

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

July 21, 2016

Mr. William White, Administrator
Greensboro Nursing Home
47 Maggie's Pond Road
Greensboro, VT 05841-8800

Dear Mr. White:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 29, 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

PRINTED: 07/06/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/29/2016
NAME OF PROVIDER OR SUPPLIER GREENSBORO NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 47 MAGGIE'S POND ROAD GREENSBORO, VT 05841	

(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

F 000

An unannounced onsite investigation of two entity self-reported incidents was completed by the Division of Licensing and Protection on 6/29/16. The following regulatory violations were identified:

F 250 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE
SS=D

F 250

This Plan of Correction is the center's credible allegation of compliance.

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and staff interview, the facility failed to provide medically-related social services or maintain the highest practicable level of physical, mental and psychosocial well-being for 1 applicable resident following a staff to resident incident (Resident #1). Findings include:
Per review of the facility investigation, on 5/21/16 Resident #1 was the alleged victim of staff witnessed verbal abuse by another staff member. The internal investigation later substantiated that verbal abuse had occurred. On 6/29/16 at 12:31 PM, the facility Social Services (SS) staff member reported that s/he had not been notified by administration of the incident and had not provided a psychosocial assessment or follow-up to the resident after the incident. Per interview with the Director of Nursing (DNS) on the afternoon of 6/29/16, s/he confirmed that there was no evidence that a psychosocial assessment

F250

7/29/16

Resident #1 no longer resides at the facility but for all current residents of the facility, to assure that psychosocial services provided attain or maintain the resident's well being, licensed nurses and social services will be in-serviced on the expectation and provision of psychosocial follow up assessments following alleged abuse incidents.

The Director of Nursing or designee will conduct three random audits per week of resident resident records to assure the proper process for social service assessments is being followed.

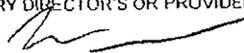
The Director of Nursing is responsible for this plan of correction

FASO POC accepted 7/21/16 pncatard

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

TITLE

(X6) DATE



Administrator

7/18/16

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 250	Continued From page 1 had been provided to the resident following the incident. (Refer F226)	F 250		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to assure that nursing services provided by the facility met professional standards of quality regarding following and clarifying physician medication orders for 1 of 3 residents to prevent risk for excessive medication dosing (Resident #2) Findings include: Per record review, nursing staff failed to clarify multiple medication orders that included Acetaminophen with the physician or pharmacist to prevent the risk of excessive dosing errors. Additionally, Resident #2 was administered Acetaminophen in excess of his/her 3000 mg/24 hour daily cap on 5/1/16. Resident #2 had a history of acute and chronic pain that was treated with scheduled as well as prn (as needed) Acetaminophen. His/her orders included multiple doses, indications and combinations of Acetaminophen (APAP) including: APAP 500 mg 2 tablets every morning and at bedtime. APAP 500 mg 1 tablet every 4 hours as needed for pain mild to moderate not to exceed 3000 mg/24 hours. APAP 500 mg 2 tablets every 8 hours as needed for pain moderate to severe, not to exceed 3000 mg/24	F 281	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
		F281	Resident #2 no longer resides at the facility but for all current residents of the facility, to assure that services provided meet professional standards, licensed nurses have been in-serviced on the procedure to prevent excessive medication dosing. The Director of Nursing or designee will conduct three random audits per week of resident resident records to assure the procedure for proper dosing for medications is being followed. The Director of Nursing is responsible for this plan of correction	7/29/16
			<i>F281 POC accepted 7/21/16 pmc/akr</i>	

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F 281	<p>Continued From page 2</p> <p>hours. APAP 500 mg 2 tablets every 8 hours as needed for temperature 101 F or higher, not to exceed 3000 mg/24 hours. Following a fall, the resident had increased pain and on 4/30/16 nursing staff obtained an order by phone for Hydrocodone-Acetaminophen 5-325 mg 1 tablet by mouth every 6 hours as needed for pain-moderate and Hydrocodone-Acetaminophen 5-325 mg 2 tablets every 6 hours as needed for pain-severe. Also, on 4/30/16, the nurse initiated a standing order for APAP suppository 650 mg insert 1 suppository rectally every 6 hours as needed for elevated temperature, pain.</p> <p>Per review of the resident's MAR (Medication Administration Record), on 5/1/16 the resident was administered his/her daily scheduled Acetaminophen 1000 mg in the morning and 1000 mg at bedtime. S/he was also administered prn doses of APAP, receiving Acetaminophen 1000 mg at 01:08 (the orders stated not to exceed 3000 mg/24 hours) and Hydrocodone-Acetaminophen 5-325 mg at 02:33 for a total of 3325 mg in the 24 hour period.</p> <p>On 6/29/16 at 12:15 PM, the Director of Nursing (DNS) confirmed that on 5/1/16 that Resident #1 received Acetaminophen in excess of 3000 mg/24 hours. The DNS confirmed that there was no evidence that the nurse taking the order or administering the Hydrocodone-Acetaminophen 5-325 mg had notified the physician that the resident's other orders for APAP included a 3000 mg/24 hours dose cap. There was also no indication that the nurse contacted the pharmacist to review the orders to see if in consult with the physician there might be ways to clarify the multiple orders and reduce the risk for confusion and errors of Acetaminophen overdosing. The</p>	F 281	

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F 281	Continued From page 3 DNS additionally confirmed that with the electronic MAR, it is difficult for nurses to see the total daily dose of Acetaminophen that was administered from all medication orders. S/he stated that this would be an issue to look at further with the company providing the MAR software and at the facility's Quality review meetings. (Refer F329)	F 281	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 329 SS=D	483.25(!) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
		F329	Resident #2 no longer resides at the facility but for all current residents of the facility, to assure that residents' drug regimens are free from unnecessary drugs, the Medical Director, Pharmacy Consultant, and Director of Nursing have reviewed and revised facility policy and procedure on excessive dosing of medications and licensed nurses have been in-serviced therein. The Director of Nursing or designee will conduct three random audits per week of resident resident records to assure the procedure for proper dosing for medications is being followed. The Director of Nursing is responsible for this plan of correction	7/29/16

F329 POC accepted 7/21/16 pmeatarol

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F 329 Continued From page 4

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure that 1 of 3 residents was free from unnecessary drugs (Resident #2). Findings include:

Per record review, Resident #2 was administered Acetaminophen in excess of his/her 3000 mg/24 hour daily cap. Resident #2 had a history of acute and chronic pain that was treated with scheduled as well as prn (as needed) Acetaminophen. Per review of the resident's MAR (Medication Administration Record), on 5/1/16 the resident was administered his/her daily scheduled Acetaminophen 1000 mg in the morning and 1000 mg at bedtime. S/he was also administered prn doses of the drug, receiving Acetaminophen 1000 mg at 01:08 (the orders state not to exceed 3000 mg/24 hours) and Hydrocodone-Acetaminophen 5-325 mg at 02:33 for a total of 3325 mg in the 24 hour period.

On 6/29/16 at 12:15 PM, the Director of Nursing (DNS) confirmed that on 5/1/16 that Resident #1 received Acetaminophen in excess of 3000 mg/24 hours and that there was no evidence that the nurse administering the Hydrocodone-Acetaminophen 5-325 mg contacted the physician to determine that the 3000 mg/24 hours dose cap could be exceeded. The DNS confirmed that with the electronic MAR, it is difficult for nurses to see the total daily dose of the drug that was administered from all medication orders that include Acetaminophen (Refer F281)

F 329

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

AI1
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475043	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/29/2016
NAME OF PROVIDER OR SUPPLIER GREENSBORO NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 47 MAGGIE'S POND ROAD GREENSBORO, VT	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 226	<p>483.13(c) DEVELOP/IMPLMENT 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: Based on record review and staff interview, the facility failed to operationalize their Abuse policy regarding notification of a resident's family/guardian after an allegation of staff to resident abuse (Resident #1). Findings include:</p> <p>Per review, the facility policy titled "Abuse Prevention Policy and Procedures" (revised 4/1/05), defines abuse as the "definition of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish." Under staff response, the policy states to "Notify the family of the incident and seek appropriate psychosocial support "</p> <p>Per review of the facility investigation, on 5/21/16 Resident #1 was the alleged victim of witnessed verbal abuse by a staff member. The internal investigation substantiated that verbal abuse had occurred. Per interview with the facility Director of Nursing on the afternoon of 6/29/16, s/he confirmed that there was no evidence that the resident's family had been notified of the incident. (Refer F250)</p> <p>*This is an "A" level deficiency.</p>		

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

The above isolated deficiencies pose no actual harm to the residents