

Division of Licensing and Protection
103 South Main Street
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

January 20, 2015

Ms. Katy Lemery, Administrator
Homestead At Pillsbury
3 Harborview Drive
St Albans, VT 05478-4477

Dear Ms. Lemery:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 30, 2014**. 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

JAN 16 2015

PRINTED: 01/09/2015
FORM APPROVED

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 12/30/2014
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD AT PILLSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HARBORVIEW DRIVE ST ALBANS, VT 05478
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(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
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R100	Initial Comments: An unannounced on-site re-licensing survey was conducted by the Division of Licensing and Protection on 12/29/14 and 12/30/14. The following regulatory violations were identified.	R100		
R140 SS=B	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. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through staff interview the home failed to assure that all orders obtained via telephone were countersigned by the providing physician/practitioner in a timely manner for 2 of 7 residents reviewed. (Residents #3 and #6). Findings include: Per record review the following physician/practitioner orders, all obtained via telephone, were not signed within 15 days of receiving the orders: a. A telephone order had been obtained, by nursing staff on 11/13/14 for resident #3, that stated; "May titrate O2 via NC from 0-3 L/min to maintain SATs above 90." The order was not countersigned by the providing practitioner until b. Resident #6 had two separate telephone orders, obtained by nursing staff, one dated 8/28/14, that stated; "D/C (discontinue) current	R140	<u>R140</u> we are aware that physician orders are not being signed within the 15 day window. Our current plan will be correct by sending a letter out to all physician offices we work with explaining the regulation and importance of having the signed orders back on time. Going forward we will be faxing our orders out daily instead of mailing them out. The original will be kept in the chart until the signed copy comes back. The 3rd shift nurse will be doing a weekly chart audit of orders. Any orders not returned within 7-10 days will have a 2nd order written and faxed out along with a follow up phone call by the day charge nurse. If the order is still not returned by Day 13 cont' -7	Immediately

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Katy Lemery

TITLE

Administrator

(X6) DATE

1/14/15

Division of Licensing and Protection

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R140 Continued From page 1
DSS (Docusate Sodium - stool softener) 100 mg cap...N.O. (New Order) DSS 100 mg cap (2) PO (by mouth) every day; and the second order dated 8/29/14 that directed; "D/C Risperidone". Neither of the orders was countersigned by the ordering practitioner until 10/9/14, a period of more than a month after the telephone orders were obtained.
The Director of Nursing (DON) confirmed, during interview on the afternoon of 12/30/14, that the telephone orders had not been countersigned by the licensed practitioner within the required period of 15 days of obtaining the orders.

R140

Cont'
The DON will call physician office let them know we are writing a 3rd order sending it over with Transportation aide who will wait for Signature.
DON will oversee this process
Administrator to keep DON accountable
R140 PR accepted 1/20/15
Meg [Signature], RN

R145
SS=D V. RESIDENT CARE AND HOME SERVICES
5.9.c (2)

R145

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 staff interview and record review nursing staff failed to assure that the care plan for 3 of 7 residents reviewed was developed and/or revised to reflect all identified needs of the residents. (Residents #3, #5 and #6) Findings include:

1. Per record review Resident #3, who was admitted on 11/1/14, had a Resident Assessment completed on 11/2/14 that identified the resident "currently has one stage 2 ulcer on coccyx -

R145
We were made aware of care plans not being up to date. To ensure that all care plans are up to date the RN and DON are going through the charts, nursing assessments, and dietician notes to ensure all information is on care plans. Going forward RN and DON have a care plan check list they will be using when creating initial admission careplans to ensure all documents + assessments have been used. Both RN and DON will be thoroughly checking resident's charts and assessments for careplans updates.
RN and DON to oversee Administrator to hold accountable
Immediately

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R145	<p>Continued From page 2</p> <p>present on admission," and a nursing progress note on the same date that stated; area on right buttock measuring 3 cm long by 1 cm wide, red around open area. No drainage noted...Current treatment is foam mepilex..." A subsequent Monthly Summary nursing note, dated 12/10/14, stated "...Res has open area on bottom that we are treating with mepilex dressing after no improvement a new order was received for Triad paste....improving with use of Triad paste. Res was seen by nutritionist and order received from MD to begin MTV to promote wound healing as well as 3 scoops of beneprotein powder PO once daily..." Despite the skin breakdown identified on admission and the ongoing risk for future skin breakdown, the resident's care plan did not address the issue.</p> <p>2. Per review, Resident #5 had an RD (Registered Dietician) progress note, dated 12/3/14, that stated the resident "has experienced a weight loss of 4 pounds from October to November, down 6 pounds in 3 months....appetite can be erratic....BMI is now 20.80 - low weight for height...has had numerous trials of supplements but none have appealed to him/her and s/he has declined to accept them..." Although the RD had made recommendations including; "enjoys desserts-suggest providing large servings of dessert. Suggest offering fortified hot cereal daily in am...Continue with wts 2x/per month. Goal is no further weight loss.." the resident's care plan had not been revised to reflect the weight loss concerns and RD recommendations.</p> <p>3. Per record review Resident #6, who was admitted on 8/17/13, had an RD progress note, dated 5/22/14, that identified a recent weight loss of 5.5 pounds. The note stated that the resident's weight, at that time, was at 120.5 pounds, on the</p>	R145	<p><i>R145 PC accepted 4/20/15 Meg Kaiti RW</i></p>	

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R145 Continued From page 3
low side for his/her height, and a dietary supplement was started. The resident's weight was recorded as 124 pounds on 9/3/14 and 118 pounds on 10/1/14, a loss of 6 pounds in a month. A nursing Monthly Progress note, dated 11/27/14, identified that although the resident's weight remained stable at 118 pounds, the resident would occasionally feed self with cueing from staff and other times needed to be fed by staff. Despite the identified concerns, the resident's care plan did not address the potential for weight loss.

The Director of Nursing (DON) confirmed, during interview on the afternoon of 12/30/14, that the aforementioned care plans did not address the identified respective issues for Residents #3, #5 and #6.

R173 V. RESIDENT CARE AND HOME SERVICES
SS=E

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, staff interview and record review medications stored in the medication refrigerator were not stored under proper

R145

R173

R173
we were made aware that the temperature in the fridge was too cold for our medications. After the pharmacy was called and temp. ranges were received Maintenance regulated fridge. Temp range was posted on fridge. Anytime a new medication comes in Charge nurse will call pharmacy to double check temp. range for accuracy. Temp log is kept daily for accuracy. DON checks weekly and signs off. DON to oversee and Administrator to hold accountable. *Immediately*

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R173	<p>Continued From page 4</p> <p>temperature controls. Findings include:</p> <p>Per observation, on the morning of 12/30/14, the temperature of the interior of the refrigerator that stored resident medications registered 34 degrees Fahrenheit and there was heavy frost build up covering the outside of the freezer unit within the refrigerator. Per review of the temperature log, refrigerator temperatures, monitored on a daily basis revealed the temperature remained, consistently, at 34 degrees for the months of November and December 2014, with the exception of 12/22/14 on which the temperature was recorded at 24 degrees. The refrigerator contained multiple individual insulin pens, including Lantus insulin, whose manufacturer instructions directed that insulin should not be frozen. Other medications included Fluticasone spray (corticosteroid) and Acetaminophen suppositories.</p> <p>During interview, at the time of observation, the DON and Charge Nurse both confirmed the temperature and frost build up within the refrigerator and both stated a lack of knowledge of what the temperature range should be maintained at. The Charge Nurse contacted the home's pharmacy at that time and was informed by the pharmacist that, based on the medications stored within the refrigerator, the internal temperature should be maintained between 36 and 46 degrees Fahrenheit.</p>	R173	<p><i>R173 PC accepted 1/20/15 Mng Holt, RN.</i></p>	
R252 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Storage and Equipment</p> <p>7.3.b Areas of the home used for storage of</p>	R252		

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R252	<p>Continued From page 5</p> <p>food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the home failed to maintain all food storage areas in a clean and sanitary manner. Findings include:</p> <p>Per observation during tour of the facility, on the morning of 12/29/14, the walk in freezer, containing foods used for resident consumption and located on the lower floor of the home, had dried on liquid spills and food debris covering large areas of the floor of the interior of the freezer. In addition, one side of the exterior of the condenser unit was heavily coated with frost.</p> <p>The observation was confirmed by the home's Administrator at the time of tour.</p>	R252	<p><u>R252</u></p> <p>we were made aware that the freezer needed to be cleaned. The dietary Supervisor has put together a daily cleaning schedule for the entire kitchen department including the walk-in freezer ensuring nothing gets over looked. Maintenance will be checking the condenser weekly for frost and a defrost timer was placed on Condenser. Maintenance will oversee Condenser. Kitchen Supervisor will oversee cleaning of walk-in. Administrator to oversee</p>	<p>Immediately</p> <p>R252 POC accepted 1/20/15 Meg Parto, RN</p>
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R302 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>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</p>	R302	<p><u>R302</u></p> <p>we were made aware that we did not have a fire drill in the first quarter. Since then the Administrator has created a calendar for the year covering all quarters, all shifts - This is posted in all departments. Administrator will oversee fire drills.</p>	<p>Immediately</p> <p>addendum 1/20/15 T.C. K. Kenney - drills to include 4 specific times of day + POC done quarterly R302 accepted 1/20/15 Meg Parto, RN</p>
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R302	<p>Continued From page 6 documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to assure that fire drills were conducted in accordance with required frequency. Findings include:</p> <p>Per review of documentation there was no evidence that fire drills had been conducted on a quarterly basis, including the first quarter of 2014. There was documentation that a fire drill had been conducted on 11/21/13, however the next documented drill was conducted on 4/21/14 in the second quarter of the year.</p> <p>The Maintenance Director confirmed, during interview at 3:00 PM on the afternoon of 12/30/14, that there was no evidence that a fire drill had been conducted during the first quarter of 2014.</p>	R302		
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