

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

December 6, 2010

Lynnette Smith, Administrator  
The Manor, Inc  
577 Washington Street  
Morrisville, VT 05661

Provider ID #:475057

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 10, 2010**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



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

RECEIVED  
Division of  
NOV 30 10

PRINTED: 11/18/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475057	(X2) MULTIPLE CONSTRUCTION licensing and Protection A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/10/2010
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NAME OF PROVIDER OR SUPPLIER  THE MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON STREET 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	F 000		
F 280 SS=D	<p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 11/10/10.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Per record review and interview, the facility failed to revise the care plan to reflect changes in care for 1 of 3 applicable residents in the sample (Resident #1). Findings include:  Per record review, on 9/23/10 the staff changed the seating for Resident #1 who slid to the floor while unmonitored. The resident had a written</p>	F 280	<p>F280 On 9/24/10 a seat belt alarm was put in place on the reclining wheelchair for the affected resident, making the care plan current.</p> <p>All residents have the potential to be affected by this practice; therefore all resident fall care plans will be reviewed and updated as necessary by DNS or designee by 12/9/10.</p> <p>Fall care plans will be reviewed and updated as part of the biweekly fall committee process.</p> <p>DNS or designee will perform audits of residents who use alarms to ensure care plan and nursing practice match. These will be done monthly for four months and results reported at April 2011 QA meeting. (See attached form)</p> <p>Per FAX 12/3/10, completion date: 12/10/10</p> <p>F280 PDC Accepted with above change 12/3/10 J. Horner RN / J. Moore RN</p>	<p>34 4/30/10</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> Administrator	TITLE 11.29.10	(X6) DATE
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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 280	Continued From page 1 plan of care which included the use of bed and chair alarms. During an interview on 11/10/10 at 11:35 AM, the Director of Nursing Services (DNS) confirmed that the plan of care had not been revised to reflect the use of the reclining chair (which was not equipped with an alarm).	F 280			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  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: Per record review and interview, the facility failed to assure that staff correctly implemented the written plan of care for falls prevention for 1 of 3 residents (Resident #1) in the sample. Findings include:  Per record review, on 9/23/10 Resident #1 was transferred to a reclining chair (which was not equipped with an alert alarm) and subsequently slid to the floor while unmonitored. Per further record review, Resident #1 had a written plan of care (updated 9/21/10) for falls prevention which included the use of bed and chair alarms. In an interview on 11/10/10 at 11:35 AM, the Director of Nursing Services (DNS) confirmed that Resident #1 had not been monitored with a chair alarm as specified in the written care plan.	F 282	F282 On 9/24/10 a seat belt alarm was put in place on the reclining wheelchair for the affected resident, making the care plan current. All residents have the potential to be affected by this practice. All proposed seating changes will be reviewed by the therapy department prior to addition to the resident plan of care and implementation. DNS or designee will perform spot audits of resident seating recommendations from therapy to ensure they match the plan of care, and the practice of care performed by the nursing staff. These will be done monthly for four months and results reported at the April 2011 QA meeting. (See attached form)	<del>8/4</del> 4/3/11	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards	F 323	F323 On 9/24/10 a seat belt alarm was put in place on the reclining wheelchair for the affected resident, making the care plan current. All residents have the potential to be affected by this practice.	<del>8/4</del> 4/3/11	

Per FAX 12/31/10, completion date is: 12/10/10  
F282 RC accepted with above 12/31/10 J. H. Somer / P. Mcota / R. W.

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F 323	Continued From page 2 as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that 1 of 3 residents (Resident #1) received adequate supervision and assistive devices to prevent accidents. Findings include:  Per record review, Resident #1 was discovered by staff to have slid to the floor while unmonitored and unalarmed in a reclining chair on 9/23/10 at 4:57 PM. The written plan of care for falls prevention specified the use of bed and chair alert alarms to address a history of falls and poor trunk control. In an interview on 11/10/10 at 11:35 AM, the Director of Nursing Services (DNS) confirmed that the reclining chair was not equipped with an alert alarm as specified in the care plan for falls prevention.	F 323	All proposed seating changes will be reviewed by the therapy department prior to addition to the resident plan of care and implementation. DNS or designee will perform spot audits of resident seating recommendations from therapy to ensure they match the plan of care, and the practice of care performed by nursing staff. These will be done monthly for four months and results reported at the April 2011 QA meeting. (See attached form)  <i>Per FAX 12/3/10, completion date is:</i> <i>F323 PDC accepted with above</i> <i>12/3/10 J. Hasmer RN / Pymcoturn</i>	12/10/10	



