

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

September 13, 2012

Ms. Holly Baker, Administrator
Manes House
127 Union Street
Bennington, VT 05201

Dear Ms. Baker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 14, 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: 0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2012
NAME OF PROVIDER OR SUPPLIER MANES HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 127 UNION STREET BENNINGTON, VT 05201		
(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 re-licensure survey was conducted by the Division of Licensing and Protection on 8/14/2012. The following regulatory deficiencies were identified during the survey.	R100		
R141 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9 Level of Care and Nursing Services 5.9.a Residents who require more than nursing overview or medication management shall not be retained in a residential care home unless the provisions of the following subsections (i)-(5) are all met: (1) The nursing services required are either: i. Provided fewer than three times per week; or ii. Provided for up to seven days a week for no more than 60 days and the resident's condition is improving during that time and the nursing service provided is limited in nature; or iii. Provided by a Medicare-certified Hospice program; and (2) The home has a registered nurse on staff, or a written agreement with a registered nurse or home health agency, to provide the necessary nursing services and to delegate related appropriate nursing care to qualified staff; and (3) The home is able to meet the resident's needs without detracting from services to other residents; and (4) The home has a written policy, explained to prospective residents before or at the time of admission, which explains what nursing care the	R141		

Division of Licensing and Protection

TITLE

(X6) DATE

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

STATE FORM

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MRP211

If continuation sheet 1 of 4

Sheela Baker OWNER/MANAGER
Sheela Baker, LPN
Katherine R. Lattin 9-6-12

9-6-12
9-6-12

PM

Division of Licensing and Protection

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R141	Continued From page 1 home provides or arranges for, how it is paid for and under what circumstances the resident will be required to move to another level of care; and (5) Residents receiving such care are fully informed of their options and agree to such care in the residential care home. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that care and services provided were consistent with physician's orders for one resident in the reviewed sample (Resident #3). Findings include: Per record review, a Physician's order signed upon admission stated that Resident #3 was on an 1800 calorie diet. In interview, the facility manager and the nursing staff stated that the facility does not measure out or provide an 1800 calorie diet and that the resident receives a house diet and does not eat all of the food provided in that diet. There has been no other MD order regarding diet since admission for this resident.	R141	<i>PLEASE SEE ENCLOSED UPDATED DIET ORDER FOR RESIDENT #3 TO REGULAR DIET & NCS - THIS WILL BE REVIEWED BY THE RESIDENT PCP & ROUTINE CHECKUPS WE WILL MONITOR ON ALL NEW ADMISSIONS. IT WILL BE DONE BY THE MANAGER AND LICENSED NURSING STAFF.</i> <i>R141 PC accepted 9/13/12 McLaughlin/PMC</i>	8/16/12
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that physician's orders for	R162		

Kathleen R. Sattelmeyer RN 9.6.12

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R162	Continued From page 2 medications administered by delegated staff were complete and accurate (Resident #2). Findings include: Per record review the Medication Administration Record (MAR) and physician orders for Resident #2 read (in part) as follows: a) Aspirin 325 mg (milligram) tab take 1 tablet daily *no route of administration; b) Ranitidine 150 mg tab take 1 tablet twice daily *no route of administration; c) Simvastatin 40 mg tab take 1 tablet daily *no route of administration; d) Acetaminophen 500 mg tab take 2 tabs (1000 mg) PO (by mouth) every 4-6 hours PRN (as needed) back/rib pain-offer first. If no relief may have oxycodone max 8 per day. *Per review, there is no oxycodone on the MAR in any other place; e) Acetaminophen 325 mg tab take 2 tablets by mouth every 4 to 6 hours as needed for mild pain MDD (maximum daily dose) = 4000 mg from all sources. *This second order for acetaminophen reflects two orders for same medication, but different strengths; f) Milk of Magnesia 30 ml (milliliters) PO Daily as needed *no indication for use. In an interview on 8/14/12 at 3:45 PM the facility manager and nursing staff stated that oxycodone was no longer in use and had been discontinued "a long time ago". Also they agreed that there should only be one order for Acetaminophen in the record which should state the appropriate dose and should not contain a time range (i.e. 4 to 6 hours). They also stated that the PRN order for Milk of Magnesia should contain both the number of times to administer Daily (i.e. once daily) and the indication for use.	R182	on 8-30-12 @ 12:30pm MHCCN NURSE SPOKE BARB @ EXTENDED CARE PHARMACY: ANY MED LISTED ON THE MAR'S OF ANY RESIDENT THAT DID NOT LIST THE ROUTE OF ADMINISTRATION. SHE AGREED TO CORRECT ALL TO PREVENT THE PROBLEM IN THE FUTURE. ALL THE MAR'S @ MHCCN HAVE BEEN CORRECTED. THEY WILL BE REVIEWED MONTHLY AND WITH ALL NEW ORDERS TO ASSURE THE ROUTE OF ADMINISTRATION IS PROPERLY PROVIDED BY RN/LPN PLEASE ENCLOSED COPIES OF ① DIC ORDER FOR OXYCODONE OF RESIDENT #2 DATED 10-11-2011 AND CURRENT ORDER OBTAINED 8-24-12 FOR DIC ORDER ② ACETAMINOPHEN 500mg AND ③ OXYCODONE FOR PAIN NOT RELIEVED BY TYLENOL AS WELL AS CORRECTION OF ACETAMINOPHEN 325mg. ORD. ALL ORDERS WILL BE MONITORED MONTHLY, WITH ANY CHANGES OR NEW ADMISSIONS BY RN/LPN ALL NEW ORDERS HAVE BEEN CORRECTED.	8-30-12

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If continuation sheet 3 of 4

R162 (cont.) PLEASE SEE NEW ORDER OBTAINED FOR RESIDENT #2
RE: M.O.M. - milk of MAGNESIA 30cc p.o. 1 times DAILY for
CONSTIPATION. OBT 9-5-2012 - THIS WILL BE MONITORED & THE
PRN MEDICATION PROTOCOL DESCRIBED ABOVE

Kristina... DA 79.612

R162 PO accepted 9/13/12 melwin RN/AME

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R208 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p> <p>5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to report a resident allegation of abuse for Resident #3 to the licensing agency related to a Resident to Resident incident as required. Findings include:</p> <p>Per record review, on 12/28/2011 Resident #3 was found by staff on the bathroom floor. S/he reported that Resident #4 had pushed him/her and that s/he had fallen. According to the notes, Resident #4 admitted to having pushed Resident #3. There were no apparent resulting injuries. In an interview at 4:10 PM on 8/14/12 the facility manager confirmed that a report had not been made regarding this incident. Additionally s/he stated that a call had been placed to the agency and that someone had stated that a report was not necessary. There was no information available as to when the call was made or who the facility spoke to.</p>	R208	<p>R208 POC accepted 9/13/12 M.../P.../P...</p> <p>Any FUTURE INCIDENTS INVOLVING RESIDENT TO RESIDENT CONTACT WILL BE REPORTED ACCORDING TO PROTOCOL - OF REPORTING ABUSE, NEGLECT OR EXPLOITATION. ALL SUCH CONTACT WILL BE DOCUMENTED AND FILED APPROPRIATELY IN A SEPARATE FILE FROM THE INVOLVED RESIDENTS CHART AND AVAILABLE TO APPROPRIATE PARTIES UPON REQUEST. THIS WILL BE OVERVIEWED BY THE HOUSE MANAGER AND LICENSED NURSING STAFF.</p>	
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Kathuni Sattelwalle M 9-6-12

ALL REQUIRED PARTIES MUST BE NOTIFIED. WHEN NECESSARY A BEHAVIORAL PLAN TO DEAL WITH SUCH BEHAVIORS WILL BE DEVELOPED BY THE HOUSE MANAGER AND LICENSED NURSING STAFF.