

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 9, 2012

Ms. Rose Cleveland, Administrator
The Lodge At Shelburne Bay
185 Pine Haven Shores Road
Shelburne, VT 05482

Provider #: 1009

Dear Ms. Cleveland:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 24, 2012**. 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, MS
Licensing Chief

PC: ne

Enclosure



Division of Licensing and Protection

Licensing and
 Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2012
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NAME OF PROVIDER OR SUPPLIER THE LODGE AT SHELburnE BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2522 SHELburnE ROAD SHELburnE, VT 05482
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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) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite licensure survey from 1/23/12 through 1/24/12. Regulatory violations were cited as a result.	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to reassess 1 of 8 sampled residents (Resident # 7) when there was a change in the resident's physical condition. Findings include: Per record review on 1/23/12 at 11:00 A.M., Resident # 7 was not reassessed after a hospital and short-term rehabilitation stay. Resident # 7 fell on 11/2/11 and was admitted to a local hospital. After a stay at a rehabilitation facility, the Resident returned to the facility on 12/14/11. On 1/23/12 at 11:30 A.M., the facility Health Services Director confirmed that Resident # 7 had not been reassessed and stated that s/he should have been due to a significant change in condition.	R136	See attached Plan of Correction.	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2)	R145		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Health Services Director (X6) DATE 2/14/12

STATE FORM

6899

45RX11

If continuation sheet 1 of 2

AME

Division of Licensing and Protection

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R145	Continued From page 1 Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop a plan of care that described the care and services necessary to assist the resident to maintain independence and well-being for 1 of 8 sampled residents (Resident # 7). Findings include: Per record review on 1/23/12 at 11:00 A.M., Resident # 7 had seen an Occupational Therapist (OT) who made recommendations related to address his/her difficulty detecting contrast sensitivity. A nursing note by a facility Registered Nurse (RN) dated 1/11/12 listed four recommendations by the OT. Per interview with the facility Health Services Director (HSD) on 1/23/12 at 11:15 A.M. h/she confirmed the recommendations were not incorporated into Resident # 7's care plan and confirmed the recommendations had not been put into effect.	R145			

Deficiency #1

5.7.c Assessment...1 of 8 residents reviewed was not reassessed, per regulation, for changed physical condition following a hospital and short term rehab stay.

1. Action to correct the deficiency

Significant change assessment done to reflect residents current status.

Expected completion date: 3/15/2012

2. Measures to assure that it does not recur

Attached, you will find a new form which will be utilized for all residents being readmitted to SBSLC following a 3+ day stay at the hospital. This form will identify any changes to ADLs and will flag the nurse to question whether or not a change must be made to the care plan as well as a significant change assessment if necessary. This form has been given to the nurses and will be part of the re- admission process going forward.

POC
ACCEPTED
M. H. H. H.
3/20/12

3. How corrective actions will be monitored

Admissions back to SBSLC, from rehab or hospital stays, will be reviewed by two nurses to assure that any significant changes are documented to meet this regulation.

Deficiency #2

5.9.c Plan of care...failed to develop a plan of care for 1 of 8 residents that described the care and services recommended by OT as being necessary to assist the resident to maintain independence and well-being.

1. Action to correct the deficiency

Plan of care updated to reflect OT recommendations

Expected completion date: 3/15/2012

POC
ACCEPTED
M. H. H. H.
3/20/12

2. Measures to assure that it does not recur

Attached, you will find our current "Doctors Visit Info Sheet" which goes with all residents to any outpatient visits. This form has been amended to reflect a "SBSLC USE ONLY" section which will prompt nursing to update plan of care and/or assessments based on physician findings or new orders.

3. How corrective actions will be monitored

All physician visit forms will be signed off by two nurses to assure that any changes are documented to meet this regulation.

POC ACCEPTED
Margaret Dwyer RN 3/20/12