VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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
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October 4, 2011

Steve Dunklee, Administrator
Vernon Hall Retirement Residence
13 Greenway Drive
Vernon VT 05354

Dear Mr. Dunklee:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **September 7, 2011.** 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, BS
Licensing Chief

Enclosure: As noted above.

Statement of Deficiencies and Plan of Correction	Provider/Supplier/CLIA Identification Number	Date Survey Completed 9/7/2011
Vernon Hall Retirement Residence	13 Greenway Drive Vernon, VT 05354	
Summary statement of deficiencies (Each deficiency must be preceded by full regulatory or LSC indentifying information)	Providers Plan of Correction (Each corrective action	Date completed

Assisted Living Residence Licensing Reg.

Resident Care and Services 6.7 S/S=D

6.7 Care Plans. The licensee, the resident and/or the resident's legal representative shall work together to develop and maintain a written care plan for those residents who require of receive care. The care plan shall describe the assessed needs and choices of the resident and shall support the resident's dignity, privacy, choice, individuality, and independence. The licensee shall review the plan at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident's decision, behavior or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement.

Based on record review and staff interview, the facility failed to update 2 care plans for one resident (Resident#1) after s/he experienced significant changes in physical and/or psychosocial status.
Findings include:

1. Per record review on 9/7/11, Resident #1 had a fall on 5/29/11 and 2 falls on 8/22/11, the latter which necessitated a transfer to the ED (emergency department). Per review of the "falls" care plan, (already developed) facility staff failed to update the care plan with changes that had occurred since the annual assessment was completed on 4/11/11, which included use of a rolling walker, the need for re-education using the walker, and that Resident #1 was receiving PT &OT (physical therapy and occupational therapy) services because of several recent falls.
2. Per record review on 9/7/11, there was documentation that Resident #1 and his/her spouse were having issues between them which ultimately (on 8/4/11) resulted in Resident #1's spouse leaving their shared apartment and moving into his/her own unit. A "Moods" care plan, failed to capture changes in the resident's mental status related to those issues. On 7/25/11 progress notes document that a family member had called the facility to state that Resident #1 (whose spouse had been hospitalized) did not want him/her to return to the facility because they were "afraid" to have

6.7 Care Plans

This facility does not accept the assumed level of the "SS=D" citation as neither State of Vermont's Residential Care Home Regulations nor Assisted Living Regulations from which the finding is cited contain language that defines or regulates the use of an alpha scoring system of "SS". The facility does request that the reference of "SS=D" be removed from this document as it is not based on the Vermont Residential Care Home or Assisted Living Regulations.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in compliance with state regulations, Vernon Hall retirement Residence will take the actions set forth in this plan of correction.

This was a self reported incident that may have prompted this investigation.

6.7
1. Resident #1 is deceased.
The facility has and will continue to have care plans in place which reflect the needs of the residents.

The facility recognizes that all residents have the potential to be affected by this practice. The care plan will be reviewed at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident's decision, behavior or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement.

The Manager will conduct weekly audits of residents' care plans. Four residents' care plans will be audited weekly for three months and/or until 100% compliance is achieved. The Manager will report the results of the audits to the Quality Assurance committee who will determine further monitoring.

2. The facility has and will continue to have care plans in place which reflect the needs of the residents.

The facility recognizes that all residents have the potential to be affected by this practice. The facility recognizes that all residents have the potential to be affected by this practice. The

10/7/11
(First Monitoring will be completed)

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him/her come back. In addition they documented on 7/27/11 that, "Resident upset, spouse back, (the spouse had slept well, s/he did not" and on 7/28/11, "Resident not sleeping well since spouse came back." On 9/7/11 at 1:30PM the RNC (Nurse Service Coordinator) confirmed that the "Falls" and Moods" care plans had not been updated since the annual re-assessment completed on 4/11/11, nor after the above changes had occurred,	care plan will be reviewed at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident's decision, behavior or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement. Residents' care plans have been and will continue to be created upon admission, reviewed and revised whenever there is significant change in resident status and as residents come due for their next resident assessment to ensure the care plans continue to accurately reflect the resident's status. Care plans will continually be reviewed and revised by the Service Coordinator to reflect resident's status as necessary. The Manager will conduct weekly audits of residents' care plans. Four residents' care plans will be audited weekly for three months and/or until 100% compliance is achieved. The Manager will report the results of the audits to the Quality Assurance committee who will determine further monitoring. 6.7 P.O.C. Accepted as circled 10/3/11 D Chittenden RN / M Cota RN	10/7/11 (First monitoring will be completed)

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Residential Care Home Licensing Regulations R145 – Level of Care and Nursing Services S/S =D 5.9.c For each resident requiring nursing overview, administration of medication, or nursing care, the nurse shall: (2) Oversee development of a written care plan for each resident that is based 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. Based on record review and staff interview, the facility failed to update 2 care plans for one resident (Resident#1) after s/he experienced significant changes in physical and/or psychosocial status. Findings include: 1. Per record review on 9/7/11, Resident #1 had a fall on 5/29/11 and 2 falls on 8/22/11, the latter which necessitated a transfer to the ED (emergency department). Per review of the "falls" care plan, (already developed) facility staff failed to update the care plan with changes that had occurred since the annual assessment was completed on 4/11/11, which included use of a rolling walker, the need for re-education using the walker, and that Resident #1 was receiving PT &OT (physical therapy and occupational therapy) services because of several recent falls. 2. Per record review on 9/7/11, there was documentation that Resident #1 and his/her spouse were having issues between them which ultimately (on 8/4/11) resulted in Resident #1's spouse leaving their shared apartment and moving into his/her own unit. A "Moods" care plan, failed to capture changes in the resident's mental status related to those issues. On 7/25/11 progress notes document that a family member had called the facility to state that Resident #1 (whose spouse had been hospitalized) did not want him/her to return to the facility because they were "afraid to have him/her come back. In addition they documented on 7/27/11 that, "Resident upset, spouse back, (the spouse had slept well, s/he did not" and on 7/28/11, "Resident not sleeping well since spouse came back."	R145 – level of Care and Nursing Services This facility does not accept the assumed level of the "SS=D" citation as neither State of Vermont's Residential Care Home Regulations nor Assisted Living Regulations from which the finding is cited contain language that defines or regulates the use of an alpha scoring system of "SS". The facility does request that the reference of "SS=D" be removed from this document as it is not based on the Vermont Residential Care Home or Assisted Living Regulations. The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in compliance with state regulations, Vernon Hall Retirement Residence will take the actions set forth in this plan of correction. This was a self reported incident that may have prompted this investigation. 5.9c Resident #1 is deceased 1. The facility has and will continue to have care plans in place which reflect the needs of the residents. The facility recognizes that all residents have the potential to be affected by this practice. The care plan will be reviewed at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident's decision, behavior or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement. Residents' care plans have been and will continue to be created upon admission, reviewed and revised whenever there is significant change in resident status and as residents come due for their next resident assessment to ensure the care plans continue to accurately reflect the resident's status. Care plans will continually be reviewed and revised by the Service Coordinator to reflect resident's status as necessary. The Manager will conduct weekly audits of residents' care plans. Four residents' care plans will be audited weekly for three months and/or until 100% compliance is achieved. The Manager will report the results of the audits to the Quality Assurance committee who will determine further monitoring.	10/7/11 (First monitoring will be completed)

5.9.c. P.O.C. Accepted as circled 10/3/11
D Chittenden RN | P Nicotra RN

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