

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

July 20, 2011

Michelle Ruggiero, Administrator  
Emeritus At Fillmore Pond  
300 Village Lane  
Bennington, VT 05201-9041

Provider #: 0310

Dear Ms. Ruggiero:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **June 27, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Enclosure

PC:ne



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0310</b>	(X2) MULTIPLE CONSTRUCTION	RECEIVED Division of JUL 14 11	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2011</b>
		A. BUILDING _____ B. WING _____	Licensing and Protection	

NAME OF PROVIDER OR SUPPLIER  <b>VILLAGE AT FILLMORE POND Emeritus</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 VILLAGE LANE BENNINGTON, VT 05201</b>
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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:  Staff from the Vermont Division of Licensing & Protection completed an unannounced on-site complaint investigation on 6/27/11. The following regulatory violations were found.	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that 1 applicable resident in the targeted sample consistently received the necessary care to meet his/her medical needs. (Resident #1) Findings include:  Per record review on 6/27/11, Resident #1 experienced an exacerbation of agitated behaviors and demonstrated behaviors dangerous to him/herself and other nearby residents on 11/5/10 and staff failed to provide evidence that the physician was notified in a timely way. A progress note dated 11/5/10, 8 PM, stated "resident became agitated at dinner, ultimately standing from his/her seat and violently throwing a ceramic plate and bowl, nearly missing other residents seated nearby...Required extensive assist with ....caregiver to calm and redirect". There was no documentation in the medical record and no evidence that the	R126	Resident #1 was discharged November 2010. All residents who display agitated behaviors will have a behavioral plan of care in place. The plan of care will include specific behaviors & interventions individualized for each resident. The R/L designer will be responsible for creating & updating all behavioral care plans.	07.12.11
			R126 POC Accepted 7/14/11 M. Bolton/PCN	

Division of Licensing and Protection

*Jennifer Harrington, Michael Puz* TITLE **R/L, ED**

07.12.11  
(X8) DATE

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2011</b>
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R126	Continued From page 1  physician was notified of the dangerous new behavior. This was confirmed during interview with the Administrator and the RN (Registered Nurse) at 3 PM on 6/27/11.	R126		
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 staff interview and record review, the nurse failed to assure that the care plan for 1 of 4 applicable residents in the sample addressed all of the resident's medical and psychosocial needs. (Resident #1) Findings include:  Per closed record review on 6/27/11, Resident #1 had agitated behaviors requiring staff supervision and monitoring and used psychoactive medications daily to assist with management of the behaviors. The most recent care plan in effect for the resident (November, 2010) failed to address the behavioral needs and interventions required, including the daily use of psychoactive medication administration. The care plan omission was confirmed during interview with the Administrator and the Registered Nurse on 6/27/11 at 3 PM.	R145	<i>Resident #1 was discharged Nov. 2010</i>  <i>Any new behaviors which are deemed dangerous, either to the resident or others, by RN, designer or E.D. will be reported to the resident's physician within 24 hours. Staff will be trained through usurving to recognize &amp; report dangerous behaviors to RN, designer, E.D.</i>  <i>RN/Designer will be responsible to report any dangerous behaviors to E.D &amp; physician.</i>  <i>RJ45 Poc Accepted 7/14/11 M. Bolton RN/Preston</i>  <i>08.01.11</i>	