

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

January 26, 2011

Bradford Ellis, Administrator  
Vernon Green Nursing Home  
61 Greenway Drive  
Vernon, VT 05354-9474

Provider ID #:475008

Dear Mr. Ellis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 28, 2010**.

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: 01/10/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/28/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>VERNON GREEN NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>61 GREENWAY DRIVE VERNON, VT 05354</b>		
(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 223	Continued From page 1 investigation documents, there were 2 LNA's who witnessed this event and they stated that the nurse involved stopped the abuse almost as soon as it began.  Per record review on 12/28/2010 at 12:35 PM, Resident #1 is assessed as having difficult behaviors that inconsistently respond to redirection. This resident was carefully monitored and assessed after the incident for any ill effects. None were observed or documented. The resident was observed by the surveyor on 12/28/2010 at 1:00 PM to be sleeping soundly in his/her bed, which is reported by staff to be the usual routine for Resident #1 after lunch. There are no bruises noted on the face or on the exposed parts of the arms.  Both the facility Administrator and DNS (Director of Nursing Services) confirm, during interview on 12/28/2010, that the incident happened on the evening of 12/21/2010 and that the nurse has been terminated from employment at the facility. The staff on duty at the time of the abuse did not notify their immediate supervisors until the morning of 12/22/2010; however, Resident #1 was monitored for safety for the remaining minutes of the evening shift until the nurse who performed the actions left the facility. Since the nurse was not scheduled to work the following day, the staff chose to wait and report the incident to the DNS the following morning. This is confirmed during interview with the DNS on 12/28/2010 at 1:15 PM.	F 223	<b>F223 continued from page 1</b>  <u><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will taken?</b></u>  All residents have the potential to be affected by this practice.  <u><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></u>  Residents Rights/Abuse and Abuse Reporting to be held on January 27, 2010 for all staff. Employee Assistance Program has been initiated for all employees to utilize. Staff will be monitored for any noticeable stressors they may be having and it will be recommend that they seek assistance and/or request time off.  <u><b>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></u>  The DON or designee will conduct Quality Assurance/Quality Improvement audits to ensure continued compliance. Audits will be weekly for three months and/or until 100% compliance is achieved. The DON or designee will report the results of the audits to the Quality Assurance Committee who will determine the need for further monitoring.	12/24/11 <i>accepted</i> <i>1/25/11</i> <i>Choman</i>  01/27/11 <i>accepted</i> <i>1/25/11</i> <i>CE</i>  01/27/11 <i>Accepted</i> <i>1/25/11</i> <i>CE</i>	