

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

January 14, 2011

James Sutton, Administrator  
Village At Cedar Hill, Inc  
92 Cedar Hill Drive  
Windsor, VT 05089

Provider ID #:

Dear Mr. Sutton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on  
**October 27, 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/27/2010
NAME OF PROVIDER OR SUPPLIER  VILLAGE AT CEDAR HILL, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 92 CEDAR HILL DRIVE WINDSOR, VT 05089		
(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:  An unannounced onsite complaint investigation and licensing survey was initiated by the Division of Licensing and Protection on 10/26/10 and completed on 10/27/10. The following are deficiencies related to the licensing survey.	R100	R110 RESIDENT CARE AND HOME SERVICES  At the time of admission every resident will be asked to complete an Advanced Directive. If the resident chooses not to complete an Advanced Directive at that time, documentation of that choice will be noted in the clinical record and the resident's status will default to full code. The resident's right under state law to formulate or not to formulate an advance directive will be explained.  If a resident chooses not to complete an Advance Directive on admission, the resident will be given another opportunity to complete an Advance Directive at the time of the completion of the 14 day resident assessment.  Resident #2 has completed an Advance Directive. All other resident's charts will be reviewed for Advance Directives and the resident will be given the opportunity to complete or not to complete an Advance Directive.  The resident's status will be reviewed quarterly by the Charge RN and monitored at the Quality Assurance meetings and those residents who have not made a decision will again be told their options with responses documented.	
R110 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.2 Admission  5.2.b. On admission, the home must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. Any change of rate or services shall be preceded by a thirty (30) day written notice to the resident and the resident's legal representative, if any.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to determine whether 1 of 4 residents (Resident #2) had formulated or desired to formulate an advance directive. Findings include:  1. Per record review on 10/27/2010, there was no indication that Resident #2 had an advance directive or that advance directives had been discussed at the time of this resident's admission. During interview that day at 11:00 AM, the DNS confirmed that there was no copy of an advance directive or resuscitation status wishes in the record.	R110		
R114 SS=E	V. RESIDENT CARE AND HOME SERVICES	R114		

Division of Licensing and Protection

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

STATE FORM

6899

470811

Date of completion January 16, 2011

ADMINISTRATOR

12-17-2010

If continuation sheet 1 of 8

R110 PDC Accepted 1/14/11 [Signature]

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R114	<p>Continued From page 1</p> <p>5.3 Discharge and Transfer Requirements</p> <p>5.3.a Involuntary Discharge or Transfer of Residents</p> <p>(2) In the case of an involuntary discharge or transfer, the manager shall:</p> <p>i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.</p> <p>ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.</p> <p>iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not inform 4 of 4 residents (Resident #1,</p>	R114	<p>R114</p> <p>RESIDENT CARE AND HOME SERVICES</p> <p>The Admission Agreement has been amended.</p> <p>The Village at Cedar Hill will notify the resident, a family member or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing in a language and manner understands at least 72 hours before a transfer within The Village at Cedar Hill and 30 days before discharge from The Village at Cedar Hill. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.</p> <p>Forms prescribed by the licensing agency for moves or transfers will be used. A statement in large print that the resident has the right to appeal this decision with appropriate information regarding how to do so. A statement will be included in the written notice that the resident may remain at The Village at Cedar Hill during this appeal.</p> <p>A copy will be placed in the resident's clinical record.</p>	
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R114	Continued From page 2 Resident #2, Resident #3, and Resident #4), through their admission agreements, that there is a thirty (30) day notice required before a non-emergent involuntary transfer / discharge. Findings include:  1. Per record review on 10/27/2010, the Admission Agreement for all residents reviewed (Resident #1, Resident #2, Resident #3, and Resident #4) stated "The Village may terminate this agreement at any time by giving you 48 hours written notice if you are engaging in behavior that is a threat to the mental and/or physical safety of you or to others". There was no indication that, per regulations, residents discharged for non-emergent reasons will receive a 30 day notice and have the right to appeal the discharge. During interview on the morning of 10/27/2010, the Manager confirmed that the Admission Agreement did not indicate a 30 day notice for non-emergent, involuntary discharge.	R114	All resident records will be reviewed and residents will be provided with current information as stated above concerning transfer and/or moves.  Results of these changes will be coordinated and monitored by The Village at Cedar Hill Director and results will be shared at the quarterly Quality Assurance Meeting.  Date of Completion January 16, 2011 <i>R114 POE Accepted 11/14/11 P.McCartan</i>	
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 Assessment  5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) did not assure that the assessment instrument was completed for 1 of 4	R135	R135 RESIDENT CARE AND HOME SERVICES  Resident #2 has completed an Advanced Directive and resuscitation status and the information has been entered on the Resident Assessment Instrument (RAI).  The Charge Nurse completing RAI's for new residents will ensure the RAI is complete including Advanced Directives and resuscitation status. If a resident chooses not to complete an Advanced Directive it will be documented in the clinical record and the resident's status will default to full code. The resident's right under state law to formulate or not to formulate an Advance Directive will be explained.	

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R135	Continued From page 3 applicable residents (Resident #2). Findings include:  1. Per record review on 10/27/2010, the RAI (Resident Assessment Instrument) contained no information reflecting the resuscitation status of Resident #2. During interview on 10/27/2010 at 11:00 AM, the DNS (Director of Nursing) confirmed that the resident assessment was not completed to indicate the resident's resuscitation status choice had been discussed / established.	R135	The resident's status will be reviewed quarterly by the Charge RN and monitored at the Quality Assurance Meeting. Those residents who have not made a decision will again be told their options with responses documented.  Date of completion January 16, 2011 <i>R135 POC Accepted 1/14/11 Amestaran</i>	
R173 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h.  (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the home failed to assure that medications requiring refrigeration were stored at proper temperatures. Findings include:  1. Per observation on 10/27/2010 at 12:05 PM, the medication refrigeration temperature was 26 F (degrees Fahrenheit). There was no temperature log available to indicate that monitoring of this refrigerator was occurring. During interview immediately following the observation, the Director of Nursing stated s/he	R173	R173 RESIDENT CARE AND HOME SERVICES  A daily temperature log has been created and placed on the refrigerator in the medication room.  A policy has been put in place that indicates the temperature must be monitored and logged daily. Staff has been alerted that the temperature of the refrigerated medications must be between 36 and 46 degrees.  This log will be monitored daily for a period of one month by the medication person and will be reviewed by the RN Charge Nurse. The results will be reviewed quarterly at the Quality Assurance meeting.  Date of completion January 16, 2011. <i>R173 POC Accepted 1/14/11 Amestaran</i>	

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R173	Continued From page 4  was unaware of the requirement to assure proper temperatures, was unsure of the proper temperature range for medication storage, and confirmed that there was no temperature log available indicating monitoring of this refrigerator.	R173		
R228 SS=D	<p><b>VI. RESIDENTS' RIGHTS</b></p> <p>6.16 Residents have the right to formulate advance directives as provided by state law and to have the home follow the residents' wishes</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the home failed to clearly identify the resuscitation / advance directive wishes of 2 of 4 applicable residents (Resident #1 and Resident #4). Findings include:</p> <p>1. Per record review on 10/27/10, Resident #4 had a valid Advanced Directive which expressed the wish to be resuscitated. The Medication Administration Record (MAR) contained a Do Not Resuscitate (DNR) order. In an interview on 10/27/10 at 1:15 PM, the nurse and the Administrator confirmed that the DNR order on the MAR did not reflect the advanced directive wishes of Resident #4.</p> <p>2. Per record review on 10/27/2010, the outside cover of Resident #1's record indicated that the resident was "No Code (do not resuscitate)". Upon full written record review, this resident desired resuscitation in the event of cardiac or respiratory arrest. During interview on 10/27/2010 at 11:00 AM, the DNS (Director of Nursing) confirmed that the code status of the resident was unclear as the outer record indicated a No</p>	R228	<p><b>R228 RESIDENTS' RIGHTS</b></p> <p>An audit of all resident charts for Advanced Directives will be completed and all charts will be clearly labeled.</p> <p>Upon completion of the initial 14 day assessment the RN Charge Nurse will review the chart for appropriate labeling of Code Status.</p> <p>At the time of monthly Medication Administration Record, a review by The Village at Cedar Hill Director and the RN Charge Nurse will check code status of each resident to verify accuracy and completion.</p> <p>Results will be monitored at quarterly Quality Assurance meetings.</p> <p>Date of completion January 16, 2011</p> <p><i>R228 POC accepted 11/11/11 [Signature]</i></p>	

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R228	Continued From page 5  Code status and that signed documents within the record indicated the resident desired resuscitation.	R228		
R266 SS=F	<p><b>IX. PHYSICAL PLANT</b></p> <p><b>9.1 Environment</b></p> <p><b>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</b></p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home did not assure a safe environment for all residents. Findings include:</p> <p>1. Per observation during the initial tour at 4:45 PM on 10/26/10, a cleaning cart was left in an unlocked housekeeping closet which was accessible to residents from a common hallway. The cleaning cart contained chemical agents including: "Fresh Breeze" disinfectant, "Super Concentrated" glass cleaner, and liquid rug cleaner. The Administrator confirmed during the initial tour that the housekeeping closet should be locked. During an interview at 11:20 AM on 10/27/10, the day shift housekeeper confirmed that s/he had been routinely leaving the closet unlocked for the evening and night shift staff because they had no access key. The Administrator confirmed during this interview that a key should be available to housekeeping staff so that chemical cleaning agents can be secured in the closet at any time.</p> <p>2. Per observation at 1:23 PM on 10/27/2010, a cleaning cart was left unattended next to the</p>	R266	<p><b>R266</b> <b>IX. PHYSICAL PLANT</b></p> <p>All housekeeping closets will be locked at all times. Additional keys will be made available for other shifts. A sign has been placed on the housekeeping closet doors indicating the housekeeping closet MUST be locked at all times.</p> <p>The checklist sheets for change of shifts has been revised to include checking the housekeeping closets to ensure they are locked.</p> <p>Cleaning carts have been refitted with locking cabinets and staff has been in-serviced on the need to have the cleaning cart locked or have it placed where it can be visually monitored, or locked in the housekeeping closet.</p>	

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R266	Continued From page 6  Country Kitchen. The open cart contained items including: germicidal cleaners, "Fresh Breeze" detergent / disinfectant, "Super Concentrated" glass cleaner, Nu-Age bathroom cleaner, De-Scaler liquid, Rug Cleaner liquid, and an enzymatic deodorizer. During interview on 10/27/2010 at 1:28 PM, a housekeeper confirmed that the cart had been left unattended and that it should have been placed in a locked closet or visually monitored.  3. Per observation at 1:40 PM on 10/27/10, the apartment door of Resident #4 was left open and the medication storage cabinet was found unlocked with the key in the lock. The unlocked cabinet contained prescribed and over-the-counter medicines including: Celebrex, metoprolol succinate, levothyroxine, lisinopril, methotrexate, and vitamin D3. At 1:45 PM, the nurse confirmed that the apartment door or medication cabinet should be locked to prevent access to medications.	R266	Resident #4 has been asked to lock her door and her medication cabinet. Resident was informed of the dangers of leaving medications unlocked and unsupervised. This practice will be monitored daily by the resident attendants and if either should happen again the resident will be reassessed to determine if she is able to safely administer her medications.  Resident attendants will report any deviation from this practice to the RN Charge Nurse/Director.  These corrections will be reviewed quarterly at the Quality Assurance Meeting.  Date of completion January 16, 2011 <i>R266 POC Accepted 1/14/11 smcaturn</i>	
R313 SS=E	XI. RESIDENT FUNDS AND PROPERTY  11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.  This REQUIREMENT is not met as evidenced by: Per record review and interview, the facility failed	R313		

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R313	Continued From page 7 to obtain written consents to manage resident finances for 6 applicable residents (Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, and Resident #10). Findings include:  1. Per record review and interview on 10/27/10 at 1:50 PM, the facility was acting as the representative payee to manage funds for Resident's #5, 6, 7, 8, 9, and 10. The Administrator confirmed that the facility failed to obtain written consent from either the residents or their legal representatives prior managing individual resident funds.	R313	R313 XI. RESIDENT FUNDS AND PROPERTY  Residents will be offered the opportunity to have their money managed by The Village at Cedar Hill if they so desire.  At the time of admission for new residents this option will be offered as part of the admission process. All other resident records will be reviewed and those who do not currently have resident fund accounts will be offered the opportunity to do so. Residents 5,6,7,8,9, and 10 have personal needs accounts handled through the Business Office at Cedar Hill Health Care. Each of these residents signed an authorization for management of personal funds. The Business Office handles all financial requirements of The Village at Cedar Hill as well as Cedar Hill Health Care.  Results will be reviewed at the Quality Assurance Meeting.  Date of completion January 16, 2011  R313 POC Accepted 11/14/11 Pinaotarn	