

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

March 2, 2011

Dane Rank, Administrator
Thompson House Nursing Home
80 Maple Street
Brattleboro, VT 05302

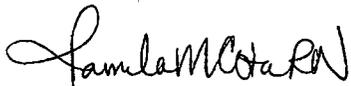
Provider ID #:475050

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 31, 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

PRINTED: 02/10/2011
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 01/31/2011
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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}	<p>INITIAL COMMENTS</p> <p>On 1/31/11, the Division of Licensing and Protection conducted an unannounced onsite follow-up to the annual survey, which was completed on 12/1/10. There were regulatory violations cited as a result.</p> <p>{F 281} 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS SS=D</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 observation, interview and record review, the facility failed to adhere to professional standards of care regarding the implementation of physicians' orders for 3 of 7 residents in the sample (residents #2, 9, 21). Findings include:</p> <p>1. Per observation of the noon meal at 12:49 PM on 1/31/11, staff failed to follow a physician's order for soft finger foods only for Resident #9. The Resident was served ziti with ground meat and cooked squash. The Registered Dietician confirmed during a 1/31/11, 1:27 PM interview that ziti with ground meat and cooked squash were not soft finger foods. Per record review on 1/31/11 at 12:18 PM, there is a physician's order for "soft finger foods only" dated 12/9/10. Per interview with the Head Cook on 1/31/11 at 1:40 PM, order changes come from nursing to the kitchen where dietary staff updates menu. The current diet sheet is for ground meat, regular diet small portions. The Head Cook confirmed that the current diet sheet was incorrect and that the resident has not been being served soft finger foods.</p>	<p>{F 000}</p> <p>F 281</p> <p>{F 281}</p>	<p>F 281</p> <p>Resident #9's Diet order was updated in the kitchen.</p> <p>Direct care and kitchen staff were educated regarding care update.</p> <p>Resident #2's diet order was clarified with the physician to allow liberalized food intake as desired.</p> <p>Resident #21's MAR was updated.</p> <p>All resident diet orders were reviewed and an audit done with kitchen records to ensure accuracy.</p> <p>All resident physician orders were audited to ensure accurate transcription and documentation.</p> <p>Policies regarding order transcription were reviewed and updated as necessary.</p> <p>DNS/SDC provided education to staff involved.</p> <p>DNS or designee will perform audits of 5 resident records per quarter to ensure that all identified needs are addressed.</p> <p>Results will be reported at QA meetings. DNS to monitor for compliance.</p>	<p>1/31/11</p> <p>1/31/11</p> <p>01/31/11</p> <p>01/31/11</p> <p>02/21/11</p> <p>02/21/11</p> <p>02/21/11</p> <p>02/21/11</p> <p>Ongoing</p> <p>Ongoing</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 2/1/11

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 281}	Continued From page 1	{F 281}		
{F 282} SS-E	<p>2. Per record review on 1/31/11, staff failed to follow physician's orders dated 12/20/10 for Resident #2 for staff to offer milkshakes or ice cream 1-3 times a day secondary to weight loss. There is no documentation that these supplements were offered and/or accepted or refused. Per interview with the Director of Nurses at 2:10 PM on 1/31/11, s/he confirmed that there is no documentation of staff following this physician's order since this is "food", nor is there documentation on an intake form or meal log.</p> <p>3. Per record review on 1/31/11, staff failed to follow a physician's order for Resident #21 who was to receive a Mighty Shake dietary supplement twice a day. On 12/30/10 the MD ordered an increase to three times a day. A review of the MAR shows that in the month of January the Resident received the supplement twice a day. This was confirmed with the West Wing medication nurse on 1/31/11 at 1:50 PM and the Director of Nurses on 1/31/11 at 2:10 PM.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide services in accordance with the plan of care for 4 of 7 sampled residents (Residents #2, 9, 21, 60). Findings include:</p>	{F 282}	<p>F 282</p> <p>Resident 60's care plan was reviewed and updated for weekly weights and notification</p> <p>Resident #9's Diet order was updated in the kitchen.</p> <p>Direct care and kitchen staff were educated regarding care update.</p> <p>Resident #21's care plan was reviewed and updated for weekly weights and notification</p>	<p>01/31/11</p> <p>1/31/11</p> <p>1/31/11</p> <p>1/31/11</p>

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{F 282}	Continued From page 2 1. Per record review on 1/31/11 at 1:33 PM, the facility failed to report a weight change of 3 pounds (lbs) for Resident #60 to the charge nurse and to recheck the weight per the resident's care plan. Resident #60's weight on 1/17/11 is recorded as 121.2 lbs. The resident's next recorded weight on 1/20/11 is 116.7 lbs [- 4.5 lbs]. Facility shift reports dated 1/20/11 for day/evening/night shifts contain no entries regarding the resident. Per interview on 1/31/11 at 2:16 PM with the Director of Nursing (DNS), the DNS confirmed there was no documentation regarding the resident's weight change per plan of care, and no documentation of the resident being re-weighed per plan of care. 2. Per observation of the noon meal on 1/31/11 at 12:49 PM, the facility failed to follow Resident #9's plan of care for soft finger foods only. Resident #9 was served ziti with ground meat and cooked squash. Per record review on 1/31/11 at 12:18 PM, a physician order dated 12/9/10 stated "soft finger foods only". The plan of care was revised 12/9/10 for soft finger foods only. During a 1/31/11, 1:27 PM interview with the Registered Dietician (RD), the RD stated that ziti with ground meat and cooked squash were not soft finger foods. On 1/31/11 at 1:40 PM, the Head Cook confirmed that Resident #9's diet order was incorrect and had not been served soft finger foods as per the plan of care. 3. Per record review, the care plan for resident #21 dated 12/06/10 lists weekly weights and re-weigh for weight change +/- 3 pounds (lbs) and report to Charge nurse. In a review of	{F 282}	Resident #2's care plan was reviewed and updated for weekly weights and notification Direct care staff were educated regarding weight policy. All resident's weight records were reviewed to ensure that all changes are identified. Policies regarding weights and care planning were reviewed and updated as necessary. DNS/SDC provided education to staff involved in weights, care planning and implementation. DNS or designee will perform audits of 5 resident care plans per quarter to ensure that all identified needs are addressed and implemented. Results will be reported at QA meetings. DNS to monitor for compliance.	1/31/11 2/21/11 2/21/11 2/21/11 Ongoing Ongoing

F282 PDC Accepted 2/23/11
R. Tremblay RN / J. MacArthur

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{F 282}	Continued From page 3 documentation for the period 12/20/10 to 1/31/11, on 12/23/10 a recorded weight of 125.2 lbs reflects a loss of 4.7 lbs from the 12/16/10 weight of 129.9 lbs. There is no evidence in the record of a re-weigh or that the weights were reported to the charge nurse. Further, there is a weight on 1/6/11 the next weight is on 1/18/11 (a 12 day gap) and no further weights recorded in January. This was confirmed in an interview with the Director of Nursing at 2:10 PM on 1/31/11. 4. Per record review the Care Plan for Resident #2, a resident with weight loss, calls for weekly weights, re-weighs and report to Charge Nurse for a greater than 3 lb change. In a record review for the period of 12/20/10 to 1/31/11, weekly weights are missing for 12/24/10, 1/20/11 and 1/27/11. This was confirmed in an interview with the Director of Nursing on 1/31/11 at 2:10 PM.. 483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store, prepare, distribute and serve food under sanitary conditions. Findings include:	{F 282}	F 371 1. An in-service was held by the Fitz Vogt Food Service Director with the Regional Manager and included all kitchen staff. Among other topics, the necessity of head coverings being worn was covered. In addition, proper documentation and notification of refrigerator temperatures was reviewed. Agenda Attached. The Food Service Director and Administrator will monitor wearing of proper head coverings daily for continued compliance. 2. In the 2/3/11 in-service, we discussed the necessity of proper temperature monitoring, thresholds, and how to notify Maintenance in the event of a measurement outside of parameters. Thresholds for temperature have been adjusted and are within ADA guidelines.	2/3/11 2/4/11 2/4/11
F 371 SS=E		F 371		

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F 371	<p>Continued From page 4</p> <p>1. Per observation on 1/31/11 at 1:00 P.M., a staff member was plating cooked pastries in kitchen without a head cover. Another staff member was observed opening and looking inside steam table covers containing cooked foods without a head cover. Per interview with the Head Cook at 1:15 PM on 1/31/11, all staff, per facility policy, must have head covering when behind the line. The Head Cook confirmed the 2 staff were not wearing head covers per policy.</p> <p>2. Per observation on 1/31/11 at 11:20 AM, a refrigerator in the 2nd floor medication room containing resident juices, soda, and mighty shakes exceeded normal temperature ranges. Per parameters on the facility temperature form, temperatures should be between 38-40 degrees Fahrenheit (F). Temperatures exceeded 40 degrees 22 times in January 2011, ranging from 41-50 degrees F. The temperature at 11:30 AM on 1/31/11 was 56 degrees F. Per interview with the Maintenance Director on 1/31/11 at 12:25 PM, staff should notify him/her if temperatures are exceeding normal limits. S/he was not aware of any issues with the 2nd floor resident refrigerator. Observations were confirmed by the Director of Nursing Services and the Maintenance Director.</p> <p>(F 431) 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>SS=E</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p>	F 371	<p>Administrator and Maintenance Director began monitoring logs on a daily basis; this will be abbreviated to monitoring temperature logs on a bi-weekly basis after continued compliance becomes evident through more frequent monitoring. Completed by 2/4/11</p> <p>F371 Poc Accepted 2/23/11 R.Tremblay / Amcota RN</p> <p>F 431</p> <p>Day Charge Nurse was interviewed and found to be non compliant with temperature log policy of which she was aware. Day Charge Nurse was terminated. New Day Charge Nurse was hired and in-serviced as to proper</p>	2/4/11
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{F 431}	<p>Continued From page 5.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure medications were stored under proper temperature controls. Findings include:</p> <p>Per observation on 1/31/11 at 11:20 AM, the medication refrigerator on the 2nd floor had no documented temperatures recorded since 12/24/10. Per review of facility policy on 1/31/11, medication refrigerator temperatures are to be taken and documented daily by the Charge</p>	{F 431}	<p>documentation and notification of refrigeration temperatures. Maintenance Director and Administrator have visually inspected logs on a daily basis to ensure compliance. Maintenance Director checks and initials at least weekly, and maintains logbook listing problems and corrections. Logbook maintained in Maintenance Department. Temperature Alarm replaced and reset to proper parameters as back-up. All shifts notified not to tamper with temperature alarm, and to notify maintenance upon sounding. Completed by 2/4/11</p> <p><i>F431 POC Accepted 2/23/11 R. Tremblay RN / BMCotARN</i></p>	
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{F 431}	Continued From page 6 Nurse. Per interview with the Unit Charge Nurse on 1/31/11 at 3:40 PM, s/he checks the temperature daily but does not record the temperatures. S/he also stated that the refrigerator alarm, which sounds when temperatures are out of range, has sounded several times since 12/24/10 and maintenance has not been notified when it does. The Director of Nursing Services confirmed that the temperatures had not been recorded since 12/24/10 during a 12:08 PM interview on 1/31/11.	{F 431}		