

March 28, 2011

James Grimes, Executive Director
The Gables At East Mountain
1 Gables Place
Rutland, VT 05701

Dear Mr. Grimes:

Enclosed is a copy of your acceptable plans of correction for the licensing survey conducted on **February 9, 2011**. 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



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Division of

PRINTED: 03/11/2011
FORM APPROVED

Division of Licensing and Protection

MAR 21 11

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 02/09/2011
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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 licensing survey was completed on 2/9/2011 by the Division of Licensing and Protection.	R100		
R101 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home retained one resident who met level of care eligibility for nursing home admission (Resident #2). Findings include: Per record review on 2/9/2011, Resident #2 had assessment data reflecting care needs that were above what the facility was licensed to provide. The assessment, dated 1/6/2010, assessed Resident #2 to have a moderately impaired cognition with daily behaviors of wandering, resisting care and verbally abusive. Staff confirmed that Resident #2 required a high level of care to maintain health and safety.	R101	<u>Tag 101</u> <u>What action to correct deficiency?</u> We have submitted a waiver request to retain Resident #2 in her home. We await the licensing agency decision on this request. <u>What measures in place... not recur?</u> All residents will be reviewed monthly or when necessary to insure this practice does not recur. If changes occur in a resident that make them nursing home level of care we will either discharge the resident or request a waiver. <u>How will it be monitored?</u> A level of care meeting will be held quarterly to review all residents on the program. The purpose of this meeting will be to insure that all residents on the program are appropriate for the	
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a	R136		

3-28-11
POC Accepted
D. Cantor

Division of Licensing and Protection

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

[Signature]
TITLE
Executive Dir.

(X6) DATE

3/15/11

STATE FORM

6899

RXXX/1

If continuation sheet 7 of 9

Division of Licensing and Protection

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R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a	R136	<i>3-28-11 P&C accepted D. cow for new</i>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
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(X6) DATE

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If continuation sheet 1 of 9

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R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a	R136		

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R136	Continued From page 1 change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview the nurse failed to complete an annual re-assessment on 4 of 7 applicable residents (Resident # 1, 2, 5 and 6). Findings include: 1) Per record review on 2/9/2011, the last recorded annual assessment on Resident #1 was completed on 1/12/10. Per interview and confirmed by Nurse the annual assessment for Resident #1 was greater than 3 weeks overdue for completion. 2) Per record review on 2/9/2011, the last recorded annual assessment completed for Resident #2 was 1/6/10. Per interview and confirmed by Nurse the annual assessment for Resident #2 was greater than 4 weeks overdue for completion. 3) Per record review on 2/9/2011, the last recorded annual assessment for Resident #5 was completed on 12/7/09. Per interview and confirmed by Nurse the annual assessment for Resident #5 was greater than 1 year overdue for completion. 4) Per record review on 2/9/2011, the last recorded annual assessment for Resident #6 was completed on 12/10/09. Per interview and confirmed by Nurse the annual assessment for Resident #6 was greater than 1 year overdue for completion.	R136	assessment during the survey have been assessed. We have reviewed all residents and completed assessments as appropriate. <u>What measures....does not recur?</u> A monthly audit will be conducted. A portion of this audit will be to insure that all resident assessments are up to date. <u>How will it be monitored?</u> A monthly quality of care meeting will be held. The audits will be reviewed and necessary changes will be made based upon the findings in the audit. <i>- Completed on or before 4/30/11 3-28-11 POC accepted D. Carter</i>	

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R145 R145 SS=D	Continued From page 2 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 home did not maintain a current care plan for 2 of 3 applicable residents (Resident #2 and Resident #3). Findings include: 1) Per record review and staff interview on 2/9/2011, Resident #2 had a documented increase in confusion with behaviors of resisting care, verbally abusive, and wandering. Staff confirmed that Resident #2 leaves apartment on a regular basis but is unable to find the way back, wandering the halls and asking where to go. The plan of care for Resident #2 does list that a care track bracelet is worn but does not address wandering or behavioral interventions to assure health and safety within the building. This was confirmed by the manager on 2/9/2011. 2) Per record review and staff interview on 2/9/2011, Resident #3 had documentation of frequent episodes of incontinence. In the progress notes it was noted that Resident #3 needs to be checked and provided incontinence care every two hours. The plan of care had not been updated to reflect the current care needs around incontinence. This was confirmed by	R145 R145	<u>Tag 145</u> <u>What action to correct deficiency?</u> Both Residents #2 and #3 have had their care plans updated to address their current needs. <u>What measures...does not recur?</u> A monthly audit is going to be completed to insure that residents needs are addressed in the care plan. <u>How will it be monitored?</u> The monthly audits will be reviewed at the monthly quality of care meeting. Changes will be made based on the findings of the audits. These items will be completed on or before 4/30/11. <i>3-22-11 psc accepted D. W. W. W.</i>	

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R145	Continued From page 3 manager 2/9/2011.	R145		
R150 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the nurse failed to assure that staff recorded all accidents at the time of their occurrence along with the action taken for 1 of 3 applicable residents reviewed (Resident #3). Findings include: 1) Per record review on 2/9/2011, Resident #3 had a documented fall on 12/28/10 that resulted in a swollen area on residents right side, difficulty walking and complaints of right hand pain. The daughter and physician was notified but no further action was documented. The next progress note on 12/30/10 stated "tired & weak and some crackling when breathing". There was no further documentation that an assessment of the situation was done or any action taken. The manager confirmed on 2/9/11 that any action taken had not been recorded as required.	R150	<u>Tag 150</u> <u>What action to correct deficiency?</u> Resident #3 has returned to baseline. Staff have been educated on the need to include follow up documentation for any change in status. <u>What measures...does not recur?</u> A monthly audit will be conducted on charts to insure that all identified issues have follow up documentation. <u>How corrections will be monitored?</u> The findings of the monthly audit will be shared at the monthly quality of care meeting. Any necessary changes will be made based on the audit findings.	
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff	R179	These items will be completed on or before 4/30/11. <i>3-28-11 poc met by J. W. R.</i>	

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R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff	R179	<u>Tag 179</u> <u>What action to correct deficiency?</u> .A new program is being designed to allow us to track direct care employees education. Any employee that does not receive the required 12 hours of training will be removed from the schedule until such training is completed.	

Division of Licensing and Protection
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R179	Continued From page 4 demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that all employees providing direct care to residents completed the required 12 hours of annual training. Findings include: Per record review on 2/9/2011, there was no evidence that 2 of 4 employees attended the required 12 hours of annual training. This was confirmed by the Nurse on 2/9/2011.	R179	<u>What measures...does not recur?</u> The training log will be audited monthly to insure that all mandated employees have achieved the mandated training. <u>How corrections will be monitored?</u> The findings of the training log audit will be reviewed at the monthly quality of care meeting. Necessary changes will be made to the program based on the audit results. These items will be completed on or before 4/30/11. <i>3-28-11 pac needs D work re</i>	
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R181		

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R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R181	<u>Tag 181</u> <u>What action to correct deficiency?</u> Background checks have been completed on the employees found not to have adult abuse registry checks completed.	

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R181	Continued From page 5 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that 2 of 5 current employees passed the abuse registry check. Findings include: 1) Per review of records on 2/9/2011, 2 of 5 current employees had no evidence that an abuse registry check was done. This was confirmed with the Manager on 2/9/2011.	R181	<u>What measures...does not recur?</u> All employee files will be checked to insure that the appropriate background checks have been completed. A new employee checklist will be completed to insure all new employees have the appropriate background checks completed. <u>How corrections will be monitored?</u> The new employee checklists will be reviewed at the monthly quality of care meeting. Based on the findings of the audit and checklists changes may be made. These items will be completed on or before 4/30/11. <i>3.28.11 puc receipt D. www</i>	
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification	R188		

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R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification	R188	<u>Tag 188</u> <u>What action to correct deficiency?</u> Both residents #3 and #4 have had a current picture of them taken and added to their record.	

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R188	Continued From page 6 numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to have a recent photograph of 2 of 4 applicable residents (Resident #3 and Resident #4). Findings include: Per observation and confirmed with Manager on 2/9/2011, Resident #3 and Resident #4 did not have a recent photograph in their record.	R188	<u>What measures...does not recur?</u> A monthly audit will be conducted to insure that there is a current picture in all resident records. If a resident refuses to have their picture taken a note will be made in the record and on the care plan. <u>How corrections will be monitored?</u> The audit findings will be reviewed at the monthly quality of care meeting. Changes to this system may be made based upon the audit findings. These items will be completed on or before 4/30/11.	
R246 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier. This REQUIREMENT is not met as evidenced	R246	<i>3-24-11 pic needed D. C. W. R. J.</i>	

Division of Licensing and Protection

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 02/09/2011
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R188	Continued From page 6 numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to have a recent photograph of 2 of 4 applicable residents (Resident #3 and Resident #4). Findings include: Per observation and confirmed with Manager on 2/9/2011, Resident #3 and Resident #4 did not have a recent photograph in their record.	R188		
R248 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier. This REQUIREMENT is not met as evidenced	R246	<u>Tag 246</u> <u>What action to correct deficiency?</u> All dented food cans were removed. A detailed inspection was completed and other cans found to have dents were removed from the active storage area.	

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R246	Continued From page 7 by: Based on observation and interview on 2/9/2011, the facility failed to reject dented cans. Findings include: 1) Per observation of the food storage area on 2/9/2011, accompanied by a staff member, 4 cans of food intended for consumption by the residents were severely dented. The manager confirmed that the 4 cans were dented and removed them from the shelved area.	R246	<u>What measures...does not recur?</u> Staff have been educated on the need to separate dented cans and to have them returned to the supplier.	
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the home failed to assure that all food and drink were held at proper temperatures. Findings include: Per observation during the tour of the kitchen area with the manager on 2/9/2011, there was no system in place to assure the temperature of the refrigerator and freezer were being monitored. This observation was confirmed by the manager and kitchen staff.	R247	<u>How corrections will be monitored?</u> The monthly audit will be reviewed at the monthly quality of care meeting. Changes to this system may be changed based upon the audit findings. These items will be completed on or before 4/30/11.	
R313 SS=D	XI. RESIDENT FUNDS AND PROPERTY	R313	<i>3-28-11 POC [Signature] Denture</i>	

Division of Licensing and Protection

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R246	Continued From page 7 by: Based on observation and interview on 2/9/2011, the facility failed to reject dented cans. Findings include: 1) Per observation of the food storage area on 2/9/2011, accompanied by a staff member, 4 cans of food intended for consumption by the residents were severely dented. The manager confirmed that the 4 cans were dented and removed them from the shelved area.	R246		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the home failed to assure that all food and drink were held at proper temperatures. Findings include: Per observation during the tour of the kitchen area with the manager on 2/9/2011, there was no system in place to assure the temperature of the refrigerator and freezer were being monitored. This observation was confirmed by the manager and kitchen staff.	R247	<u>Tag 247</u> <u>What action to correct deficiency?</u> A daily temperature log will be maintained for both the refrigerator and freezer. <u>What measures...does not recur?</u> Completion of a monthly audit will be completed to insure log is maintained. <u>How corrections will be monitored?</u> The results of the monthly audit will be reviewed at the monthly quality of care meeting. Action will be based upon the findings of these audits. These items will be completed on or before 4/30/11.	
R313 SS=D	XI. RESIDENT FUNDS AND PROPERTY	R313	<i>Poc 3-28-11 mug LA D w h red</i>	

Division of Licensing and Protection

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R313 SS=D	XI. RESIDENT FUNDS AND PROPERTY	R313		

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R313	<p>Continued From page 8</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to obtain written request from Resident #2 or guardian prior to managing a petty cash fund for the resident. Findings include:</p> <p>1. Per record review, Resident #2 has a petty cash fund managed by the facility but there is no written request from the resident and/ or responsible party in the record. During interview on 2/9/11 a staff member confirmed that no written request had been received from the resident and /or responsible party to assist with management of petty cash funds. The staff member also confirmed that there was no record keeping of the transactions or a quarterly statement provided.</p>	R313	<p>for Resident#2 to have petty cash funds managed by The Gables.</p> <p>She will receive quarterly statements detailing the activity in her account.</p> <p><u>What measures...does not recur?</u></p> <p>A standard agreement has been developed to be used with all future residents that request us to manage any of their personal funds.</p> <p>A monthly audit will be completed to insure that any resident that has asked to have funds managed, have signed the agreement and received a quarterly statement.</p> <p><u>How corrections will be monitored?</u></p> <p>The monthly audit will be reviewed at the quality of care meeting. Changes will be made based upon the monthly audit results.</p> <p>These items will be completed on or before 4/30/11.</p> <p>3-28-11 Poc accepted D. W. R.</p>	