

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

March 8, 2013

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

Provider #: 475057

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **February 6, 2013**. 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:ne

Enclosure



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

PRINTED: 02/13/2013  
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  02/06/2013
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NAME OF PROVIDER OR SUPPLIER  THE MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 677 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	F 000		
F 280 SS=D	<p>An unannounced on-site recertification survey was conducted by the Division of Licensing and Protection from 02/04/2013 to 02/06/2013. The following regulatory deficiency was identified as a result of the survey:</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: Based on staff Interviews and record review, the facility failed to revise the care plans for 2 of 25 residents in the stage 2 sample (Residents #37 and #68). Findings include:</p>	F 280	<p>F-280 Resident # 37 was discharged two days after discovery of stage two wound was affected; unable to correct the deficient practice related to lack of Plan of care revision due to his discharge. Affected Resident #68's care plan problem for potential fluid volume deficit had been discontinued on 11/10/12 when his condition stabilized. The residents care plan was revised on 2/06/13 and the problem of potential for fluid volume placed back in the care plan as an active problem thus correcting the deficient practice for this resident.</p> <p>All residents are at risk. To mitigate this risk the DNS and/or designee(s) will review physicians order changes and the 24 hour report dally to</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Executive Director/Administrator* (X6) DATE *2-26-13*

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	<p>Continued From page 1</p> <p>1. Per record review on 2/6/13 at 8:30 AM, the care plan for Resident #37 was not revised to reflect a change in condition. A 12/12/12 nursing note stated that there was a new stage 2 pressure sore measuring 0.7 x 0.5 x 0.1 cm on the right buttock. Review of the care plans for Resident #37 showed that the facility had developed a care plan for potential for impairment of skin integrity on 11/30/12. There was no plan of care to address the actual skin impairment. Per interview with the facility wound nurse on 2/6/13 at 9:34 AM, h/she stated that care plans are to be updated when a new skin issue arises. The wound nurse Confirmed that this resident had indeed developed a new stage 2 pressure ulcer and that the care plan had not been revised.</p> <p>2. Per record review on 2/6/13 at 9:00 AM, the care plan for Resident #68 was not revised to reflect the continued use of a diuretic and the Risk of a Fluid Volume Deficit. Resident #68 has an indwelling Foley catheter, a history of diastolic heart failure, and history of edema. Per interview at 9:55 AM, the Director of Nursing stated that the plan of care for Risk of Fluid Volume Deficit was not included in the current care plan for Resident #68, and that it was an oversight to not include this area as a current concern for the resident.</p>	F 280	<p>assess for resident treatment and condition changes that warrant a revision(s) to the Plan of Care. In addition, care plan review and revision will continue to occur with the MDS cycle and during the biweekly quality meetings; wounds/weights and falls/ pain for these target areas. All resident care plans will be reviewed by DNS or designee within 24 hours of admission and by day 7 of admission to assure plan of care is meeting resident needs. As an ongoing quality measure 5 Plans of Care will be audited monthly for compliance for 6 months. Additional care plan review will occur with established quarterly QIS sampling utilizing the ABAQIS software package.</p> <p>Corrective action implementation will be completed by 2/25/13.</p> <p><i>F280 POC accepted 2/20/13 M Higgins RN/ame</i></p>