

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 11, 2012

Ms. Lois Langlois, Administrator  
River's Edge Community Care Home  
5 Hunt Street  
Bennington, VT 05201

Dear Ms. Langlois:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 13, 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:  0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/13/2012
NAME OF PROVIDER OR SUPPLIER  RIVER'S EDGE COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET EXT 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)	(X6) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 8/13/2012. The following regulatory deficiencies were identified during the survey.	R100		
R104 SS=B	V. RESIDENT CARE AND HOME SERVICES  5.1 Admission  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 provisions for refunds, and must include a description of the home's personal needs allowance policy.  (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include; the ACCS services, the specific room and board rate,	R104	UPON OR PRIOR TO ADMISSION ALL RESIDENTS / LEGAL REPRESENTATIVE WILL BE PROVIDED A COPY OF RATES / ROOM + BOARD CHARGE. EACH RESIDENT WILL SIGN A COPY OF ADMISSION AGREEMENT PRIOR TO MOVING INTO FACILITY. OWNER / MANAGER / RN WILL ENSURE THIS OCCURS 100% OF TIME.  ALL RESIDENTS ADMISSIONS AGREEMENTS IDENTIFIED IN SURVEY HAVE BEEN UPDATED / CORRECTED	

Division of Licensing and Protection

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

STATE FORM

0085

R0GB1

TITLE

(X5) DATE

*[Signature]* RN 9/4/12

(Continuation sheet 1 of 10)

Plan of Correction Accepted 9/6/12 Margaret Hyms RN

*[Handwritten initials]*

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NAME OF PROVIDER OR SUPPLIER  RIVER'S EDGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET EXT BENNINGTON, VT 05201
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R104	<p>Continued From page 1</p> <p>the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for 4 of 6 resident records reviewed, the facility failed to assure that a written admission agreement describing daily, weekly, or monthly rate and/or other required information was provided to residents or their legal representative (Residents #4, #1, #6, #2). Findings include:</p> <p>1. Per record review, Resident #4 had a signed and dated Admission agreement which contained no information regarding the daily, weekly, or monthly rate. The manager confirmed in an interview at on 8/13/12 at 4:05 PM that there were no rates contained in the agreement.</p> <p>2. Per record review, Resident #1 had a signed and dated Admission agreement which contained no information regarding the daily, weekly or monthly rate. The manager confirmed in interview on 8/13/12 at 4:05 PM that there were no rates contained in the agreement. Per interview with the house manager on 8/13/12, he/she was unable to locate a copy of the signed Admission agreement. Per interview with the house manager on 8/13/12 he/she also confirmed that he/she did not provide Resident #1 with copies of the resident's ability to express grievances and the procedure to express grievances and the House Manager also confirmed that Resident #1 had not received a copy of resident's rights as per regulation and facility policy.</p>	R104	<p>TO REFLECT CURRENT RATE AS OF TODAY'S DATE.</p> <p>9/4/12</p> <p>Accepted manager 9/6/12</p> <p>9/4/12</p> <p>ADMISSION PACKET TO INCLUDE ADMISSION AGREEMENT, RESIDENT RIGHTS FOR EACH RESIDENT UPON ADMISSION. RESIDENT OR LEGAL REP WILL BE GIVEN A COPY OF RESIDENT RIGHTS UPON SIGNING ADMISSION AGREEMENT / ADMISSION TO FACILITY. MANAGER / OWNER / RN WILL BE AVAILABLE TO REVIEW AND ANSWER QUESTIONS IF AVAILABLE.</p> <p>Accepted manager 9/6/12</p>	
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R104	Continued From page 2  3. Per record review, Resident #6 had a signed and dated Admission agreement which contained no information regarding the daily, weekly or monthly rate. The manager confirmed in interview on 8/13/12 at 4:05 PM that there were no rates contained in the agreement. Per interview with the house manager on 8/13/12 he/she was unable to locate a copy of the signed Admission agreement. Per interview with the house manager on 8/13/12 he/she also confirmed that he/she did not provide Resident #6 with copies of the resident's ability to express grievances and the procedure to express grievances and the House Manager also confirmed that Resident #6 had not received a copy of resident's rights as per regulation and facility policy.  4. Per record review, there was no evidence within the medical record that Resident #2 had received and signed an Admission Agreement and received copies of grievance procedures and resident's rights upon admission to the facility. Per interview with the house manager on 8/13/12 he/she was unable to locate a copy of the signed Admission agreement. Per interview with the house manager on 8/13/12 he/she also confirmed that he/she did not provide Resident #2 with copies of the resident's ability to express grievances and the procedure to express grievances and the House Manager also confirmed that Resident #2 had not received a copy of resident's rights as per regulation and facility policy.	R104		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7 Assessment	R134		

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R134	Continued From page 3  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that an initial resident assessment was completed within 14 days of admission for 1 of 6 residents reviewed (Resident #2). The findings include:  1. Per record review on 8/13/12, there was no evidence within the medical record of Resident #2 that an initial Resident Assessment was completed within 14 days of admission, consistent with the physician's diagnosis and orders. Per interview with the house manager on 8/13/12, he/she reviewed the medical record of Resident #2 and was unable to locate a documented admission assessment within 14 days of the admission of Resident #2 to the facility.	R134	RESIDENT # 2 ASSESSMENT UPDATED AND COMPLETED 3/4/12 ADMISSION PRIOR TO WARRANT RN ALL ADMISSIONS TO BE DONE WITHIN 14 DAYS  (RESIDENT ASSESSMENTS)  ORIGINAL SUCOA HAD A COPY OF ASSESSMENT.  ACCEPTED Margaret Lyons 8/16/12	
R141 SS=E	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 (1)-(5) are all met:	R141		

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R141	Continued From page 4  (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 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 staff interviews the facility failed to assure that the nurse presently on staff had delegated related appropriate nursing care to qualified staff. Findings include:  Per staff interview on 8/13/12 the RN (Registered Nurse) providing nursing oversight for this facility stated that s/he entered his/her position on or	R141		

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R141	Continued From page 5  around Feb/March of 2012. S/he stated that at the time of hire s/he did not re-delegate previously delegated staff working in the facility. This indicates that the non-nursing staff providing nursing services to residents do not have any authority to perform those duties until delegated by the current RN.	R141	ALL STAFF RE-DELEGATED USING MED ADMIN COMPETENCY FORM. ALL STAFF DEMONSTRATED COMPETENCY (KNOWLEDGE OF MEDICATION ADMINISTRATION).	9/3/12
R167 SS=D	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:  (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for and documents the time of, reason for and specific results of the medication use.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that staff other than a nurse did not administer PRN psychoactive medications without a written plan for use of the PRN medications (Residents #3, #1). Findings include:  1. Per record review, Resident #3's medication list includes Lorazepam 0.5 mg (milligrams) PO	R167	ACCEPTED Margaret Hyatt 9/6/12	

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R167	Continued From page 6  (by mouth) Q4H (every 4 hours) as needed for anxiety and Haldol 0.5 mg PO Q6H (every 6 hours) as needed for agitation. There was no PRN Psychoactive Medication written plan available in the record, which was confirmed by the manager on 8/13/12 at 2:15 PM.  2. Per record review on 8/13/12, Resident #1's medication list includes Seroquel 25 milligrams (mg) take one tablet as needed (PRN) for agitation. Per review of Resident #1's care plan last updated on 10/8/11, there was no PRN (as needed) Psychoactive Medication Plan developed for Resident #1 identifying specific behaviors, circumstances that indicates when the medication is to be used, what the desired effect is and what the potential side effects are to the medication and how this medication is to be monitored and any interventions utilized and their effectiveness prior to the administration of the PRN psychoactive medication. Per interview with house Registered Nurse on 8/13/12, he/she confirmed after review of the care plan for Resident #1 that there was no Psychoactive Medication Plan developed for Resident #1 identifying specific behaviors, circumstances that indicates when the medication is to be used, what the desired effect is and what the potential side effects are to the medication and how this medication is to be monitored and any interventions utilized and their effectiveness prior to the administration of the PRN psychoactive medication.	R167	PSYCHOTROPIC MEDICATION PRN PLAN TO BE COMPLETED ON EACH RESIDENT WITH ORDERS. FOR PRN PSYCHOTROPIC MEDS TO INDICATE REASON, CAUSES, DESIRED EFFECT OF MED, NON MED INTERVENTIONS AND SIDE EFFECTS. TO BE COMPLETED FOR ALL RESIDENTS BY 9/28/12 BY F.N  ACCEPTED Margaret 9/16/12	
R233 SS=E	VII. NUTRITION AND FOOD SERVICES  7.1.a.(2) The meals served each day must provide 100% of the Recommended Dietary Allowances (RDA) as established by the Food	R233		

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R233	Continued From page 7  and Nutrition Board of the National Research Council of the National Academy of Sciences and comply with the Dietary Guidelines for Americans.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that meals served each day provide 100% of the Recommended Daily Allowance (RDA) and comply with Dietary Guidelines. Findings Include:  1). Per record review of the current week's menu residents may request an egg at breakfast. Daily lunch is a sandwich, chips, fruit and a drink. The posted menu lists only the daily sandwich which is a meat or salad (ham, chicken, tuna, egg) sandwich. The week's menu included the following protein:  8/13 Monday: Ham salad sandwich (tomato sandwich was substituted), Hot turkey sandwich (liver was substituted); 8/14 Tuesday: Egg salad sandwich, scalloped potatoes and ham; 8/15 Wednesday: Roast beef sandwich, Quiche; 8/16 Thursday: Chicken salad sandwich, (Pasta); 8/17 Friday: Bologna sandwich, Lemon pepper fish; 8/18 Saturday: Turkey Sandwich, Pizza, Cottage cheese; 8/19 Sunday: Tuna salad Sandwich, (Veggie Lasagna). The menu did not contain the required total of at least 2 servings equaling 4-5 oz of meat or a meat equivalent per day.	R233	OWNER (MANAGER) IN PROCESS OF COMPLETING MENUS 3 MONTHS IN ADVANCE. COMPLETION DATE 9/28/12. ACCEPTED Margaret Hyatt 9/16/12  PREVIOUS MENUS KEPT WITH SUBSTITUTIONS IN A BINDER LABELED MENUS.  MENUS TO BE KEPT UP TO DATE BY MANAGER PRINTED MENU TO BE DISPLAYED IN DINING ROOM SUBSTITUTIONS WILL BE WRITTEN ON DRY ERASE BOARD IN DINING ROOM	
R235 SS=B	VII. NUTRITION AND FOOD SERVICES	R235		

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R235	Continued From page 8  7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu.  This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to follow the written, posted menus. Findings include:  Per observation on 8/13/12 the lunch menu called for a Ham salad sandwich, but a tomato sandwich was served. At dinner on 8/13/12 the menu called for Hot turkey sandwich and stuffing, but liver, onions and mashed potatoes were served. The substitutions were not made on the posted menu which was confirmed in an interview with the manager at 4:30 PM on 8/13/12.	R235		
R238 SS=B	VII. NUTRITION AND FOOD SERVICES  7.1.a. (5) The home shall keep menus, including any substitutions, for the previous month on file and available for examination by the licensing agency.  This REQUIREMENT is not met as evidenced by: Based on staff interview the facility failed to assure that menus, including any substitutions, for the previous month were on file and available for examination by the licensing agency. Findings include:  Per interview with the manager at 1:40 PM on 8/13/12 there were no written menus available beyond the one week menu provided to the surveyors.	R236		

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