day shift. The scheduler further stated that the weekend postings are filled out on Friday. When asked who makes changes to the posting as needed s/he stated "I think the nurses will change it" but confirmed that there is no one designated for the evenings, nights or weekends. The DNS and nurse surveyor at 11:13 AM reviewed the daily posting for the last three days, in which the census was not documented and the following errors noted.

a) 09/22/14 - Day shift stated 6 LPNs present,

F 366

Within two (2) hours of the beginning of each shift, the shift supervisor and or DON designee shall compute the number of direct care staff and complete the *Nursing Staff Directly Responsible for Resident Care* form. The shift supervisor shall date the form, record the census and post the staffing information in the location(s) designated by the Administrator.

A quality improvement evaluation has been implemented under the supervision of the quality improvement team. DON and or designee will review staff posting on a daily basis to assure that it is completed accurately. This audit will continue to be done daily for 30 days then weekly for 30 days and quarterly thereafter.

Completion Date: 10/6/2014

F356 POC accepted 10/16/14 MBetrand RN/PME



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F 356	Continued From page 6 although only 5 were present. b) 09/21/14 - the day shift was posted as no RN, 4 LPNs and 8 LNAs, when in fact per the actual schedule was 1 RN, 3 LPNs and 9 LNAs. The evening shift presented with 1 RN, 5 LPN, 10 LNAs but actual was 1 and 1/2 [shift] RN, 2 LPNs, 9 LNAs. The night shift shows no RN, 3 LPNs and 7 LNA vs. actual of 1 RN, 1 LPN and 6 and 1/2 [shift] LNAs. c) 09/20/14 - Day shift no RN, 5 LPNs, when actual schedule was 1 RN, 4 LPNs. (LNAs were correct) The evening had incorrect LNAs it showed 11 were present when in fact 8 were present for the whole shift and 1 was working for 4 hours. The night shift shows 7 but there were 5 LNAs for 8 hrs and 1 LNA for 1 hour. The DNS confirmed at that time that Daily staff posting does not meet the requirements of the regulations regarding timely updates, accurate staff/numbers and census.	F 356		
(F 387) SS-D	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on 09/22/2014, the facility failed to assure that 3 of 9 residents (# 2, #8 & #9) had physician visits made	(F 387)	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 policy of Green Mountain Nursing & Rehab to assure that residents are seen by a physician at least once every 30 days for the first 90 days after admission and at least once every 60 days thereafter. Residents # 2, 8, & 9 have been seen by	

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(F 387) Continued From page 7
within the appropriate time frame. Findings include:

1. Per record review at 10:00 AM on 09/22/2014, Resident #2 has no documented evidence to support that any MD (physician's) visits were made to this resident since 07/10/2014. The staff confirm during interview at 1:53 PM that the last MD visit for Resident # 2 was on 07/10/2014. Staff further indicate that the primary physician for this resident is out of town and that an associate will be in to make the visit at the end of this week (prior to 09/26/2014). That is still more than the 10 day grace period to fulfill the requirement for every 60-day visits by an MD, as found in the regulations.
2. Per record review Resident #8 was last seen on 07/23/14 by the Nurse Practitioner. Per a fax dated 09/04/14 from the facility nurse to the Nurse Practitioner states "please sign all of these [paper work] and fax back - Also due for a 60 day compliance visit on/by 09/23/14." Per interview at 2:30 PM nursing staff 'were not sure' when the physician was scheduled to make a visit because the nurse practitioner 'usually makes the visit'. Per further review the resident was last seen by a physician in March 2014. Per interview at 2:50 PM the DNS stated "I know it [physician visit] is supposed to be every other visit" and confirmed the resident was last seen in March 2014. At this time, per request by the nurse surveyor to verify that a physician visit was scheduled, the DNS called the physician's office. The office stated that the Nurse Practitioner transferred to another practice in August and no visit was scheduled. The DNS confirmed at this time that the resident did not have timely physician visits.

(F 387)

the physician.

All residents have the potential to be affected by the alleged deficient practice.

To assure that this alleged deficient practice does not occur the following procedures are in place.

All staff have been reeducated on the following policy and procedures

After the first ninety (90) days, if the Attending Physician determines that a resident need not be seen by him/her every thirty (30) days, an alternate schedule of visits may be established, but not to exceed every sixty (60) days. A physician assistant or nurse practitioner may make alternate visits after the initial ninety (90) days following admission, unless restricted by law or regulation.

A physician visit is considered timely if it occurs not later than ten (10) days after the (60) day required date of the visit required. The subsequent visit is timed in relation to when the previous one was due, not to when it was made.

A memo has been sent to physician reminding him of the guidelines relating to SNF resident visits.

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{F 387}	Continued From page 8 3. Per record review and interview on 09/22/14, Resident #9 was not seen with in the last 60 days of the previous physician visit. The resident was seen by the physician on 07/09/14 and due to be seen by 09/09/14. Per review of the nurses' tracking sheet the physician was due to be seen in September, however, the visit due date is overdue by greater than 10 days. The DNS confirmed at 3:08 PM the the physician visit is not timely and "will call the office to get this scheduled".	{F 387}	Physicians will be reminded of upcoming visit requirements by phone and fax. If physician fails to meet visit requirement prior to 60 day due date Administrator will contact physician for notification via email, fax and or phone. If physician does not meet visit requirement prior to the start of the 10 day grace period Medical Director will attempt to contact physician for a courtesy call reminding him/her of visit requirements and perform an assessment visit of resident. A quality improvement evaluation has been implemented under the supervision of the quality improvement team. A thorough, physician visit audit have been done by the DON and or designee, all resident physicians are currently in compliance. This audit will continue for three consecutive months then ongoing thereafter for continued compliance. Completion Date: 10/6/2014 <i>F387 PDC accepted 10/6/14 mbehranden/PML</i> 	