

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

October 1, 2013

Ms. Randi Cohn, Administrator
The Gables At East Mountain
1 Gables Place
Rutland, VT 05701

Provider #: 592

Dear Ms. Cohn:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site re-licensing survey conducted on **September 11, 2013**. 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:ne

Enclosure



Division of Licensing and Protection

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2013
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Licensing and
Protection

NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701
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R100	Initial Comments: An unannounced on-site re-licensing survey was conducted on 09/11/13 by the Division of Licensing and Protection. The following are Residential Care Home regulatory violations.	R100		
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	<p>Tag 104</p> <p>How did we correct deficiency? All residents will receive a more detailed letter describing their level of service and new rate. This letter will be added to each resident's file.</p> <p>Measures to prevent reoccurrence Residents will be notified in writing of subsequent rate increases in accordance with our Personal Care Services contract. This notification will be attached to the original admission contract.</p> <p>How will action be monitored? A quarterly audit will be conducted by the RCH Administrator and reviewed by the Q.I. team to ensure that rate adjustments and level of care changes have been put in writing and have been attached to the resident's admission contract.</p> <p>Date action to be completed November 1, 2013</p>	

Division of Licensing and Protection

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

TITLE

(X6) DATE

Randi Cole

Program Administrator

9/26/13

STATE FORM

6899

YWUX11

If continuation sheet 1 of 9

R104, R155, R180, R187, R220, R302, + R999 POC's accepted 9/26/13
JHosmer RN/PMU

PMU

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R104	<p>Continued From page 1</p> <p>the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon 5 of 5 records reviewed and confirmed by interview with the manager, the admission contract did not reflect the correct monthly rate to be charged. (Residents #1, #2, #3, #4, & #5) Findings include:</p> <p>The following were noted during the review on 09/11/13 of the Admission agreements which contains two parts; the care services agreement [care and services provided] and the residency agreement [room and board rate];</p> <ol style="list-style-type: none"> 1. Resident #1's contract did not reflect the current monthly rate for residency. The contract has not been updated for the residency agreement since since 06/06/13 . 2. Resident #2's contract had not been updated since admission on 12/01/12 to reflect a rate increase for residency that went into effect in July 2013. 3. Resident #3's has a residency agreement is dated 08/03/11 which does not show the current rate increase of July 2013. Additionally, the amount for the care services as listed on the care service agreement (\$1500) reflects an incorrect amount for that level of service. The resident is listed as Level II service however, the services agreement for Level I is \$1560 but does not show the dollar amount for Level II. 4. Resident #4 has an admission agreement 	R104		

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R104	Continued From page 2 dated 09/19/09 for a private apartment but has not been updated since 01/18/12 to reflect the new RCH residency rate. 5. Resident #5's care services agreement does not reflect the accurate amount as listed for the level of care. Both Level I and Level II is listed as \$1,500. Per interview at 5:15 PM the Administrator confirmed that Residents #1 through #5 did not have current admission contracts as listed above.	R104	Tag 155 How did we correct deficiency? 1) We are pursuing an order for Resident #1 to self-administer. The Care Plan will be updated to coincide with that order. 2) The practice of pre-pouring medications has been discontinued.	
R155 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility Nurse failed to assure that staff performance in the administration of medications was in accordance with facility policies and procedures. This has the potential to effect all residents. Findings include: Per record review, facility policies and the training program for medication administration contained information regarding not leaving medication at bedsides as well as pouring medication from the cart at the time of administration. During an observation of medication administration on 09/11/13 at 12:16 PM, the LNA [licensed nursing	R155	Measures to prevent reoccurrence 1) The records of all residents that self-administer will be reviewed to ensure compliance with orders and the Care Plan. 2) The practice of pre-pouring medications has been discontinued. We will follow our policy going forward. How will action be monitored? The RCH's Personal Care Services Coordinator will monitor this practice daily with oversight by the program's RN. Date action to be completed November 1, 2013	

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R155	<p>Continued From page 3</p> <p>assistant] was observed administering an anti-hypertensive and Extra-strength Tylenol to (Resident #1) in which the resident stated "I already taken them" [referring to the Tylenol]. In an interview at 12:20 PM the LNA stated that Resident #1 "has a bottle of Tylenol in [his/her] room". Per review of the MAR [medication administration record] and the resident's care plan, specifically states "do not leave meds or patches in room". There is no assessments nor physician order to self administer medications.</p> <p>Additionally, in the medication room several paper cups were noted in a clear plastic box labeled "P.M.MEDS". The LNA stated that the evening LNAs will pre-pour the medications "when they come on shift for the meds that will be given later in the evening or at bedtime... it really saves time".</p> <p>The registered nurse during interview later in the afternoon stated that no residents should have medications in their rooms nor should staff be preparing and signing off on medication administration prior to actually pouring each medication for each resident. S/he confirmed that this would be against policy and best practice.</p>	R155	<p><u>Tag 180</u></p> <p><u>How did we correct deficiency?</u> The RCH's Services Coordinator will ensure that training hours are documented, and that the topics covered and training materials provided are recorded and kept with the attendance logs.</p> <p><u>Measures to prevent reoccurrence</u> The RCH's Services Coordinator will create and maintain a checklist to ensure that all staff education is up-to-date.</p>	
R180 SS=B	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training</p>	R180	<p><u>How will action be monitored?</u> A quarterly audit will be conducted by the RCH's Registered Nurse and reviewed by the Q.I. team to ensure compliance.</p> <p><u>Date action to be completed</u> November 1, 2013</p>	

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R180	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that the staff education hours were documented. Findings include: Per record review on 09/11/13 , the RCH's Services Coordinator was able to provide documentation of only a few hours of training material used for staff education. Based on the lack of documentation, the Services Coordinator could not assure that staff education for two of five applicable staff met the 12 hours per year, as well as the required subject matter as listed in the regulation for three newly hired staff. The information was not available for review at the time of survey. Per interview on 09/11/13 at 5:15 PM, the Administrator confirmed that the education provided to staff was not documented as required.	R180		
R187 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (1) A resident register including all discharges, transfers out of the home and admissions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to maintain a resident register. Findings include: 1. Per record review on 09/11/13 , there was no resident register maintained to indicate the admission, discharge and transfer of residents	R187	<p><u>Tag 187</u></p> <p><u>How did we correct deficiency?</u> A resident register/log has been ordered and will be implemented and maintained by the RCH's Personal Care Services Coordinator.</p> <p><u>Measures to prevent reoccurrence</u> The Personal Care Services Coordinator will maintain the book on a daily basis.</p> <p><u>How will action be monitored?</u> The register will be reviewed by the RCH Administrator on a monthly basis for three months, and then quarterly.</p> <p><u>Date action to be completed</u> November 1, 2013</p>	

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R187	Continued From page 5 into and out of the home. During interview on the afternoon of 09/11/13 , the Administrator stated "we don't have one" and confirmed that there was no resident register.	R187		
R220 SS=C	<p>VI. RESIDENTS' RIGHTS</p> <p>6.7 A resident may complain or voice a grievance without interference, coercion or reprisal. Each home shall establish a written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to the home's grievance mechanism.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the RCH has no grievance procedure which contains at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to the home's grievance mechanism. Findings include:</p> <p>Per review on 09/11/13 of Admission packet there was no grievance procedures for resolving residents' concerns or complaints. Under the Resident's Right section of the agreement it</p>	R220	<p><u>Tag 220</u></p> <p><u>How did we correct deficiency?</u> A more detailed grievance procedure has been added to the admissions packet.</p> <p><u>Measures to prevent reoccurrence</u> The RCH's Administrator will review the admissions packet quarterly to ensure that the necessary verbiage is compliant.</p> <p><u>How will action be monitored?</u> The RCH's Administrator will review the admissions packet quarterly to ensure that the necessary verbiage is compliant.</p> <p><u>Date action to be completed</u> November 1, 2013</p>	

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R220	Continued From page 6 states "if you are not satisfied with any of the services you are receiving we would appreciate the opportunity to help fix the situation." The Posted Resident Rights state that residents can contact the Ombudsman. Per review of the Policy and Procedures no mechanisms or other grievance procedures were found. Per interview at 1:30 PM. the Administrator confirmed that there were no grievance procedures or mechanisms.	R220		
R302 SS=C	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to provide evidence of fire drills conducted on at least a quarterly basis during all times of day. Findings include: Per record review on 09/11/13 at 11:00 AM, Fire Drill List for August 2012 through August 2013	R302	<p><u>Tag 302</u></p> <p><u>How did we correct deficiency?</u> The practice of silent drills will be discontinued. Future drill summaries will include the time it took to evacuate the residents as necessary.</p> <p><u>Measures to prevent reoccurrence</u> A fire drill summary report will be completed by the Maintenance Manager and reviewed by the RCH Administrator for compliance.</p> <p><u>How will action be monitored?</u> Any findings found by the RCH Administrator will be reviewed by the Q.I. Team and necessary action taken to ensure compliance.</p> <p><u>Date action to be completed</u> November 1, 2013</p>	

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R302	Continued From page 7 shows eleven total documentations of fire drills conducted mostly during the day and evening hours. Two of the fire drills notes "Silent Drill". Additionally, no documentation relevant to the drill such as time needed to evacuate the building or the number of residents involved was noted. Per interview at 11:30 AM the Maintenance Manager stated that for the 'silent' fire drills, residents were not awake nor evacuated. S/he confirmed that the fire drills were not rotated among morning, afternoon, evening, and night.	R302	<u>Tag 999</u> <u>How did we correct deficiency?</u> A copy of our survey will be placed in a conspicuous area.	
R999 SS=A	MISCELLANEOUS 4.14.f The home shall make written reports resulting from inspections readily available to 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. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the Residential Care Home (RCH) did not have the latest licensing agency inspection report readily accessible for residents or the public. Findings include: 1. Per observation on 09/11/13 at 09:35 AM, a copy of the most recent survey was not found or posted in the building. Per interview at 10:15 AM	R999	<u>Measures to prevent reoccurrence</u> The RCH Administrator will make sure to post all subsequent surveys. <u>How will action be monitored?</u> The RCH Administrator will check the posted area on a monthly basis to make sure the survey has not been removed. <u>Date action to be completed</u> November 1, 2013	

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THE GABLES AT EAST MOUNTAIN **1 GABLES PLACE**
RUTLAND, VT 05701

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R999	Continued From page 8 the Executive Director confirmed that no surveys or written report were posted or available.	R999		