

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

July 15, 2014

Ms. Lynnette Smith, Administrator
The Manor, Inc
577 Washington Highway
Morrisville, VT 05661-8972

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 6, 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: 06/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/06/2014
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NAME OF PROVIDER OR SUPPLIER THE MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
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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)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS An unannounced on-site follow-up survey was conducted by the Division of Licensing & Protection on 5/6/2014. The following regulatory deficiencies were identified as a result of the survey.	F 000	1) Resident #2 did not have weights documented weekly and there were meal intakes that were not recorded as per care plan.	
F 514 SS=E	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that clinical records were maintained, for 4 of 6 residents sampled, in accordance with professional standards and practices, that are complete and accurately documented. Findings include: 1). Resident #2 has diagnosis of weight loss, dysphagia and dementia. The Care plan dated 04/23/14 directs staff to monitor weights [weekly on bath day] and LNAs are to record meal	F 514	To correct this deficient practice this resident's plan of care was updated to reflect facility policy concerning weight monitoring, which states residents will be weighed at least monthly unless otherwise specified. Likewise "Document resident meal intake" will also be removed from the plan of care. Weekly weights and stringent meal monitoring are not clinically indicated for this resident. 2) Resident #4 did not have weights documented weekly nor were her meals documented consistently as per plan of care. This resident presents with end stage dementia and weight and functional declines are expected. Weekly weights and stringent meal monitoring	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Executive Director / Administrator DATE: 7.10.14

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.

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F 514	<p>Continued From page 1</p> <p>consumption. Per review of the ECS (Electronic Charting System) weights were not consistently monitored weekly and the meals percentages were not consistently written. For April 2014, breakfast and lunch were not documented three times, while supper was missing documentation for ten meals. In May 2014 three of the five days had no documentation for supper.</p> <p>2). Per record review Resident #4 has a diagnosis of Alzheimer's Dementia and is care planned at risk for Risk for Altered Nutrition. The care plan states that her/his weights are to be monitored weekly and that meal consumption is to be recorded. The weights recorded in the electronic record were as follows: 3/17/14 wt 115.8#, 3/24 wt 112.8#, 3/31 wt 111.6#, 4/17 wt 112# and 4/22 wt 112#. There were no further weights recorded as of 5/6/14. There was a weight loss of 3 pounds in one week. In a review of LNA documentation of meals for April and May the breakfast meal had no documentation on 4/3 & 5, the lunch meal had no documentation on 4/1,3,5,6,7,8,19,22,and 27, and the dinner meal had no documentation on 4/8,15, and 18 (14 total).</p> <p>3). Per record review Resident #5 has a diagnosis of Diabetes, Renal Failure and is on Dialysis. S/he has had a recent weight loss that the Registered Dietician (RD) note states is not significant since s/he remains 100+ pounds above Ideal Body Weight (IBW). S/he is not on a weight loss diet. Her/His care plan For Altered Nutrition states that her/his weights are to be monitored weekly and that meal consumption is to be recorded. In a review of meals for April and May the breakfast meal had no documentation on 4/15 and the dinner meal had no documentation</p>	F 514	<p>are not clinically indicated for this resident. Her care plan was updated to reflect this resident's current care needs focused on comfort and end stage disease.</p> <p>3) Resident #5 is cited in the deficiency statement as not having meals recorded as per the residents Plan of Care. In order to correct the deficient practice of the missing meal documentation "Document Resident meal" intake has been removed from the care plan as stringent meal monitoring is not clinically indicated for this resident. NOTE: This resident is not on dialysis nor has he ever had renal replacement therapy. In this respect the deficiency statement is in error.</p> <p>4) Resident #6 is cited in the deficiency statement as not having meals recorded as indicated in the Residents Plan of Care. Stringent</p>		

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F 514	Continued From page 2 on 4/7, 11, 18 and 23 and 5/1 & 2 (6 total) 4). Per record review Resident #6 has a diagnosis list which includes Dementia, Huntington's Chorea, and Dysphagia among other. Her/His care plan For Altered Nutrition states that her/his weights are to be monitored weekly and that meal consumption is to be recorded. The weights recorded in the electronic record were done monthly. In a review of LNA documentation of meals for April and May the breakfast meals had no documentation on 4/2/and 5/3, the lunch meal had no documentation on 4/2,14,17 & 18 and 5/3&4 (8 total).	F 514	documentation of meal intake is not clinically indicated for this resident and has been removed from the care plan. All residents are at risk from this deficient practice thus all resident care plans will be reviewed by DNS or designee. All Resident nutrition care plans will be updated and will indicate current facility policy related to the assessment and documentation of resident weights. Likewise, the need for stringent documentation of meal intake will be reviewed for each resident and care plans updated as appropriate. To prevent a reoccurrence the DNS or designee will audit care plans and track compliance through the QAPI process. All corrective action will be complete by 7/9/14.		
			<i>F514 POC accepted 7/14/14 AMCotARW</i>		