

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

April 11, 2013

Ms. Linda Minsinger, Administrator  
Menig Extended Care  
44 South Main Street  
Randolph, VT 05060

Dear Ms. Minsinger:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site recertification survey concluded on **March 7, 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:jl

Enclosure: As noted above.



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

PRINTED: 03/28/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/07/2013
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NAME OF PROVIDER OR SUPPLIER  MENIG EXTENDED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 44 SOUTH MAIN STREET RANDOLPH, VT 05060
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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 279 SS=D	<p>An unannounced on-site recertification survey was conducted by the Division of Licensing and Protection from 3/6/13 to 3/7/13. Regulatory findings include:</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to develop care plans based on the comprehensive assessments and individual needs for 2 of 10 residents (#7 &amp; #12). The findings include:</p>	F 279	<p><b>F-279 SS-D</b></p> <p><b>Concerns Identified:</b> Based on medical record review and staff interview the facility failed to develop care plans based on the comprehensive assessments and individual needs to 2 of 10 residents #7 and #12.</p> <p><b>Corrective Action:</b> On each resident care plan there will be an individual approach and goal for each problem.</p> <p>Care plan revisions on the two residents noted in our survey results will be completed immediately.</p> <p>Menig will have all 30 care plans revised by May 15, 2013.</p> <p>Menig will always continue with the same format for all residents in the future.</p> <p><b>Monitoring:</b> At annual care plan meeting, the Director of Nursing will review each care plan and ensure triggered items have individual approaches and goals.</p> <p><b>Completion Date:</b> May 15, 2013</p> <p><i>F279 POC accepted 4/11/13 PML</i></p>	

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Nursing Home Admin* (X6) DATE *4/11/13*

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.

MAR 27 No. 0144:34RP 3/27/11 Fax BUZ747348 Gifford Hospital Division Apr. 11, 2013 12:46PM PML

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/07/2013
NAME OF PROVIDER OR SUPPLIER  MENIG EXTENDED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 44 SOUTH MAIN STREET RANDOLPH, VT 06060		
(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
F 279	<p>Continued From page 1</p> <p>1. Per record review on 03/07/13 at 9:30 A.M. Resident #7's diagnosis included adult failure to thrive, dementia/behavior/delusions and chronic pulmonary disease. Per the admission MDS (minimum data set) assessment on 08/04/12, it identified concerns related to cognitive loss/dementia, communication, behavior, incontinence, falls, nutrition, dental, skin and psychotropic drug use. The nursing assessments identified issues around pain, skin, cognition, "on Zolof for depression", and use of side rails.</p> <p>The care plan contained four areas of the eight that were identified which included cognitive loss/dementia/delusion, Functional ADL [activities of daily living] risk, fall risk and bouts of shortness of breath. There was no care plan developed for depression and the use of the anti-depressant Zolof. Although interventions under functional ADL notes "no teeth, oral care b.i.d." and "likes jelly donuts and choc milk for breakfast", as well as "no pizza or grilled cheese", there is no specific care plan for these identified nutritional and dental issues.</p> <p>Per interview on 03/07/13 at 4:17 P.M. the DNS stated "the care plan is all lumped together" and confirmed there is no care plan developed to address depression and specific nutritional/dental needs.</p> <p>2. Per record review, Resident #12, who was admitted on 02/06/13, had diagnoses that included Anxiety, Somatoform Disorders/Dysthymic Disorder, Persistent Mental Disorders, dementia w/ behavioral disturbance, Incontinence, Stroke, Falls and skin issues. The admission MDS assessment identified cognitive</p>	F 279		



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F 456	Continued From page 3 equipment in safe operating condition, which affected 8 of 27 residents' beds. Findings include:  1 Per observation on 03/06/13 at 10:45 A.M. in resident rooms #2, #3, #4, #9, #11, #12, #14, #16, #18, the mattresses did not fit properly and/or securely on the beds. The mattresses had gaps up to 8 inches between the mattress and foot of the bed and/or head board. Per a tour with the Director of Nursing (DNS) on 03/07/13 at 11:34 A.M., the DNS stated "we have a mishmash of beds and mattresses" and confirmed the above findings	F 456			