

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

November 14, 2012

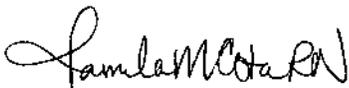
Mr. Thomas Gaboriault, Jr., Administrator  
Four Seasons Care Home  
135 South Main Street  
Northfield, VT 05663

Dear Mr. Gaboriault, Jr.:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 1, 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  
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/01/2012
NAME OF PROVIDER DR SUPPLIER  FOUR SEASONS CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663		
(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 on-site complaint investigation was conducted on 10/01/12 by the Division of Licensing and Protection. The following are Vermont Residential Care Home Licensing Regulation violations.	R100	SEE ATTACHED PLANS OF CORRECTIONS	
R139 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.8 Physician Services  5.8.c Any refusal of medical care and the reasons for the refusal must be documented in the resident's record. If the resident has an attending physician, the physician shall be notified.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to notify the physician of refusal of medical care by 1 applicable resident (Resident #1). Findings include the following:  1. Per record review on 10/01/12 and confirmed by interview with the Director of Nursing (DNS), Resident #1 refused emergency medical care after falling and sustaining an injury. Per the Nurse Practitioner's (NP) routine follow up note dated 09/12/12, it states "went outside this past Saturday 09/07/12, incident stated unwitnessed fall at 6 p.m. ambulance called but she refused [care] and sustained a black eye and bumps/bruise on forehead." The DNS confirmed at 3:15 PM that the NP was not made aware of the refusal of care at the time of the fall.	R139		
R149 SS=D	V. RESIDENT CARE AND HOME SERVICES	R149		

Division of Licensing and Protection

TITLE

(X6) DATE

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

STATE FORM

Annette Havelle RN CCRP  
10/18/12  
*[Signature]*

6899

CUZL11

If continuation sheet 1 of 5

*pmc*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/01/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  FOUR SEASONS CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663
--	--

(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
R149	<p>Continued From page 1</p> <p>5.9.c (6)</p> <p>Maintain a current list of all treatments for each resident that shall include: the name, date treatment ordered, treatment and frequency prescribed and documentation to reflect that treatment was carried out;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the nurse failed to assure consistent documentation of treatments and implementing the plan of care for one applicable resident (Resident #1). Findings include:</p> <p>1. Per record review on 10/01/12 of Resident #1's care plan dated 04/30/12, it states 'every 2 hour toilet' and 'is to use side door in living room, not front door or office door'. Review of the toilet schedule, it was not found for the months of May - August. In addition, the NP wrote on 09/12/12 "as far as urinary incontinence - we will try to put [resident] on a bathroom reminder every 2 hours to see if we can establish some routine to this, so [s/he] is not as incontinent". A toilet schedule was started on 09/29/12. Per interview at 3:15 PM the DNS stated that all residents "are essentially on toilet reminders" but confirmed that there was no documentation to reflect that treatment was carried out as care planned since 04/30/12, until a few days ago.</p> <p>In addition, Resident #1 was observed self-propelling out the side office door at 12:55 PM. When asked by the nurse surveyor if this was the office door as noted in the care plan, staff stated "that's because [s/he] can tip over the threshold". The DNS confirmed at 3:15 PM that</p>	R149		

*Annette [unclear] 10/18/12*  
*JVR*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/01/2012</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>FOUR SEASONS CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>135 SOUTH MAIN STREET NORTHFIELD, VT 05663</b>
---	--

(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
R149	Continued From page 2  the plan of care was not implemented and lack of documentation of treatment.	R149		
R191 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12 Records/Reports</p> <p>5.12.c A home must file the following reports with the licensing agency:</p> <p>5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.</p> <p>5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.</p> <p>5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or</p>	R191		

*Annette Helgeson for 0129*  
*10/18/12*  
*[Signature]*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/01/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOUR SEASONS CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>135 SOUTH MAIN STREET NORTHFIELD, VT 05663</b>		
(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
R191	Continued From page 3  cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.  5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.  5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have a written report of an accident in 1 applicable resident's chart. (Resident#1) Findings include:  1. Per review of the Resident #1's chart on 10/01/12 there was no written report of a fall that resulted in injury. Resident #1 fell on 06/07/12 and although there was a nurse's note of the fall, there is no report with specific information as to time and circumstances. Per interview on 10/01/12 at 1:00 PM the DNS stated " I am sure we did a report but I can't put my hands on it". The DNS confirmed at that time, there was no written report of the fall with injury.	R191		
R999 SS=C	MISCELLANEOUS  4.14.f The home shall make written reports resulting from inspections readily available to	R999		

*As note Haley Lavoie 10/15/12*  
*JRZ*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/01/2012	
NAME OF PROVIDER OR SUPPLIER  FOUR SEASONS CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663		
(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
R999	<p>Continued From page 4</p> <p>residents and to the public in a place readily accessible to resident where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the home did not have the latest licensing agency inspection report readily accessible for resident or public. Findings include:</p> <p>1. Per observation on 10/01/12 at 2:15 PM, a copy of the the written report from a recent survey dated 03/12 was not readily accessible to residents. There was a cover letter only at approximately 60 inches off the floor, in a the nurses' room with a chair in front of the bulletin board and was covered with other papers. There was no written notice of how an individual would be able to get the copy for themselves or off the wall to examine without asking the office staff. In addition, several residents are in wheelchairs. Per interview the Administrator confirmed that "the copy could be moved to a 3-ring binder in the common room".</p>	R999		

*Annette H. Hales 10/8/12*  
*J. Hales*

Amended response 11/1/12

Deficiency Response

October 15, 2012

**#R139 Resident Care and Home Services**

This complaint states that there was a failure to notify physician of resident's refusal of medical care.

The refusal mentioned occurred on a Saturday. The EMT squad conferred with the appropriate Physician on call at Gifford Medical Center. The resident in fact did not refuse care, she refused transport to Gifford Medical Center, the EMT squad and ER physician felt that this was within reason considering her rights. There is EMT documentation within PN's chart. If at any time we felt there was any further need for additional care we would have ensured this had occurred. If no hospitalization, or ER care was required it is not the facility policy to notify the PCP or PCP providing weekend coverage. The PCP was notified upon her return to work as is documented. We called the ambulance to have the resident checked out after her fall, this was done by the EMT squad, and the resident chose not to go to the hospital, as is her right.

Our Plan of Correction is to ensure more detailed documentation is performed as of 10/15/12, the Manager and Nursing Manager are responsible for this.

**#149 Resident Care and Home Services**

This complaint states that all treatments shall include; date ordered, treatment, frequency prescribed and documentation to reflect treatment was carried out.

The surveyor states that Q2 hour toileting was on the Care Plan since 4/30/12 and that there was no documentation of this having been carried out.

Toileting frequency on a Care Plan is not a treatment ordered by a physician. Care Plans are written by the facility RN to direct staff on the Care of the resident. These items do not require "documentation of being carried out" Personal Care is the basic need of our residents. The residents PCP did write on 9/12/12 "try toileting every 2 hours to help improve bladder control" The PCP was unaware of the content of the Care Plan or Toileting routines. We did not create a separate

flow sheet to track this until 9/29 . Plan of Correction: As of 10/1/12 Flow sheets to track all physician requests will be made, this will be performed by the Facility RN , Manager, and/or Nursing Manager. The responsibility for completion of these is the responsibility of the Facility RN, Manager, and Nursing Manager.

Secondly the surveyor noted that Care Plan under Mobility reads "Independent in propelling self, watch threshold going outdoors, has tipped on thresholds" At the bottom of Care Plan under Special Instructions; The Care Plan reads "PN is to use side door in Living Room , not front or office door." This too is not a treatment, it was initially written during winter months both out of concern for the icy conditions of these thresholds and to maintain internal heat control in the facility as this resident self-propelling out the doors at her own will does take time causing heat loss.

Plan of correction: 1) More detail reasoning will be included in Plan of Care as of 10/10/12, this will be performed by RN writing the Plan. 2) As it is the residents right to refuse or not participate in the Plan of Care even if it is in their best interest and agreed upon by the PCP, Case Manager and facility RN. We have written a waiver with this resident stating that we have and always will make her aware of her Plan of Care and that all the undersigned feel these plans are in her best interest and recognize that it is her right to make her own choices. The document is signed by the resident, PCP, Case Manager, facility RN, and Administrator, as of 10/17/12. Her CVHH Case Manager also has a 'Negotiated Risk Contract' with this resident. This point will be ensured by the Nursing Manager and Administrator.

### #R191 Reports and Records

Regulations 5.12c 1,2,3,4,5,6 as documented do not apply to this situation.

The complaint states that a written report must be documented in Chart.

There was a written report in the chart written by a facility RN, although the surveyor did not feel it contained enough detail, such as exact time. A copy is enclosed. We also have the option of using an internal incident report, usually

completed when no professional staff is present, which is then used by the professional staff to investigate the occurrence. Such a document was not found, as the RN chose to directly document in the chart. There is no State requirement that the written report in the residents record must be in the form of an Incident Report. The DNS did not "confirm at the time that there was no written report of the fall", as is noted by enclosure that there was a written report as viewed by Surveyor.

Plan of Correction: More detailed reports will be written as of 10/15/12 when an accident occurs these will include time and space for follow up. There will be a separate "incident" report including follow up care ; separate from the note in the resident record created by all staff including RN staff. The State will be notified if it is found there has been an injury requiring hospitalization. This will be ensured by the Manager, Nursing Manager, or Administrator.

#### #R999 Miscellaneous- State Inspection Reports Availability

This complaint states that written reports from past State inspections must be "readily accessible"

The State report was hanging, although not wheel chair accessible and it was somewhat occluded by other paperwork.

Plan of Correction: This situation was corrected immediately while the surveyor was present 10/1/12. The surveyor stated that the new binder and placement met her approval. This will be ensured by Administrator.

11/1/12 Thomas R. Gabouant Jr. - owner/administrator  
Annette Helas 2 RN/COE owner Nursing manager

R139, R149, R191, + R999 POC's accepted 11/8/12 Semmons RN/ Pmc