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

July 8, 2011

Ms. Deb Choma, Administrator
Shard Villa
1177 Shard Villa Road
Salisbury, VT 05769

Dear Ms. Choma:

Enclosed is a copy of your acceptable plans of correction for the on-site licensing survey and complaint investigation conducted on May 3, 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,

Pamela M. Cota, RN
Licensing Chief

PC:jl

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Division of
JUL 5
Licensing and Protection

PRINTED: 06/03/2011
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0152	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 05/03/2011
NAME OF PROVIDER OR SUPPLIER SHARD VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 1177 SHARD VILLA ROAD SALISBURY, VT 05769		

(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 licensing survey and complaint investigation was completed on 5/3/11 by the Division of Licensing and Protection.	R100		
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, the home did not maintain a current plan of care for 2 of 4 applicable residents (Resident #1 and Resident #2). Findings include: 1) Per record review and staff interview on 5/2/11 Resident #1 hollers "ouch" when staff are providing personal care. Staff interviewed said this hollering is scary at times. The plan of care for Resident #1 does not identify any behaviors or interventions related to yelling out during personal care. This was confirmed by the manager on 5/3/11. 2) Per record review and interview on 5/2/11, Resident #2 had a physician progress note dated 3/2/11 that describes Resident #2 as having increased agitation and on going hallucinations The plan of care for Resident #2 does not address on-going hallucinations. This was confirmed with the manager on 5/3/11.	R145		

Division of Licensing and Protection

Deb Chown R.N. TITLE Director (X6) DATE 6/12/11

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

Division of Licensing and Protection

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R150 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the nurse failed to assure that staff recorded all symptoms of illness or accidents at the time of their occurrence and the action taken for 2 of 5 applicable residents (Resident #1 and Resident #2). Findings include: 1) Per record review on 5/2/11, Resident #1 had an M.D. note that stated that resident was complaining of right arm discomfort and according to staff to say "ouch" when the provide personal care. There is no documentation in the staff progress notes that the Resident had any complaints of right arm discomfort or any follow up noted once the complaint was identified by physician. This was confirmed with the manager on 5/3/11. 2) Per record review on 5/3/11, Resident #2 had a physician note describing increased agitation, and on going hallucinations. The physician also wrote the patient's nurse and home health aide have noted an increase in agitation/irritation in recent weeks. There is no documentation in the staff progress notes that the Resident was displaying any behaviors, agitation or hallucinations. This was confirmed with the manager on 5/3/11.	R150		

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R179	Continued From page 2	R179		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES	R179		
	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 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 failed to assure that all employees providing direct care to residents completed the required annual training. Finding include: 1) Per record review on 5/3/11, 1 of 6 direct care providers did not have documentation to demonstrate attending the required annual training's on Resident Rights, Fire Safety, Abuse,			

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R179	Continued From page 3 Neglect Exploitation, and Respectful Effective Communication. This was confirmed with the manager on 5/3/11.	R179		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility has on staff a person who has a misdemeanor criminal record charge substantiation against them. Findings include: 1. Per review on 5/3/11 of personnel records, a current staff member had a positive criminal record check for a misdemeanor violation. This was confirmed with the manager on 5/3/11.	R181		

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R206 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on a facility self-report and interview, staff did not report a witnessed incident between a resident (Resident #3) and staff member within 48 hours to Adult Protective Services (APS) or the manger of home. Findings include: 1) Per report and interview with manger on 5/2/11, three staff members were present when an incident between Resident #3 and one of the staff members occurred involving physical contact. The staff members did not report the incident to APS within 48 hours as required. One staff member did report the incident to the manger of the home 5 days after the incident.	R206		
R213 SS=G	VI. RESIDENTS' RIGHTS 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.	R213		

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R213	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that staff treated one resident with consideration, respect, and dignity. Findings include: Per record review and staff interview on 5/2/11, an incident between a staff member and Resident #3 alleges that a staff member did not treat Resident #3 with consideration, respect, or dignity. According to the 2 witnesses statements the staff member was seen slapping resident #3 in the mouth on 8/8/10. This was confirmed with the manager on 5/3/11.	R213		
R224 SS=G	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that one resident (Resident # 3) was free from verbal or physical abuse. Findings include: Per record review and staff interview on 5/2/11, documentation and description of an incident on 8/8/10 confirmed abuse of Resident #3 by a staff member. According to the 2 witnesses statements, the staff member was seen slapping resident #3 in the mouth on 8/8/10.	R224		

SHARD VILLA
Plan of Correction
Page1

R145 Resident Care Home Services
5.9c [2]

1] # 1 Resident

The action taken was offering an alterative for staff to utilize when she hollers "Ouch". Staff will determine the cause of her discomfort, by asking her if anything particular is hurting and if not continuing with her care and gently explaining every move with her and reassuring her that she is safe and will be kept comfortable. {it's possibly a habit of hers whenever touched that she yells out, as she constantly did this at home according to her daughter] .

Measures taken were supporting staff and reviewing with them appropriate approaches they can use when providing personal care.

Corrective actions will be monitored through conversations with staff, reading daily, the staff communication book and revising the plan of care as needed. Also, call the nurse if you notice a marked change in resident's behavior.

2] #2 Resident

Action taken to revise the plan of care is as follows.

Measures taken will be to monitor patient s mental status and frequency of agitation and document them. We will continue to monitor the effectiveness of her medications and collaborating a plan of care with physician .

This will be monitored on a daily bases and shared with the staff, her physician, and the Hospice team (nurse and aide).

We have developed and are in the process of implementing a new Care Plan Form.

7-7-11
POC Accepted
D. Cortez RN

R150 V Resident Care and Home Services

5.9c [7]

[1] Resident #1

We have included in the Care Plan different approaches the staff can use when providing personal care. Example, take the time to explain what you are going to do for her. This seems to work well for her at times. If she hollers out [which she does most of the time anyway] sing to her as she might join in by humming or attempting to whistling, place a hand on her back and gently start massaging, or simply reach out a hand to her, she just might want to hold your hand. If unsuccessful, leave her alone for awhile, making sure she is safe, and reapproach her yourself or another staff member in 10 to 15 minutes.

[2] Resident #2

We have in place already a system that when there is a change in any resident's condition the staff will notify the nurse. We have implemented a new Communication Book that will be reviewed daily by the manager, nurse or person in charge that day so as to stay abreast of any change.

7-7-11 POC accepted
D. Conte RN

Shard Villa
PLAN of CORRECTION
Page3

R179 V Resident Care and Home Services

5.11 Staff Services

The action that will be taken to correct this is to insure that all staff members sign the attendance sheet at all in-services. The attendance sheet will be reviewed before the session is ended for accountability of staff.
Quartly, these attendance sheets will be reviewed again for accountability.

7-7-11
POC accepted
Q conte [illegible]

PLAN of CORRECTION
Page 4

R181 V Resident Care and Home Services

5.11 Staff Services

5.11 d
The action taken was to apply for a variance for this staff member to continue employment with us.
The letter of request for variance was submitted, May 23, 2011 and granted June 3, 2011.
From this point forward the office/assistant manager will review with the manager all results from the Criminal Background Checks.

7-7-11
POC accepted Q conte [illegible]

R206 V. Resident Care and Home Services

5.18 a
The action taken will be to continue our ongoing conversations that we have with each other about Abuse, Neglect and Exploitation and to encourage all to report any questionable signs of abuse.
Measures that we already have in place are open and ongoing conversations with all staff about this topic, the annual mandated in-service provided, the information and material provided to new employees at orientation and not just one or two, but three sites in our home where information on Abuse, Neglect and Exploitation is hanging on the wall. All three sites of information are visible to all staff, residents and visitors.

7-7-11 the circled poc accepted
D. CWW RN

There needs to be some clarification of how one violation can result in three deficiencies. Also, how can a deficiency occur or be implied if the home manager has no knowledge that the incident happened.
When staff, residents and visitors read the results of our survey pertaining to this topic, it appears to them that the incident was never reported.
It makes it look and sound like no one ever reported it, which I did as soon as I was informed of it. As a result of my reporting the accused was placed on the Adult Abuse Register. After reporting a second time, of the same incident, the other two staff members that were present and did not intervene when the abuse was happening hopefully will be held accountable as they are being further investigated.

Shard Villa
PLAN of CORRECTION
Page 6

R213 VI. Residents' Rights

6.1
Plan of action will be to ensure that Residents' Rights are fully respected by all. Measures already in place are three existing areas in our home that display a copy of Residents' Rights, visible to all staff, residents, and visitors. These postings are located in the residents' hallway, the kitchen and another common area. We will make sure that all staff members attend the annual in-service on Residents' Rights and they sign the rooster sheet for accountability. We will continue to distribute the informational packet containing a copy of the Rights to all new staff at orientation.
The corrective actions will be monitored by having staff accountability by getting their signatures that they have read and fully understand residents' Rights, and have attended the in-service. Also have open and ongoing conversations with staff about this topic.

7-7-11 POC accepted
Q cont PW