



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
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December 15, 2010

Francis Nolan, Administrator  
Michaud Memorial Manor  
47 Herrick Road  
Derby Line, VT 05830

Provider ID #:0143

Dear Mr. Nolan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted **October 5, 2010 through November 1, 2010.**

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

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

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:  0143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____  Licensing and Protection	(X3) DATE SURVEY COMPLETED  C 11/01/2010
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NAME OF PROVIDER OR SUPPLIER  MICHAUD MEMORIAL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 47 HERRICK ROAD DERBY LINE, VT 05830
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R100	Initial Comments:  An unannounced onsite licensing and complaint survey was begun on 10/5/2010 and concluded on 11/1/2010 following receipt and review of additional information gathered offsite.	R100	PLAN OF CORRECTION PLEASE SEE ACCOMPANYING DOCUMENT	
R101 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1. Eligibility</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home accepted for admission 1 resident (Resident #2) who exceeded the home's licensed level of care. Findings include:</p> <p>1. Per record review, the home accepted Resident #2 to the residential home with a PEG (Percutaneous Endoscopic Gastrostomy) feeding tube. Per review of the nursing admission assessment, this resident is unable to perform self-care for the PEG tube. During interview on the afternoon of 10/6/2010, the Director of nursing stated that this resident was admitted from a Level II care facility with the understanding that the resident was able to care for the PEG tube independently, however within 6 days of admission it became clear that the resident was unable to perform self-care. At this time it was confirmed that nearly 10 months had elapsed before the licensing agency was contacted to report the presence of this resident who exceeds</p>	R101	<p>5.1.a PLEASE SEE DOCUMENT PAGE 1</p> <p>R101 12-14-10 POC accepted. See attachment. — C. Laraway, RN —</p>	

Division of Licensing and Protection



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

TITLE

ADMINISTRATOR

(X6) DATE

12/2/10

Division of Licensing and Protection

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R101	Continued From page 1 licensed level of care.	R101		
R128 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview the home failed to assure that dietary and treatment services for 2 applicable residents (Resident #2 and Resident #3) were provided as ordered. Findings include:</p> <p>1. Per record review on 10/5/2010, Resident #2 was ordered to receive supplemental feedings of Ensure 240 cc (cubic centimeters--equivalent to 8 ounces) via PEG tube QID (four times daily) with administration times of 8:30 AM, 12:30 PM, 5:30 PM and 9:00 PM. Also ordered by the physician were residual and placement checks of the peg tube prior to each feeding with instruction to notify the physician if the residual is greater than 50 cc's.</p> <p>The treatment record contained no indication that residuals were completed for the following dates and times: 10/1/2010 at 4:30 PM and 8:00 PM, 10/3/2010 at 8:00 AM and 12:30 PM, 10/4/2010 at 4:30 PM and 8:00 PM, 10/5/2010 at 4:30 PM and 8:00 PM, 10/6/2010 at 8:00 AM and 12:30 PM, and 10/7/2010 at 8:00 AM and 12:30 PM.</p> <p>The treatment record contained no indication that</p>	R128	<p><b>5.5.c PLEASE SEE DOCUMENT #1 PAGE 1</b></p> <p>R128 12-14-10 POC accepted. See attachment. — C. Laraway, RN</p> <p><b>PLEASE SEE NEXT PAGE</b></p>	

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R128	Continued From page 2  placement checks were completed prior to each feeding on 10/1/2010 at 5:30 PM and 9:00 PM, on 10/3/2010 at 8:30 AM and 12:30 PM, on 10/4/2010 at 5:30 PM and 9:00 PM, on 10/5/2010 at 5:30 PM and 9:00 PM, on 10/6/2010 at 8:30 AM and 9:00 PM, and on 10/7/2010 at 8:30 AM and 12:30 PM.  The treatment record contained no indication that the Ensure nutritional supplement was administered on 10/1/2010 at 5:30 PM and 9:00 PM; on 10/3/2010 at 8:30 AM and 12:30 PM; on 10/4/2010 at 5:30 PM and 9:00 PM; on 10/5/2010 at 5:30 PM and 9:00 PM; on 10/6/2010 at 8:30 AM and 9:00 PM; and on 10/7/2010 at 8:30 AM and 12:30 PM.  During interview on the afternoon of 10/7/2010, the Director of Nursing confirmed that there was no documentation that these physician orders had been completed.  2. Per observation at 11:15 AM on 10/6/2010, the LPN (Licensed Practical Nurse) failed to follow physician instruction regarding PEG tube care and feeding for Resident #2. The LPN administered 30 cc's (1 ounce) of water via PEG tube, followed by 240 cc of Ensure without checking for placement or residual prior to administration. During interview following this administration, the LPN confirmed that this feeding exceeded the 1-hour window of opportunity (1 hour before and 1 hour after) for scheduled administration times and the placement and residual should have been checked prior to any administration via the PEG tube.  3. Per record review on 10/7/2010, Resident #3 had sustained an injury requiring emergency	R128 <b>S.5.c</b>	<b>PLEASE SEE DOCUMENT - CONT. PAGE 1</b>  <i>R128 12-14-10 POC accepted. See attachment. — C. Laraway, RN</i>	
		<b>S.5.c</b>	<b>PLEASE SEE DOCUMENT #2 PAGE 1</b>  <i>R128 12-14-10 POC accepted. See attachment. — C. Laraway, RN</i>	
		<b>S.5.c</b>	<b>PLEASE SEE DOCUMENT #3 PAGE 1</b>	

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R128	Continued From page 3 room treatment with sutures resulting on 7/5/2010. There was no instruction regarding care or treatment of this wound in the resident's treatment record nor was this injury / wound care described by regular nursing progress notes. Records from the emergency room visit on 7/5/2010 that were present in the record were reviewed. There was no indication that sutures had been placed but this emergency room report in the record indicated care instruction was provided to the resident with follow-up recommendations for subsequent medical evaluation by a surgeon in 2 days. This follow-up evaluation was completed; however, the record contained no report / additional orders from the surgeon regarding the resident's wound. During interview on 10/7/2010 at 5:15 PM, the Director of Nursing confirmed that there was no indication in the record to direct care of the resident's sutured wound, that s/he did not recall this type of wound treatment for this resident, that no clarification of emergency discharge orders had been obtained, and that no wound treatment plan of care had been developed following the initial emergency room visit.	R128 <b>S.S.C</b>	<b>PLEASE SEE DOCUMENT CONT. #3 PAGE 1</b>  <i>R128 12-14-10 POC accepted. See attachment. — C. Laraway, RN</i>	
R135 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.5 Assessment  5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.  This REQUIREMENT is not met as evidenced	R135	<b>SEE NEXT PAGE</b>	

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R135	Continued From page 4  by: Based on record review and interview, 6 of 7 resident assessments (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5 and Resident #7) were incomplete. Findings include:  1. Per record reviews on 10/5/2010, 10/6/2010 and 10/7/2010, 6 of 7 resident assessments, completed by the RN (Registered Nurse), were missing information in one or more of the following areas: Power of Attorney, Power of Attorney for Healthcare, Resuscitation Status, Guardian Status, Advance Directives for Healthcare, Pre-Paid Burial, Hospitalizations (past year), Representative Payee, and Emergency Contact. During interview on the afternoon of 10/6/2010, the Director of Nursing confirmed that the assessments were incomplete.	R135	<b>5.7.6 PLEASE SEE DOCUMENT PAGE 2</b>	
R142 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.8 Level of Care and Nursing Services  5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the home admitted a resident requiring assistance with a feeding tube without prior variance authorization from the licensing agency. Findings include:  1. Per record review on 10/5/2010, Resident #2	R142	<b>5.9.6 PLEASE SEE DOCUMENT PAGE 2</b>	<i>R135 12-14-10 POC accepted, see attachment. — C. Lasaway, RN —</i>



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R161 SS=F	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p><b>5.10 Medication Management</b></p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the Manager failed to assure that the home's policies and procedures are followed regarding medication management. Findings include:</p> <p>1. Per medication pass observation on the morning of 10/6/2010, the LPN (Licensed Practical Nurse) administering medications delivered medications greater than 1 hour late to 6 of 8 applicable residents observed (Resident #2, Resident #3, Resident #6, Resident #7, Resident #8, and Resident #9). There was no documentation on the MAR (Medication Administration Record) by the LPN that these medications had been administered up to 3 and 3/4 hours late in one instance and all greater than the 1 hour before or 1 hour after the scheduled administration time allowed by facility policy. During interview that afternoon, the Director of Nursing confirmed that the MARs did not indicate late administration as required by facility policy, and stated that all medications should be administered within 1 hour before or 1 hour after the scheduled administration time.</p> <p>2. Per record review on 10/5/2010, the home</p>	R161	<p><b>5.10.b PLEASE SEE DOCUMENT #1 PAGE 2</b></p> <p><i>R161 12-14-10 POC accepted. See attachment. — C. Laraway, RN</i></p> <p><b>5.10.b PLEASE SEE DOCUMENT #2 PAGE 3</b></p>	

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R161	Continued From page 7  employs both licensed staff and several trained medication technicians to administer medication to residents. During staff interviews on 10/7/2010, 2 LNAs confirmed (at 2:20 PM and 4:55 PM respectively) that they had administered medications but were not delegated staff to perform this task. During interview on 10/7/2010 at 4:40 PM, the Director of Nursing confirmed that a total of 3 non-delegated staff members had been requested, at various times / dates, to administer medications to residents in violation of the home's policy.  3. Per observation on 10/5/2010 during the noon meal, the LPN left medications at the table for 5 residents (Resident #1, Resident #3, Resident #7, Resident #8 and Resident #11) and did not remain in the area to assure that each resident ingested their own medications per facility policy. Eight additional residents were present in the dining area when these medications were delivered to the respective residents. During interview on the afternoon of 10/7/2010, the Director of Nursing confirmed that the policy of the home is to observe each resident actually taking the medication prior to leaving the area.	R161 5.10.6	<b>PLEASE SEE DOCUMENT CONT. #2 PAGE 3</b>  <i>R161 12-14-10 POC accepted. See attachment. — C. Haraway, RN</i>	
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents	5.10.6  R164	<b>PLEASE SEE DOCUMENT #3 PAGE 3</b>  <i>R161 12-14-10 POC accepted. See attachment. — C. Haraway, RN</i>  <b>PLEASE SEE NEXT PAGE</b>	

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R164	Continued From page 8  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RN (Registered Nurse) did not assure that all staff administering medications had completed and passed delegation administration training and were identified by the RN as capable of administering specific medications to specific residents. Findings include:  1. Per record review, 3 staff members who have intermittently administered medications have not been delegated by the RN as capable of medication administration. During interview on 10/7/2010 at 4:45 PM, the RN confirmed that medications have been administered to residents by non-delegated staff.	R164	<b>5.10.d PLEASE SEE DOCUMENT PAGE 3</b>	
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering	R171	12-14-10 R164 POC accepted. See attached. _____ C. Laraway, RN  <b>PLEASE SEE NEXT PAGE</b>	

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R171	<p>Continued From page 9</p> <p>medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not develop a current list of delegated staff to indicate medication administration. Additionally, the home did not assure that all medication administration was completed according to the home's policy and procedures. Findings include:</p> <p>1. Per record review on 10/7/2010, there was no list of non-licensed, RN (Registered Nurse) delegated staff regarding medication administration. During interview that afternoon, the RN confirmed that a list of delegated staff was not available.</p> <p>2. Per record review on 10/7/2010, Resident #2 had received PRN (as needed) medications including Tylenol 650 mg (milligrams) on 10/2/2010, 10/3/2010, 10/6/2010; Prochlorperazine 10 mg on 10/2/2010, 10/3/2010 and 10/5/2010; Imodium 2 mg on 10/6/2010. There was no indication of the effect of any of these medications recorded on the MAR (Medication Administration Record) as required. During interview on the afternoon of 10/7/2010, a staff member confirmed that the MAR contained no indication of the results of the PRN medications.</p> <p>3. Per record review on the morning of 10/7/2010, the MAR of Resident #3 had a total of 29 occurrences of undocumented actual and /or</p>	R171	<p>5.10.g PLEASE SEE DOCUMENT #1 PAGE 3 R171 12-14-10 POC accepted. See attached — C. Laraway, RN</p> <p>5.10.g PLEASE SEE DOCUMENT #2 PAGE 3 R171 12-14-10 POC accepted. See attached. — C. Laraway, RN</p> <p>5.10.g PLEASE SEE DOCUMENT #3 PAGE 3</p>	

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R171	Continued From page 10  potential medication administrations from 10/1/2010 through 10/7/2010 at 3 PM, including the results of blood glucose checks and corresponding insulin coverage based upon results. During interview that afternoon, the Director of nursing confirmed that there was no documentation available on the MAR to indicate whether the resident had refused or had accepted routine medications / and blood glucose monitoring as ordered during this period.  4. Per record review on 10/5/2010, the results of physician ordered weekly blood pressure readings were not in the record of Resident #2. During interview at 4:45 PM that afternoon, the staff nurse confirmed that current blood pressure results were not available.  5. Per observation on 10/6/2010 at 11:35 AM, the LPN administered Timolol Gel eyedrops (1 drop to each eye daily--7:30 AM) and Optive 0.5%-0.9% (1 drop to each eye four times a day--7:30 AM, 11:30 AM, 4:30 PM, 8 PM) to Resident #7. During each administration of each eye medication, the LPN touched the tip of the medication container to the eyelid of the resident. During interview, immediately following this administration, the LPN confirmed that the eyelids had been touched by the medication container and stated that s/he was unaware that this was an infection control issue. The LPN also confirmed that the medications were late but did not indicate this in the record. During later afternoon interview, the oncoming LPN confirmed that there was no indication in the record to alert him / her to late medication delivery by the prior nurse.	R171 5.10.9	<b>PLEASE SEE DOCUMENT CONT. #3 PAGE 3</b>  R171 12-14-10 POC accepted. See attached. — C. Laraway, RN	
		5.10.9	<b>PLEASE SEE DOCUMENT #4 PAGE 4</b>  R171 12-14-10 POC accepted. See attached. — C. Laraway, RN	
		5.10.9	<b>PLEASE SEE DOCUMENT #5 PAGE 4</b>  R171 12-14-10 POC accepted. See attached. — C. Laraway, RN	
R173 SS=D	V. RESIDENT CARE AND HOME SERVICES	R173	<b>PLEASE SEE NEXT PAGE</b>	

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R173	Continued From page 11  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, interview and record review, the home failed to assure that medications at the bedside of Resident #3 were in a secured compartment. Findings include:  1. Per observation on 10/6/2010 and 10/7/2010, Resident #3 had 2 types of respiratory inhalation medications stored on a table in the resident's room. Per record review on 10/5/2010, this resident requires staff medication administration per RN (Registered Nurse) assessment completed on 6/2/2010. During interview on 10/7/2010 at 11:15 AM, Resident #3 confirmed that these medications are routinely kept within the room, that the medications are not stored in a secure location, and that self-administration of these medications occurs routinely stating "they last about 2-3 weeks". Later that day, the Director of Nursing confirmed that there is no order and / or assessment approving this resident for self medication and confirmed that these medications are in the control of the resident.	R173	<b>5.10.h PLEASE SEE DOCUMENT PAGE 4</b>  <i>R173 12-14-10 POC accepted. See attached. — C. Haraway, RN</i>	
R178 SS=F	V. RESIDENT CARE AND HOME SERVICES	R178	<b>PLEASE SEE NEXT PAGE</b>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/01/2010
NAME OF PROVIDER OR SUPPLIER  MICHAUD MEMORIAL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 47 HERRICK ROAD DERBY LINE, VT 05830		
(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
R178	Continued From page 12 5.11 Staff Services  5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on interviews, the home has failed to assure adequate numbers of qualified staff are available at all times to provide care and services. Findings include:  1. Per interview on 10/7/2010 at 9:39 AM and 4:55 PM, 2 LNAs confirmed that they have not received medication delegation authority. Each stated they have delivered pre-poured medications to residents during instances when no qualified staff member was available to deliver the medications. Per interview on 10/7/2010 at 4:40 PM, the Director of Nursing confirmed that 3 non-delegated staff have delivered pre-poured medications to residents in one or more instances at times of resident emergency and / or when no other staff was available to carry out this role.	R178	<i>5.11.a PLEASE SEE DOCUMENT PAGE 4</i>	
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff 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	R179	<i>R178 12-14-10 POC accepted. See attached. — C. Karaway, RN</i>  <i>PLEASE SEE NEXT PAGE</i>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/01/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>MICHAUD MEMORIAL MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 HERRICK ROAD DERBY LINE, VT 05830</b>		
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R179	Continued From page 13  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 home did not assure that 5 of 5 staff reviewed, who provide direct care and services, completed all required annual training. Findings include:  1. Per record review on 10/7/2010, no staff member reviewed had completed all mandatory areas of training nor the required 12 hours of annual training. During interview on the afternoon of 10/7/2010, the Director of Nursing confirmed that required training had not been completed for the prior year.	R179		
R266 SS=E	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and	R266	<b>5.11.6 PLEASE SEE DOCUMENT PAGE 4</b>  <i>R179 12-14-10 POC accepted. See attached. — C. Laraway, RN</i>  <b>PLEASE SEE NEXT PAGE</b>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/01/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>MICHAUD MEMORIAL MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 HERRICK ROAD DERBY LINE, VT 05830</b>		
(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
R266	Continued From page 14 comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home did not provide a safe environment for all residents. Findings include:  1. Per observation during the initial tour on 10/5/2010 and again on 10/6/2010 at 11:30 AM, a shower chair was stored in front of a second floor emergency exit. This observation was confirmed during the initial tour by the administrator and was confirmed on 10/6/2010 by Maintenance and Housekeeping staff. The administrator confirmed that the exit should not be blocked.  2. Per observation during the initial tour on 10/5/2010, a Housekeeping cart with supplies including bleach and spray disinfectant cleaners was left unattended and out of sight of staff on the second floor hallway. On 10/6/2010 at 11:30 AM, various chemicals including disinfectant cleaners, Lysol kitchen cleanser, and all purpose cleanser were in common bathrooms in the home. During interview on 10/6/2010 at 11:30 AM, Housekeeping staff confirmed that these items were present in common areas.	R266	<b>9.1.a PLEASE SEE DOCUMENT #1 PAGE 5</b>  <i>R266 12-14-10 POC accepted. See attached. — C. Laraway, RN</i>  <b>9.1.a PLEASE SEE DOCUMENT #2 PAGE 5</b>  <i>R266 12-14-10 POC accepted. See attached. — C. Laraway, RN</i>	

**Michaud Memorial Manor**  
**47 Herrick Road**  
**Derby Line, VT 05830**  
**802-873-3152**

Plan of Correction for Survey completed on 11/1/2010

R101 5.1a

1. Variance request was filed on resident #2 on 9/30/10 when it was realized that the resident with the PEG tube was beyond the Level III criteria. A telephone response was received on 11/24/10 from DLP indicating that additional information was required for the variance and that a determination would also be predicated on the survey's plan of correction.
2. Going forward potential residents will be evaluated more closely prior to admission and a variance will be filed before admission if needed.
3. Potential resident's orders and needs will be reviewed per regulations. The regulations were reviewed with staff on 12/01/10
4. Effective 11/1/10 every potential resident is being reviewed by both the administrator and Director of Nursing (DON) prior to approval for admission.

R128 5.5c

*R101 12-14-10 POC accepted. — C. Laraway, RN*

Number 1

1. Effective 11/1/10, treatments are being followed as ordered per physician.
2. Effective 11/1/10, treatment sheets will be reviewed for documentation by the nurse/med tech on duty prior to completion of his/her shift; documentation will be reviewed by the charge nurse.
3. In-service training regarding proper documentation of treatment records will be conducted by 12/15/10
4. Effective 11/1/10, chart audits are being done monthly and retraining will be provided as required. .

Number 2

1. Treatments will be followed as ordered per physician.
2. Treatments will be checked, completed and documented each shift by the charge nurse. If the one hour window is not able to be followed then documentation will be completed with explanation.
3. Re-education and retraining of all nurses/med techs regarding medication administration has begun. Completion date: 12/15/10
4. Chart audits will be completed at least monthly and as needed by the DON.

Number 3

1. Nurses/Med Techs have been trained regarding the receipt of verbal reports from the ER when residents are returned to the facility. Written orders should return with the resident. If no orders are returned, then the ER will be contacted and telephone orders completed. Written reports will be requested from the ER within 24 hours. Completed: 10/8/10
2. All residents that are sent to the doctor or ER should have documentation and/or orders to return to the facility. If not, the ER/MD will be contacted.
3. All nurses/med techs were educated on what is required for documentation/paperwork. Completed 10/8/10
4. Effective 11/1/10, chart audits are being done monthly and as needed..

*R128 12-14-10 POC accepted. — C. Laraway, RN*

R135 5.7b

1. Effective 11/1/10, assessments are being completed by the DON upon admission within 14 days, yearly or upon re-assessment with all information required. Administrator and DON will review monthly and initial.
2. Advance directives and any other missing information will be obtained and documented on all residents after discussion with resident, family or physician. Completion date: 1/1/11
3. Effective 11/1/10, chart audits are being done monthly and as needed by the DON and initialed. When an error occurs, it will be reviewed immediately with employee.

*R135 12-14-10 POC accepted. — C. Laraway, RN*

R142 5.9b

1. Variance request was filed on resident #2 on 9/30/10 when it was realized that the resident with the PEG tube was beyond the Level III criteria. A telephone response was received on 11/24/10 from DLP indicating that additional information was required for the variance and that a determination would also be predicated on the survey's plan of correction.
2. Going forward potential residents will be evaluated more closely prior to admission and a variance will be filed before admission if needed.
3. Potential resident's orders and needs will be reviewed per regulations. The DON reviewed the regulations with staff on 12/01/10.
4. Effective 11/1/10 potential residents are being reviewed by both the administrator and DON prior to approval for admission.

*R142 12-14-10 POC accepted. — C. Laraway, RN*

R145 5.9c

1. Nurses/Med Techs have been trained regarding the receipt of verbal reports from the ER when residents are returned to the facility. Written orders should return with the resident. If no orders are returned, then the ER will be contacted and telephone orders completed. Written reports will be requested from the ER within 24 hours. Completed: 10/8/10
2. All residents that are sent to the doctor or ER should have documentation and/or orders to return to the facility. If not, the ER/MD will be contacted.
3. All nurses/med techs were educated on what is required for documentation/paperwork. Completed 10/8/10
4. Effective 11/1/10, chart audits are being done monthly and as needed.

*R145 12-14-10 POC accepted. — C. Laraway, RN*

R161 5.10b

Number 1

1. Effective 11/1/10, all nurses/med techs are following the one hour before or one hour after guideline.
2. Documentation will be done and noted in the MARS if there is any deviation from the above.
3. Retraining of all nurses/med techs will be completed by 12/15/10
4. Periodic observations will be done by the Director of Nursing, deficiencies noted if they occur and retraining will be completed as necessary.

R161 5.10b continued

Number 2

1. Effective 11/1/10 no non-delegated staff will administer or deliver medications to the residents.
2. All delegated staff have been identified, documented on the MAR, and posted; all nursing staff have been notified who is delegated. The DON will insure that current records of all delegated staff are maintained and posted.
3. On going Med Tech courses will be offered as staffing needs require.

Number 3

1. Effective: 11/1/10, all residents are being observed taking their meds in the dining room.
2. Nurses/med techs will remain in the dining room until all medications are taken.
3. Re-education/retraining will be done for all nurses/med techs. Completion date: 12/15/10
4. Periodic/random observations will be completed and documented; retraining will occur as necessary.

R161 12-14-10 POC accepted, — C. Laraway, RN

R164 5.10d

1. As of 11/01/10, all delegated med/tech staff have been identified and documented.
2. Certificates of completion will be in each med techs chart. Completion date: 12/15/10
3. Documentation of the med tech course will be complete as directed in the guidelines. Completion date: 01/01/11
4. The med tech course will have specific documentation including training dates. Completion date: 01/01/11
5. Reviews of the med techs training and documentation will be monitored and take place yearly and as needed.

R164 12-14-10 POC accepted, — C. Laraway, RN

R171 5.10g

Number 1

1. As of 11/01/10, all delegated staff have been identified and documented.

Number 2 and Number 3

1. As of 11/1/10 All medications are being signed out when given. If there is a deviation of time, refusal or any unusual occurrence then documentation will be noted. All PRN meds are being documented on the MAR including time, who administered them, the reason and the results.
2. Effective 11/1/10, MARS are being checked by the nurse/med tech on duty at the end of his/her shift and initialed.
3. Re-education/retraining will be completed for all nurses/med techs. Completion date: 12/15/10
4. Beginning 11/1/10 periodic/random observations are being completed and chart audits documented on a monthly basis by the DON. Exceptions will be reviewed with the employee and retrained if necessary.

R171 5.10g continued

Number 4

1. Effective 12/15/10 vital signs will be monitored as ordered and documented in one location in the residents chart.
2. All nursing staff will be retrained on following orders, the documentation process and when vital signs including blood pressures are needed. Completion date: 12/15/10
3. As of 12/01/10 chart audits are being reviewed monthly (and as needed), and variances are discussed with staff.

Number 5

1. Effective 11/1/10, proper medication administration is being followed for all meds including eye drops.
2. Proper infection control methods will be reviewed. Completion date: 12/15/10
3. All nurses/med techs will be retrained in proper administration and infection control. Completion date: 12/15/10
4. Effective 12/01/10 periodic/random observations will be done by DON, documented and retraining or counseling will occur if required.

R173 5.10h

R171 12-14-10 POC accepted. — C. Laraway, RN

1. All residents that have medications in their rooms will have a self administration evaluation completed and in their chart. Physician orders will be in place for the self administration. Locked boxes will be available in the resident's room to put the meds in so no other resident can have access. Completion date: 1/1/11.
2. Reviews of residents that have self administration meds will be done yearly by the DON and as needed if there is a change in their health condition.
3. Education of the residents, family and nursing staff will be completed by 01/01/11
4. All meds for self administration will be checked and documented periodically by the DON to make sure that the proper administration is done by the resident.

R178 5.11a

R173 12-14-10 POC accepted. — C. Laraway, RN

1. Effective 11/01/10 no non-delegated staff delivers medication to the residents
2. Re-education/retraining of all staff will be completed by 12/15/10
3. Random observations will be completed by DON, documented and retraining or counseling will occur as required.

R179 5.11b

R178 12-14-10 POC accepted. — C. Laraway, RN

1. As of 01/01/11 mandatory direct care training will be completed by employees upon hire and yearly as required.
2. Each new employee will receive a packet to review and initial that they are aware of all the mandatory topics. Each employee will be required to attend mandatory annual education. Documentation forms will be kept in the nurse's office so that all staff members can review their list as needed to make sure they complete the training topics. There will be packets available for each topic if an employee is unable to attend a specific educational offering.
3. Quarterly reviews will be completed by the DON and administrator to ensure staff has met all training requirements.

R179 12-14-10 POC accepted. — C. Laraway, RN

R266 9.1a

1. Shower chair was removed. 10/6/10  
Signage has been placed on door: "this is an exit do not block or store items in this area".  
Completed: 11/22/10  
Staff will be trained to insure that exits or egresses are clear of any items at all times.  
Completed: 10/11/10  
Exit areas will be monitored daily by the administrator.

2a. As of 10/11/10, all supplies including bleach and spray disinfectant cleaners are being stored and locked in the housekeeping cart at all times.  
As of 10/11/10 the staff has received instructions to remain with the housekeeping cart; when cart is to be unattended it will be stored in a locked housekeeping storage room.  
Compliance will be monitored daily by the administrator.

2b. As of 10/11/10, Disinfectants, including disinfectant cleaners, Lysol kitchen cleaners, and other general purpose cleaners have been removed from all common bathrooms. All chemical cleaning supplies will be stored and locked in the housekeeping supply closet.  
Compliance monitored daily by the administrator.

R266 12-14-10 POC accepted. — C. Laraway, RN

 Administrator  
12/2/10