

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. Katy Lemery, Administrator
Homestead At Pillsbury
3 Harborview Drive
St Albans, VT 05478

Provider #: 0605

Dear Ms. Lemery:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey and investigation of two complaints conducted on August 27, 2013 and concluded on **August 28, 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

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

0605

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

C

08/28/2013

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD AT PILLSBURY

3 HARBORVIEW DRIVE
ST ALBANS, VT 05478

(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	<p>Initial Comments:</p> <p>An unannounced onsite re-licensing survey and investigation of two complaints were conducted by the Division of Licensing and Protection from 8/27/13 through 8/28/13. Based on information gathered, the following regulatory violations were cited:</p>	R100	<p>We were aware this resident did not have an Admission Agreement upon Admission. We have changed the</p>	immedi ately
R104 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1 Admision</p> <p>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 provlsons for refunds, and must include a description of the home's personal needs allowance policy.</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS</p>	R104	<p>Admission process to</p> <p>include the Admission Agreement to be signed and placed in the resident's file prior to move in date. The Administrator is responsible for this process.</p> <p>R104 POC accepted 9/24/13 JltomerRN/pmc</p>	

Division of Licensing and Protection

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

TITLE

(X8) DATE

Kate Somers

Administrator

9/23/13

STATE FORM

8899

GPPV11

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: 0605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOMESTEAD AT PILLSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HARBORVIEW DRIVE ST ALBANS, VT 05478
---	--

(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
R104	Continued From page 1 participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.	R104		
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to provide a written Admission Agreement to the resident or legal representative prior to or at the time of admission for one of eight residents in the applicable sample (Resident #1). Findings include: 1. During record review on 8/28/13, there was no evidence in the medical record of Resident #1 that either s/he or the legal representative had signed the home's written Admission Agreement. Record review indicated that Resident #1 was admitted on 6/19/13 and received services until s/he underwent an emergency discharge on 6/30/13. During an interview at 11:30 AM on 8/28/13, the Administrator confirmed that the legal representative had been away at the time of admission and that no Admission Agreement had been signed by either Resident #1 or the legal representative prior to or during the stay.			
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given.	R140	<u>R140</u> we were made aware of the telephone orders not being counter signed by the physician in the 15 day window. The procedure for 2nd checks has been altered. The 3rd shift nurse does weekly	Done immediately

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOMESTEAD AT PILLSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HARBORVIEW DRIVE ST ALBANS, VT 05478
---	--

(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
--------------------	--	---------------	---	--------------------

R140	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that two telephone orders were countersigned by the physician within 15 days of the date the orders were given for one of eight applicable residents (Resident #1). Findings include:	R140	cont' chart audits for counter signatures and as needed sends out 2nd notices to physicians. The Director of Nursing oversees the completion of this process.	
------	--	------	---	--

R140	1. During record review for Resident #1 on 8/28/13, it was found that two telephone orders were taken by a nurse from the attending physician on 6/30/13. The first telephone order was for transfer of Resident #1 to the Emergency Room (ER) via 911, and the second telephone order was to emergently discharge Resident #1 from the home. At 11:40 AM on 8/28/13, the Director of Nursing Services (DNS) confirmed that the countersignature of the physician on both telephone orders were dated 7/26/13.	R140	R140 POC accepted 9/24/13 JHosmer RN/pmc	
------	--	------	--	--

R145 SS=F	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 reviews and staff interviews, the Registered Nurse (RN) failed to oversee the development of a written plan of care that is	R145	See next page	
--------------	---	------	---------------	--

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOMESTEAD AT PILLSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HARBORVIEW DRIVE ST ALBANS, VT 05478
---	--

(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
--------------------	--	---------------	---	--------------------

R145	<p>Continued From page 3</p> <p>based on the needs as identified in the resident assessment for eight of eight residents in the applicable sample (Residents #1, 2, 3, 4, 5, 6, 7, 8). Findings include:</p> <p>1. From 8/27/13 through 8/28/13, the medical records were reviewed for Residents #1, 2, 3, 4, 5, 6, 7, and 8. It was found that each of the written plans of care had an electronic signature by the DNS (Director of Nursing Services) who is a Licensed Practical Nurse (LPN). None of the written plans of care was found to have either an electronic or physical signature by the RN indicating that the RN developed the plans of care. During an interview on 8/27/13 at 1:00 PM, the RN confirmed that the Director of Nursing Services (DNS) develops the plans of care. During an interview at 10:45 AM on 8/28/13, the DNS confirmed that s/he develops the written plans of care.</p> <p>Per the December 2012 Vermont State Board of Nursing: The Role of the Licensed Practical Nurse in Patient Assessment and Triage: Position Statement, "LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN, or other authorized health care practitioner."</p>	R145	<p>We have come to understand that according to the regulation and Board of Nursing, a LPN can not Independently create a care plan. Therefore, going forward while creating and overseeing the assessments for each resident the RN will also be overseeing the development of the written care plan with the DON. The RN will sign each written plan of care to show she has reviewed and approved each plan. The RN will oversee this process.</p> <p>R145 POC accepted 9/24/13 JHosmer RN/PMC</p>	Immediately
------	---	------	---	-------------

R163 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 Medication Management</p>	R163	<p>OVER →</p>	
--------------	--	------	---------------	--

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOMESTEAD AT PILLSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HARBORVIEW DRIVE ST ALBANS, VT 05478
---	--

(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
--------------------	--	---------------	---	--------------------

R163	<p>Continued From page 4</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the home failed to assure that unlicensed staff administered medications to one of eight residents in the sample (Resident #1) only after a Registered Nurse (RN) had conducted an assessment and delegated the responsibility. Findings include:</p> <p>1. During medical record review on 8/27/13 through 8/28/13, it was found that Resident #1 was admitted to the home on 6/19/13 and emergently discharged on 6/30/13. Per record review, Resident #1 was not assessed by the RN during the twelve day stay. Review of the Medication Administration Record (MAR) showed that an unlicensed staff administered the ordered medications on 6/20, 6/26, 6/27, and 6/28/13. During an interview on 8/28/13 at 11:45 AM, the Director of Nursing Services (DNS) confirmed that the initials on the MAR indicating medication administration to Resident #1 were those of the unlicensed staff on 6/20, 6/26, 6/27, and 6/28/13.</p>	R163	<p>- We understand that any unlicensed staff - In our case - our Med Tech - is not allowed to pass medication to a new resident in the facility without the RN first conducting an assesment and then reviewing the medications and delegating to the Med Tech. Going forward, if the RN is unable to make the assesment before or day of admission, the LPN Charge Nurse will pass that resident's meds, until RN is able to come and do assesment and review. The DON and RN will oversee this process.</p> <p>R163 POC accepted 9/24/13 JHosmerRN/PNC</p>	immediately
------	--	------	--	-------------