

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

May 13, 2014

Mr. John Danforth, Administrator
Redstone Villa
7 Forest Hill Drive
St Albans, VT 05478-1615

Dear Mr. Danforth:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 21, 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: 04/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/21/2014
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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478
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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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INITIAL COMMENTS

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Redstone Villa, (the "Provider") submits this plan of correction, (POC), in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited.

F 164
SS=D

483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS

F 164

The Provider submits this POC with the intention that it be inadmissible by any third party any civil or criminal action against the Provider or any employee, agent, officer, director or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings, that are relied upon to adversely influence or serve as a basis, in any way, for the selection and / or imposition of future remedies, or for any increase in future remedies, whether any such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the State of Vermont or any other entity.

Any changes to Provider Policy or Procedure should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis.

An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 4/21/14 concerning Quality of Care and Treatment and Resident Rights for Privacy. The following Federal Regulatory violations were cited as a result of the investigation:

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another health care institution; law; third party payment contract; or the resident.

F164 Personal/Privacy/Confidentiality of Records

1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?

Resident #2 was not harmed by this alleged deficient practice. Responsible Party was notified on the letter from APS on 4/7/14.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Dauterive</i>	TITLE EXECUTIVE DIR.	(X6) DATE 5/8/14
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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 164	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to respect and protect 1 applicable resident's right to privacy and confidentiality regarding written communication (Resident #2). Findings include: Per 4/1/14 medical record review, Resident #2 has diagnoses that include dementia with behavioral symptoms, a history of altered mental status, depression, anxiety, visual impairment and other chronic medical conditions. His/her 3/28/14 quarterly MDS (Minimum Data Set) documented that the brief interview for mental status was not conducted as the resident is rarely ever understood; there were check marks documenting that the resident had long and short term memory problems; and cognitive skills were listed as severely impaired. The resident has care plans for impaired cognitive function, communication, behavioral problems related to dementia and encephalopathy and has care plans for mood, paranoia and depression. Per 4/1/14 record review, the resident does not have a guardian but has family that lives nearby; the facility is listed as his/her A/R Guarantor (accounts receivable responsible party). On 4/21/14 at 12:00 noon, the facility's nursing supervisor stated that Resident #2 has a family member that visits him/her on most Saturdays. On 4/21/14 at 12:35 PM, when asked if s/he gets mail, Resident #2 stated, "no," s/he "thinks all the mail goes to [his/her family]." On 4/21/14 at 2:04 PM, the facility business manager stated that the facility does not have a specific policy regarding mail delivery, but generally s/he or the DON (Director of Nursing) sort the incoming mail; resident mail goes to the</p>	F 164	<p><u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> All Residents who are cognitively impaired are at risk by this alleged deficient practice.</p> <p><u>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u> Business Office Manager and Activities Director will be educated on protocol for distributing mail which is all Residents will receive their mail and confidentiality will be honored by 5/21/14.</p> <p><u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u> Executive Director will audit weekly on Resident mail distribution for 3 months. Results will be reviewed at the quarterly QA meeting.</p> <p><u>5. Include dates when a corrective action will be completed.</u> Executive Director will be responsible for monitoring to assure compliance with POC and regulatory requirements by 5/21/14.</p> <p>F164 POC accepted 5/12/14 mcohen</p>

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F 164	Continued From page 2 activity director who brings the mail to the residents and s/he assists them with reading it when requested. If someone has a guardian, all mail goes to the guardian. The facility handles all mail related to representative payee issues. On 4/21/14 at 3:30 PM, the business manager reported that with Resident #2's permission, s/he opened and read a letter addressed to Resident #2 from Adult Protective Services (APS). S/he reported that s/he was unsure what s/he was supposed to do with the letter and brought it to the facility's administrator; later s/he placed the letter in the resident's file in the business office. The business manager later retrieved the letter; per 4/21/14 review, the letter was addressed to Resident #2 c/o Redstone Villa; the letter contained confidential information about a report made to APS and stated that a referral had been to the Division of Licensing and Protection. On 4/21/14 at 3:15 PM, the facility administrator reported that if mail is addressed to residents "in care of Redstone Villa," the facility "could open the mail." The administrator also confirmed calling APS regarding the letter addressed to Resident #2 and was told that they would not give out information. On 4/21/14 at approximately 4:10 PM, the facility DON stated that s/he was aware of the letter from APS [to Resident #2] and stated that she was not sure if the letter was about a fall that had already been investigated and that was why the administrator called APS. Per 4/21/14 review, the facility's policy for Resident Rights states "Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to ...d. Privacy and confidentiality ...h. Privacy in sending and receiving mail ..."	F 164		
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET	F 281		

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F 281 SS=D	<p>Continued From page 3 PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide services that meet professional standards regarding monitoring and management of a high risk anticoagulation medication for 1 of 4 residents (Resident #1). Findings include: Per record review on 4/21/14, Resident #1 was admitted to the facility from an acute care hospital on chronic Coumadin treatment (Coumadin is an anticoagulant medication that when taken increases the risk for major or fatal bleeding). Per review of the MAR (Medication Administration Record), the resident was administered Coumadin 5 mg on Monday, Wednesday and Friday and Coumadin 7.5 mg on Tuesday, Thursday, Saturday and Sunday from the time of admission on 1/27/14 until s/he was discharged from the facility on 3/11/14. Per review, the facility's policy Orders for Anticoagulants states, "orders for anticoagulants shall be prescribed only with proper clinical and laboratory monitoring." Additionally, the facility's Anticoagulation-Clinical Policy states "The staff should use a warfarin flow sheet or comparable monitoring tool to follow trends in anticoagulant dosage and response." Per record review and confirmed by the DON on 4/21/12 at 1:51 PM, no monitoring labs for PT/INR (PT/INR= standard laboratory tests that monitor bleeding time when taking Coumadin) or specific monitoring tools were utilized during the resident's 6 week stay at the facility. The DON confirmed that the nursing</p>	F 281	<p><u>F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</u></p> <p><u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u> On 3/11/14 Resident #1 was discharged home. Resident was not harmed by this alleged deficient practice.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> All Residents on warfarin therapy are at risk by this alleged deficient practice.</p> <p><u>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u> Re-in servicing licensed nurses on warfarin monitoring protocol by 5/21/14.</p> <p><u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u> Audits on following protocol for all Residents receiving warfarin Therapy for 3 months by DNS/ designee. Results will be reviewed at quarterly QA meeting.</p> <p><u>5. Include dates when a corrective action will be completed.</u> DNS will be responsible for monitoring to assure compliance with POC and regulatory requirements by 5/21/14.</p>	

F281 POC accepted 5/12/14 Pmcoburn

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F 281	Continued From page 4 staff did not notify the physician that there were no orders for lab monitoring, stating that it "got missed." (see 428) Reference: Lippincott Nursing Manual, Williams & Wilkins, 9th edition < http://reference.medscape.com/drug/coumadin-antoven-warfarin-342182#4 > 483.66 (c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	F 281	<u>F428 DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</u> <u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u> Resident #1 was discharged home on 3/11/14. Resident was not harmed by this alleged deficient practice. Pharmacy Consultant was updated on warfarin monitoring missed on drug reviews. <u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> All residents on warfarin therapy are at risk by this alleged deficient practice. <u>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u> Educated Pharmacy consultant on monthly drug review for protocol of Residents who receive warfarin on 5/7/14. <u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u> DNS or designee will audit Pharmacy Consultant monthly review of Residents receiving warfarin for 3 months. Results to QA committee	
F 428 SS=D	The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that the consultant Pharmacist reported any medication irregularities to the attending physician and Director of Nursing (DNS) for 1 of 5 residents (Residents # 1). Findings include: Per record review on 4/21/14, Resident #1 was admitted to the facility from an acute care hospital on chronic Coumadin treatment (Coumadin is an anticoagulant medication that when taken increases the risk for major or fatal bleeding). Per review of the MAR (Medication Administration Record), the resident was administered	F 428		

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F 428 Continued From page 5
Coumadin 5 mg on Monday, Wednesday and Friday and Coumadin 7.5 mg on Tuesday, Thursday, Saturday and Sunday from the time of admission on 1/27/14 until s/he was discharged from the facility on 3/11/14.
Per review, the facility's policy Orders for Anticoagulants states, "orders for anticoagulants shall be prescribed only with proper clinical and laboratory monitoring." Per record review and confirmed by the DON on 4/21/12 at 1:51 PM, no monitoring labs for PT/INR (PT/INR= standard laboratory tests that monitor bleeding time when taking Coumadin) were done during the resident's 6 week stay at the facility.
Per 4/21/14 record review, the facility's Pharmacist Consultant reviewed Resident #1's medical record on 1/29/14 and listed that s/he was taking Warfarin (a generic name for Coumadin). A second pharmacy consult was done on 2/13/14; for both consults, the box indicating "no apparent irregularities" was checked. On 4/21/12 at 1:51 PM, the DON confirmed that the Pharmacist did not report the medication irregularity that monitoring labs for Coumadin were indicated and not ordered. (see F281)
<<http://reference.medscape.com/drug/coumadin-antoven-warfarin-342182#4>>

F 428

5. Include dates when a corrective action will be completed.

DNS will be responsible for compliance of POC and regulatory requirements by 5/21/14.

F428 POC accepted 5/12/14 pmoctawel