

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

January 5, 2011

Christine Scott, Administrator
Mayo Manor
610 Water Street
Northfield, VT 05663

Provider ID #:0199

Dear Ms. Scott:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on
December 14, 2010.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2010
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NAME OF PROVIDER OR SUPPLIER MAYO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 610 WATER STREET NORTHFIELD, VT 05663
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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
R100	Initial Comments: An on-site survey was conducted from 12/13/10 - 12/14/10. The survey included investigation of a resident complaint and a re-licensure survey. There were no regulatory findings related to the complaint. The following deficiency resulted from the re-licensure survey.	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that 1 of 8 residents in the applicable sample received the necessary care to meet the resident's medical and nursing needs. (Resident #4) Findings include: Per record review on 12/14/10, nursing staff failed to notify the physician promptly when Resident #4 complained of feeling light headed and had low blood pressures on 11/7/10 and 11/17/10. Per a progress note of 11/7/10, the resident complained of being 'a little light headed'. Blood pressures (B/P) taken by the Licensed Nursing Assistant (LNA) were documented as 80/50 at 9 AM, 90/62 at 10 AM and 118/62 at 12:35 PM. The LNA wrote "will monitor and put note in nurse's book." Another progress note of 11/17/10 documented "appeared faint in the DR	R126	5.5 General Care The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our resident's lives. Mayo Manor's system for communicating abnormal vital signs &/or changes in condition to the RN Consultant has been thoroughly reviewed.	

Division of Licensing and Protection

Christine Scott

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

Administrative

TITLE

(X6) DATE

12/27/10

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2010
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R126	Continued From page 1 (dining room)...B/P 86/40 at 2 PM..98/48 at 2:30 PM...resident complaining of 'feeling funny". On 11/23/10, the Registered Nurse (RN) documented in a progress note that the resident approached her, voicing concerns about his/her blood pressures. During interview on 12/14/10 at 10:15 AM, the RN confirmed that she called the physician and reported the low blood pressures on 11/24/10, further stating "I should have followed up after the 11/7/10 note." After the notification on 11/24/10, the physician discontinued one medication that may have contributed to the resident's episodes of hypotension.	R126	The 24 hour report has been revised to include a section where abnormal vital signs &/or changes in condition are documented every shift & communicated in a timely manner to the RN Consultant. All staff will be In-serviced on the revised 24-hour report & instructed to notify the RN Consultant of abnormal vital signs &/or changes in condition in a timely manner. Random audits of the 24-hour report & timely communication to the RN Consultant will be conducted by the Administrator or designee to assure continued compliance. R126 POC Accepted 12/30/10 M. Bolton RN / J. Mcota RN	1/20/11