

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

April 13, 2011

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 March 30, 2011.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/30/2011
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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 318}	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION SS=E	{F 318}	For Residents #1,#2,#3, and #4, LNA Documentation will be audited Q shift using ECS LNA Documentation reports to assure the ROM activities outlined in the resident plan of care is complete. Procedure for Auditing will be as follows: Each LNA will perform a self audit by reviewing the ECS report and provide documentation if needed. Each nurse will then review the ECS report for his/her residents and provide for additional Follow to the responsible LNA if needed. Director of nursing or designee will then Review the resident records for compliance and provide follow up as needed. To be completed by 4/10/2011.	
	Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to document provision of range of motion and/or refusal of care for 4 of 4 residents in the targeted sample (Residents #1, 2, 3, 4). Findings include: 1. Per record review on 3/30/11, Resident #1 had interventions listed on the care plan to prevent decreased range of motion to his left upper extremity, that included a left hand splint to be on at all times except when performing Passive Range of Motion (PROM) exercises with AM and PM care. From 3/8/11 to 3/29/11, the following dates had no documentation to indicate completion of the PROM: 3/8/11(PM), 3/9, 3/10, 3/11, 3/12 (PM), 3/13, 3/14 (PM), 3/15, 3/16 (AM), 3/17 (PM), 3/18 (AM), 3/19 (AM), 3/20 (AM), 3/21 (PM), 3/22 (AM), 3/23 (AM), 3/24 (AM), 3/25, 3/26, 3/27, 3/28 (PM), and 3/29. Per Interview on 3/30/11 at 11:10 AM, the Director of Nursing		All residents are at risk. Due to unresolved Hardware/ECS Software compatibility issues resulting in the inability to view entire ECS LNA documentation Screen all Care Tracker Kiosks will be removed from Service on 4/8/11. A List of all residents on ROM Programs outlining their ROM plan of care will be kept at each nursing station. LNA Documentation will be audited Q shift using ECS LNA Documentation reports assure the ROM activities outlined in the resident plan of care is complete. Procedure for Auditing will be as follows: Each LNA will perform a self audit by reviewing the ECS report and provide documentation if needed. Each nurse	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cheryl Smith</i>	TITLE <i>Administrator</i>	(X6) DATE 4.8.11
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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.

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

PRINTED: 03/31/2011
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 03/30/2011
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NAME OF PROVIDER OR SUPPLIER THE MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 677 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 318)	<p>Continued From page 1</p> <p>(DNS) confirmed that there was no documentation to indicate completion or refusal of PROM.</p> <p>Resident #2 also had missing documentation of PROM exercises on 3/9, 3/19, 3/20 (AM), 3/21, 3/22 (PM), 3/23 (PM), 3/24 (AM), 3/25, 3/26, 3/27 (PM), 3/28, and 3/29 (PM). At 10:25 AM, the DNS confirmed that the PROM was not documented on those dates.</p> <p>2. Per record review on 3/30/11 at 10:08 AM, the facility failed to document PROM for Residents #3 and #4. Resident #4 has bilateral upper and lower extremity contractures and was care planned for PROM with daily activities of daily living (ADLs). There was no documentation of PROM on 3/7, 3/8, 3/9, 3/10, 3/11, 3/13, 3/14, 3/18, 3/17, 3/18, 3/19, 3/20, 3/21, 3/24, or 3/28/11. On 3/30/11 at 10:30 AM, the Unit Manager (UM) confirmed that the Resident was care planned to receive PROM with daily ADLs and that the PROM was not documented for the above dates. The UM stated "if it's not documented, it wasn't done".</p> <p>Resident #3 was care planned for PROM with morning and bedtime care to the left arm, hand and ankle related to left sided weakness/neglect. On 3/30/11 at 10:52 AM, the UM confirmed that there was no documentation for the PROM per the care plan.</p>	(F 318)	<p>will then review the ECS report for his/her residents and provide for additional Follow to the responsible LNA if needed.</p> <p>Director of nursing or designee will then Review the resident records for compliance and provide follow-up as needed.</p> <p>Ongoing audits to assure compliance will be reviewed in QA through 12/31/11.</p> <p>To be completed by 4/10/11.</p> <p><i>F318 POC Accepted 4/12/11 K. Campos RN / Amotarn</i></p>	
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