

November 20, 2009

Ms. Sharon Sylvester, Administrator  
Blue Spruce Home For The Retired  
70 Birch Street  
Bradford, VT 05033

Dear Ms. Sylvester:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **October 1, 2009**. 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,



Suzanne Leavitt, RN, MS  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2009
NAME OF PROVIDER OR SUPPLIER  BLUE SPRUCE HOME FOR THE RETIRED		STREET ADDRESS, CITY, STATE, ZIP CODE 70 BIRCH STREET BRADFORD, VT 05033		
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R100	Initial Comments:  A complaint investigation and state licensure survey was initiated onsite on 9/15/09 and was completed on 10/1/09.	R100		
R123 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.4 Refunds  5.4.a When a resident is discharged, the resident shall receive a refund, within 15 days of discharge, for any funds paid in advance for each day care was not provided. In the case of a discharge to a hospital or other temporary placement, the effective date for this provision shall be the day the home is notified the resident will not be returning. For the purposes of providing refunds, "day of discharge" shall be considered the day the resident's room is empty of the resident's belongings, if those belongings are too large or difficult for the home to store temporarily. The facility shall temporarily store small items such as clothing and other personal items if necessary.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to refund funds, paid in advance for care and services for 1 applicable resident (Resident #1). Findings include the following:  1. Based on interview on 9/15/09 with the owner/manager of the facility, Resident #1 was discharged from the facility on 5/5/09. The facility failed to reimburse the responsible party for funds paid one month in advance for care and services from 5/08/09 to 6/08/09.	R123	<i>R123</i> When a resident is discharged and a refund is due it will be paid within 15 days of discharge date.  <i>R123</i> 11-18-09 POC accepted as written C. Lanning, RN	

RECEIVED  
OCT 16 2009

Division of Licensing and Protection  
\* *Sharon Symester*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*manager*

(X6) DATE  
*10-14-09*

Division of Licensing and Protection

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R128	Continued From page 1  R128 V. RESIDENT CARE AND HOME SERVICES SS=D  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to administer a medication according to the physician's written orders for 1 applicable resident reviewed (Resident #2). Findings include the following:  1. Based on record review on 9/15/09, the Medication Administration Record revealed that an antibiotic was administered to Resident #2 four times a day, at four-hour intervals between 8 AM and 8 PM. Per record review, the physician's written order of 9/10/09 directed that the antibiotic be administered every 6 hours. This was confirmed per interview with the nurse on 9/15/09.	R128  R128	<u>R-128</u> All new medications will not be added to the MAR until the nurse is notified of the order and instructs how the staff is to write it in the MAR.  R128 11-18-09 POC accepted as written. C. Laramy, RN
R142	V. RESIDENT CARE AND HOME SERVICES SS=D  5.8 Level of Care and Nursing Services  5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings.	R142	<u>R-142</u> The Residential Care Home will in the future apply for variance for any residence whose care requires intravenous therapy, ventilators or respirators, daily catheter irrigation, feeding tubes, care of stage III or IV decubitus; suctioning; sterile dressing.

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R142	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility retained a resident who has a stage IV pressure ulcer (Resident #3).  1. Per record review on 9/15/09, staff progress notes from 6/09 through 8/2/09 described intermittent skin breakdown on Resident #3's buttocks. On 8/2/09, the registered nurse's progress note described the area as 'red with necrotic center', indicating a stage 4 pressure ulcer. Per interview with the nurse on 9/15/09, the facility did not request a variance from the licensing agency to retain the resident who continues to reside in the level III residential care home.	R142	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  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 record review and interview, the nurse failed to ensure that care plans were current and reflective of abilities/needs of 2 of 2 applicable residents reviewed (Residents #2, 3). Findings include the following:  1. Per record review on 9/15/09, Resident #2 had recurrent urinary tract infections in 6/09, 8/09,	R145	<p><u>R145</u> Care Plans will be reviewed twice a month to ensure all problems are addressed and current.</p> <p>R145 11-18-09 POC accepted as written. C. Haraway, RN</p>

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R145 Continued From page 3  
and 9/09. The resident also has a pressure ulcer on one foot. The resident's care plan did not reflect either of these issues or planned interventions.  
2. Per record review on 9/15/09, Resident #3's care plan was not reflective of the resident's current condition. The resident no longer walks, requires modified textured foods/fluids, as well as wound care. None of these issues were addressed on the current care plan.  
  
This was confirmed with the nurse responsible for nursing oversight on 9/15/09.

R145

R151  
SS=E V. RESIDENT CARE AND HOME SERVICES  
  
5.9.c (8)

R151

Ensure that the resident's record documents any changes in a resident's condition;  
  
This REQUIREMENT is not met as evidenced by:  
Based on record review and interview, the nurse failed to ensure that changes in a resident's condition were documented in the resident's record for 3 of 3 applicable residents reviewed (Residents #1, 2, 3). Findings include the following:  
  
1. Per record review and confirmed per interview of the owner/manager and the nurse on 9/15/09, there was no documentation of the death of resident #1 and subsequent staff actions on 5/5/09.  
2. Per record review and confirmed per interview on 9/15/09 of the owner/manger and the registered nurse responsible for nursing

R151  
There is currently a notebook set up for Home Health Nurse to put all orders, POC and documentation in for every resident that they are seeing in home, which is available for the nurse to review.

R151  
11-18-09 POC accepted as written

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R151	Continued From page 4  oversight, there was no system to ensure that care provided by a Home Health Agency to Residents #2 and #3 was documented/included in each of these resident's record.	R151	
R162 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to transcribe or obtain written verification of a change in medication orders for 1 applicable resident (Resident #2). Findings include the following:</p> <p>1. Per observation, on 9/15/09, of prepared syringes of insulin for Resident #2, the manager stated that per telephone call, the resident's physician had discontinued the evening dose of regular insulin on 9/11/09 and that the discontinued doses were discarded and new syringes prepared on 9/11/09. Per record review on 9/15/09, there was no written physician's order verifying the change. In addition, the manager verified on 9/24/09 that the medication administration record (MAR) was not changed until 9/18/09 to reflect implementation of the order obtained on 9/11/09.</p>	R162	<p><u>R162</u> All medication and treatment changes will not be instituted unless the order accompanies the resident from doctors appointments or we have <del>received</del> received the change via fax.</p> <p>R162 11-18-09 POC accepted as written. Charney, RN</p>

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R168	Continued From page 5	R168		
R168 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(6) Insulin. Staff other than a nurse may administer insulin injections only when:</p> <p>i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and</p> <p>ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and</p> <p>iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to notify the registered nurse of changes in medication orders for one resident who requires insulin (Resident #2). Findings include the following:</p> <p>1. Based on record review, there was no evidence that the registered nurse was notified of changes in insulin orders for Resident obtained via telephone on 9/11/09 until 4 days later on</p>	R168		

R168  
There will be no telephone orders accepted regarding medication or treatment changes. All orders will be sent with resident or faxed immediately to the residential home.

R168  
11-18-09 POC accepted as written.  
C. Caraway, RN

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R168	Continued From page 6  9/15/09. Review on 9/15/09 revealed that the MAR did not reflect the change, implemented on 9/11/09. Per interview, on 9/24/09, the manager and staff confirmed that the nurse is responsible for making changes on the MAR and that the changes were not recorded on the MAR until 9/18/09.	R168		