

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

PRINTED: 04/02/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/31/2010
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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302
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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
{F 000}	INITIAL COMMENTS	{F 000}		
{F 329} SS=E	<p>An unannounced onsite re-visit was conducted on 3/31/10 by the Division of Licensing and Protection.</p> <p>483,25(1) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and observation, the facility failed to assure each resident's drug regimen is free from unnecessary drugs for 4 of 7 residents in the sample (Resident #8, #25, #69, #70).</p>	{F 329}	<p>F 329</p> <p>Resident #8's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p> <p>Resident # 70's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p> <p>Resident # 69's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p> <p>Resident #25's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p>	<p>4/5/10</p> <p>4/2/10</p> <p>4/1/10</p> <p>4/2/10</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 4/6/10

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
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/31/2010
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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302
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{F 000}	INITIAL COMMENTS	{F 000}		
{F 329} SS=E	<p>An unannounced onsite re-visit was conducted on 3/31/10 by the Division of Licensing and Protection.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and observation, the facility failed to assure each resident's drug regimen is free from unnecessary drugs for 4 of 7 residents in the sample (Resident #8, #25, #69, #70).</p>	{F 329}	<p>F 329</p> <p>Resident #8's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p> <p>Resident # 70's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p> <p>Resident # 69's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p> <p>Resident #25's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p>	<p>4/5/10</p> <p>4/2/10</p> <p>4/1/10</p> <p>4/2/10</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 60 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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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302
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{F 329}	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. Per record review on 3/31/10, the drug regimen for Resident #8 was not free from unnecessary drugs. Per review of the MAR (Medication Administration Record) for March 2010, it was documented that Resident #8 received duplicate doses of 3 separate medications.</p> <p>A) Carvedilol (an anti-hypertensive medication) was ordered on discharge from the hospital as 25 mg by mouth 2 times a day. This order was duplicated during transcription onto the facility order sheet and MAR, and those orders were signed by Resident #8's primary care physician (PCP) on 3/25/10. It appears that the PCP crossed out the duplicate order when they were signed, but that was not communicated onto the MAR. Per review of the MAR for March 2010, the Carvedilol was documented as given twice on 3/24/10 at 8 AM.</p> <p>B) Senna (a stool softener) was ordered on discharge from the hospital as Senna 17.2 mg = 2 tabs by mouth at bedtime. This order was duplicated during transcription onto the facility order sheet and MAR, and those orders were signed by Resident #8's PCP on 3/25/10. Per review of the MAR for March 2010, the Senna was documented as being given twice on 3/24/10 at bedtime. On 3/25/10, staff had to administer loperamide (an anti-diarrhea agent) from the facility standing orders for complaints of diarrhea.</p> <p>C) Oscal with Vitamin D (a vitamin supplement) was ordered on discharge from the hospital as 500 mg by mouth 2 times a day. This order was duplicated on the MAR, but not on the signed physician orders. Per review of the MAR for March 2010, 2 doses were signed off as being administered on 3/23/10 at 5 PM, 3/24/10 at 8</p>	{F 329}	<p>Lisa Kemp, RN, DNS and Sandy Merkle, RN, SDC reviewed all MAR's for current residents Separately, using MAR Audit tool. Discrepancies reviewed and corrected with physician. All orders reviewed for Dose, Schedule, Route, Parameters, Indications, Dosage Ranges, Schedule Ranges, and Duplicate orders. MAR Audit tools for each review (2) were copied to Administrator daily to ensure completion and follow up with DNS.</p> <p>Policies regarding Physician Orders were reviewed and updated as necessary.</p> <p>Physician orders for all new residents shall be reviewed by the DNS and one other RN for accuracy using the MAR Audit Tool. MAR Audit tools for each Review (2) shall be copied to the Administrator for verification of completion.</p> <p>DNS/SDC will provide mandatory re-education to all nursing staff regarding Physician Orders policy. Inservice records to be copied to Administrator to ensure completion and follow up with DNS.</p>	<p>4/5/10</p> <p>4/2/10</p> <p>Ongoing</p> <p>4/5/10</p>

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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302
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{F 329}	<p>Continued From page 2</p> <p>AM, 3/25/10 at 8 AM, and 3/27/10-3/29/10 at 8 AM, totaling 6 doses documented as duplicated. During an interview on 3/31/10 at 2:00 PM, the DNS (Director of Nursing Services) verified the above information.</p> <p>2. Per review of the physician orders for Resident #8, signed on 3/25/10, there were multiple PRN (as needed) medications ordered without an indication for use documented.</p> <p>A) Ventolin 90 mcg Inhaled every 4 hours PRN B) Ativan 0.25 mg (milligrams) by mouth twice a day PRN C) Ativan 0.5 mg sub-lingual at bedtime PRN D) Milk of Magnesia by mouth 30 ml (milliliters) at bedtime PRN E) MSIR (morphine sulfate immediate release) 15 mg by mouth every 4 hours as needed F) Nitroglycerin 4 mg sub-lingual every 5 minutes as needed. Transcribed incorrectly as 4 mg instead of 0.4 mg and no maximum dose identified. During an interview on 3/31/10 at 2:00 PM, the DNS (Director of Nursing Services) verified the above information.</p> <p>3. Per review of the physician orders for Resident #70, signed on 3/30/10 by the hospital discharging physician, one PRN medication lacks an indication for use.</p> <p>A) Robitussin DM (cough medicine) was ordered by mouth 10 mL 4 times per day as needed, with no specific indication for use. During an interview on 3/31/10 at 3:00 PM, the DNS verified the above.</p>	{F 329}	<p>DNS or designee will audit all resident records each quarter to ensure that Physician orders are complete and accurate. MAR Audit tool will be copied to the Administrator and DNS to verify completion and follow up.</p> <p>Results will be reported at QA meetings. DNS and Administrator to monitor for continued compliance.</p> <p><i>PC reports 4.6.10</i></p>	<p>Ongoing</p> <p>Ongoing</p>

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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302		
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F 329	Continued From page 3 4. Per review of physician orders for Resident #69, signed on 03/31/2010, there was no indication for use for a PRN medication documented on the orders or on the MAR, and no route of administration for insulin for the same resident. A) Tylenol 650 mg suppository per rectum every 4 hours PRN. B) Lantus insulin 20 units every evening Staff confirmed the above information during an interview on 03/31/2010 at 2:20 PM. 5. Per review of physician orders for Resident #25, signed on 03/19/2010, there were no indications for use of PRN (as needed) inhalers or PRN medication. A) Duoneb 2.5-0.5 mg/3 ml via nebulizer 4 times a day PRN B) Ventolin HFA 90 mcg 2 puffs PO (by mouth) every 4 hours PRN C) Motrin 200 mg PO 4 times a day PRN Staff confirmed the above during an interview at 12:05 PM on 03/31/2010. Refer also to F520. 483.40(b) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.	F 329	F 386 Resident #8 physician order sheets were reviewed by Lisa Kemp, RN, DNS, Sandy Merkle, RN, SDC, and Mark Malloy, RN, MDS for accuracy, then reviewed and signed by Physician. Lisa Kemp, RN DNS and Sandy Merkle, RN SDC reviewed all MAR's for current residents separately, using the MAR Audit tool. Discrepancies reviewed and corrected with physician. All orders reviewed for Dose, Schedule, Route, Parameters, Indications, Dosage Ranges, Schedule Ranges, and Duplicate orders. MAR Audit tools for each review (2) were copied to Administrator daily to ensure completion and follow up.	4/5/10 4/5/10
F 386 SS=D		F 386		

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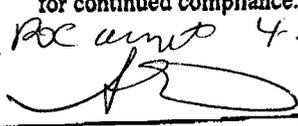
NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 60 MAPLE STREET BRATTLEBORO, VT 05302
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F 386	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and confirmed by interview, the physician failed to review the total program of care for 1 of 7 applicable residents in the sample (Resident #8). Findings include:</p> <p>1. Per record review on 3/31/10, the physician orders for Resident #8, signed on 3/25/10, contained 2 duplicate medication orders and an order with an incorrect dose identified. The signed orders contained the following 3 orders: A) Duplicate orders for MSIR (Morphine Sulfate immediate release) 30 mg by mouth at bedtime B) Duplicate orders for Senna 2 tabs by mouth at bedtime C) Nitroglycerin 4 mg sub-lingual every 5 minutes as needed. This order also does not specify a maximum dose or an indication for use of the medication. On discharge from the hospital on 3/23/10, this medication was ordered as 0.4 mg and had further parameters identified. During an interview on 3/31/10 at 2:00 PM, the DNS verified the above information.</p>	F 386	<p>Monthly physician orders received from the pharmacy will be reviewed upon receipt and prior to the 1st of each month by the DNS and one other RN for completion and accuracy using the MAR Audit tool. MAR Audit tool will be copied to the Administrator to ensure completion and follow up.</p> <p>DNS or designee will audit all resident records each quarter to ensure that Physician orders are complete and accurate. MAR Audit tool will be copied to Administrator and DNS to verify completion and follow up.</p> <p>Results will be reported at QA meetings. DNS and Administrator to monitor for continued compliance.</p> <p><i>POC complete 4-6-10</i></p>	Ongoing
F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and</p>	F 425	<p>F 425</p> <p>Resident #8's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p>	4/5/10

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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302
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F 425	<p>Continued From page 5 administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and confirmed by interview, the facility failed to completely and accurately transcribe admission orders for 2 of 5 applicable recently admitted residents in the sample (Residents #8, #70). Findings include:</p> <ol style="list-style-type: none"> Per record review on 3/31/10, staff failed to correctly transcribe admission orders for Resident #8. The following medications and/or treatments were ordered and signed on 3/23/10 by the hospital discharging physician, and not transcribed onto the facility order sheet: <ul style="list-style-type: none"> A) Albuterol Sulfate nebulizer 2.5 mg/3 ml Inhaled solution 4 times a day B) Albuterol Sulfate nebulizer 2.5 mg/3 ml Inhaled solution every 4 hours as needed C) Omeprazole 20 mg by mouth every 24 hours D) Artificial Tears 1 drop ophthalmic every 2 hours as needed E) Nexium was ordered as 40 mg by mouth daily on 3/23/10, but not transcribed onto the facility order sheet and also not placed on the MAR or documented as being administered until 3/27/10. During an interview on 3/31/10 at 2:00 PM, the DNS verified that the above orders were not transcribed onto the facility order sheet or MAR 	F 425	<p>Resident # 70's medications were reviewed by DNS and SDC for duplication, route of administration, parameters for use, and indications for use. Discrepancies reviewed and corrected with physician order.</p> <p>Physician orders for all new residents shall be reviewed by the DNS and one other RN for accuracy using the MAR Audit Tool. MAR Audit tools for each review (2) shall be copied to the Administrator for verification of completion.</p> <p>DNS/SDC will provide mandatory re-education to all nursing staff regarding Physician Orders policy. Inservice records to be copied to Administrator to ensure completion and follow up with DNS.</p> <p>DNS or designee will audit all resident records each quarter to ensure that Physician orders are complete and accurate. MAR Audit tool will be copied to Administrator and DNS to verify completion and follow up.</p> <p>Results will be reported at QA meetings. DNS and Administrator to monitor for continued compliance.</p> <p><i>Doc audit 4/8/10</i> </p>	<p>4/2/10</p> <p>Ongoing</p> <p>4/5/10</p> <p>Ongoing</p> <p>Ongoing</p>

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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302	
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F 425	<p>Continued From page 6 on 3/23/10.</p> <p>2. Per record review on 3/31/10, medications were transcribed incorrectly for Resident #8. Per review of discharge orders for Resident #8 from a hospital to the facility, signed on 3/23/10 by the hospital discharging physician, the following inaccuracies were found:</p> <p>A) Nitroglycerin was ordered as 0.4 mg sublingual every 5 minutes x 3 doses as needed, but transcribed onto the facility order sheet and MAR as Nitro 4 mg sublingual every 5 minutes as needed.</p> <p>B) Orders for Senna 2 tabs by mouth at bedtime, Carvedilol 25 mg by mouth twice a day, and MSIR 30 mg by mouth at bedtime were duplicated on the facility order sheet and MAR.</p> <p>C) Cymbalta was ordered as 60 mg by mouth daily, but transcribed as Cymbalta 30 mg by mouth daily and signed by the PCP as 30 mg on 3/25/10. Per review of the MAR for March 2010, the dose had been written over and changed to 60 mg. There was no evidence that the physician had been contacted to change the dose back to the previously ordered dose of 60 mg. During an interview on 3/31/10 at 2:00 PM, the DNS verified the above information.</p> <p>3. Per record review on 3/31/10, medications were transcribed incorrectly for Resident #70. Per review of discharge orders for Resident #70 from a hospital to the facility, signed on 3/30/10 by the hospital discharging physician, the following inaccuracies were found:</p> <p>A) Insulin, Regular Human, (Novolin R) was ordered on discharge as injected subcutaneously on a sliding scale, before meals (AC) and at bedtime (HS). Per review of the transcribed order and the MAR, the subcutaneous route of</p>	F 425		

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{F 520}	<p>Continued From page 8</p> <p>Based on interview and record review, the facility failed to assure implementation of appropriate plans of action to correct identified quality deficiencies for 4 of 7 residents in the sample (Residents #8, #70, #69, #25). Findings include:</p> <p>1. Per record review on 3/31/10, the drug regimen for Resident #8 was not free from unnecessary drugs. Per review of the MAR (Medication Administration Record) for March 2010, it was documented that Resident #8 received duplicate doses of 3 separate medications.</p> <p>A) Carvedilol (an anti-hypertensive medication) was ordered on discharge from the hospital as 25 mg by mouth 2 times a day. This order was duplicated during transcription onto the facility order sheet and MAR, and those orders were signed by Resident #8's primary care physician (PCP) on 3/25/10. It appears that the PCP crossed out the duplicate order when they were signed, but that was not communicated onto the MAR. Per review of the MAR for March 2010, the Carvedilol was documented as given twice on 3/24/10 at 8 AM.</p> <p>B) Senna (a stool softener) was ordered on discharge from the hospital as Senna 17.2 mg = 2 tabs by mouth at bedtime. This order was duplicated during transcription onto the facility order sheet and MAR, and those orders were signed by Resident #8's PCP on 3/25/10. Per review of the MAR for March 2010, the Senna was documented as being given twice on 3/24/10 at bedtime. On 3/25/10, staff had to administer loperamide (an anti-diarrhea agent) from the facility standing orders for complaints of diarrhea.</p> <p>C) Oscal with Vitamin D (a vitamin supplement) was ordered on discharge from the hospital as 500 mg by mouth 2 times a day. This order was</p>	{F 520}		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/31/2010
NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302		
(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 520}	<p>Continued From page 9</p> <p>duplicated on the MAR, but not on the signed physician orders. Per review of the MAR for March 2010, 2 doses were signed off as being administered on 3/23/10 at 5 PM, 3/24/10 at 8 AM, 3/25/10 at 8 AM, and 3/27/10-3/29/10 at 8 AM, totaling 6 doses documented as duplicated. During an interview on 3/31/10 at 2:00 PM, the DNS (Director of Nursing Services) verified the above information.</p> <p>2. Per review of the physician orders for Resident #8, signed on 3/25/10, there were multiple PRN (as needed) medications ordered without an indication for use documented.</p> <p>A) Ventolin 90 mcg Inhaled every 4 hours PRN B) Ativan 0.25 mg (milligrams) by mouth twice a day PRN C) Ativan 0.5 mg sub-lingual at bedtime PRN D) Milk of Magnesia by mouth 30 ml (milliliters) at bedtime PRN E) MSIR (morphine sulfate immediate release) 15 mg by mouth every 4 hours as needed F) Nitroglycerin 4 mg sub-lingual every 5 minutes as needed. Transcribed incorrectly as 4 mg instead of 0.4 mg and no maximum dose identified. During an interview on 3/31/10 at 2:00 PM, the DNS (Director of Nursing Services) verified the above information.</p> <p>3. Per review of the physician orders for Resident #70, signed on 3/30/10 by the hospital discharging physician, one PRN medication lacks an indication for use. A) Robitussin DM (cough medicine) was ordered by mouth 10 mL 4 times per day as needed, with no specific indication for use. During an interview on 3/31/10 at 3:00 PM, the DNS verified the above.</p>	{F 520}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/31/2010
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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302
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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 520}	Continued From page 10	{F 520}		
	<p>4. Per review of physician orders for Resident #69, signed on 03/31/2010, there was no indication for use for a PRN medication documented on the orders or on the MAR, and no route of administration for insulin for the same resident.</p> <p>A) Tylenol 650 mg suppository per rectum every 4 hours PRN.</p> <p>B) Lantus insulin 20 units every evening</p> <p>Staff confirmed the above information during an interview on 03/31/2010 at 2:20 PM.</p> <p>5. Per review of physician orders for Resident #25, signed on 03/19/2010, there were no indications for use of PRN (as needed) inhalers or PRN medication.</p> <p>A) Duoneb 2.5-0.5 mg/3 ml via nebulizer 4 times a day PRN</p> <p>B) Ventolin HFA 90 mcg 2 puffs PO (by mouth) every 4 hours PRN</p> <p>C) Motrin 200 mg PO 4 times a day PRN</p> <p>Staff confirmed the above during an interview at 12:05 PM on 03/31/2010.</p> <p>Refer also to F329.</p>			