



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

May 23, 2011

Mr. Charles Erickson, Administrator
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **April 14, 2011**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

SCANNED

RECEIVED
Division of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION MAY 05 11 A. BUILDING _____ Licensing and B. WING _____ Protection	(X3) DATE SURVEY COMPLETED C 04/14/2011
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464
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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 unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 4/13/11 and concluded offsite on 4/14/11.	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that a physician ordered treatment occurred on a timely basis for 1 of 2 applicable residents in the survey sample (Resident #1). Findings include: 1. Per record review on 4/13/11, Resident #1 had a physician order for a repeat CT scan one year from the order date of 7/2009. There was no indication that this order had been completed. During interview at 2:35 PM, the Registered Nurse and the Case Manager confirmed that there was an order to repeat Resident #1's CT scan received 7/2009 and that this test was more than 9 months overdue.	R128	We have implemented a computer generated "To Do" list to remind our Case Managers to follow upon all doctor's orders. This "To Do" list will send reminders to our email until the task is completed. 5-23-11 R128 POC accepted as written. — C. Loraney, RN	05/04/11
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed	R136		

Division of Licensing and Protection

Charles E. Carlson
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

Administrative

(X6) DATE

05/04/2011

Division of Licensing and Protection

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R136	Continued From page 1 annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Nurse failed to indicate completion of the annual assessments of 2 of 2 applicable residents in the survey sample (Resident #1 and Resident #2). Findings include: 1. Per record review on 4/13/11, the annual assessments of Resident #1 and Resident #2 were not signed and dated by the Nurse indicating assessment completion and/or review. During interview at 2:35 PM, the Registered Nurse confirmed that s/he had not signed either assessment to indicate completion.	R136	Our nurse will sign all Residential Assessment forms on admission and review and sign annually or at any point there is a change in a resident's physical or mental condition. <i>S-23-11 R136 POC accepted as written. C. Lardner, RN</i>	5/4/11
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) 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 record review and interview, there was no evidence that the Registered Nurse had provided oversight of the development of the plan of care for 1 of 2 applicable residents in the survey sample (Resident #1). Findings include:	R145		

Division of Licensing and Protection

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R145	Continued From page 2	R145		
R213 SS=D	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the home failed to assure dignified treatment of 1 of 2 applicable residents in the survey sample (Resident #1). Findings include:</p> <p>1. Per administrative team interview on 3/13/11 beginning at 9:00 AM, Resident #1 was sometimes offered (and consumed) the breakfast meal while on the commode in the resident's room due to time constraints in preparing the resident to leave the home. Additional staff interviews that day confirmed that Resident #1 did occasionally eat breakfast while seated on the commode.</p>	R213	<p>Our nurse will sign and date all care plans on admission. All care plans will be reviewed, signed and dated annually (or anytime there is a change). Riverview administrator will follow up to be sure all care plans are signed and dated.</p> <p>5-23-11 R145 POC accepted as written — C. Lanning, RN —</p> <p>Riverview Life Skills Center will create a pleasant environment during meal time. This will be done no matter what the situation is, i.e. time constraints. No meals are to be served while the resident on a commode chair. A staff meeting was held on 04/13/11 regarding this matter.</p> <p>5-23-11 R213 POC accepted as written — C. Lanning, RN —</p>	<p>05/04/11</p> <p>4/13/11</p>