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) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 19, 2013

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

Provider #: 0152

Dear Ms. Choma:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensure survey and complaint investigation conducted on **June 24, 2013.** 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:ne

Enclosure

Division of Licensing and Protection

RECEIVED
Division of
JUL 17 13
Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	0152		C 06/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARD VILLA	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 re-licensure survey and complaint investigation were conducted on 6/24/2013 by the Division of Licensing & Protection. The following regulatory deficiencies were identified as a result of the survey:	R100		
R145 SS=E	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 staff interview, the facility failed to assure that the plan of care describes the care and services necessary for the maintenance of independence and well-being for three residents (Resident #1, #2, & #3) in the sample of four residents. Findings include: 1. Per record review of R#1, who has a history of falls, has no updates of his/her plan of care for falls on 3/21/13 and 6/19/13 to address new interventions or strategies to prevent further falls. He/she also had notes regarding a wound on his Right Middle Toe on 2/8/13 and the treatments instituted, which were not incorporated into the care plan. In an interview at 3:45 PM on 6/24/13 the nurse on duty acknowledged these revisions were not in the plan of care. 2. Per record review R#2 with a history of falls	R145	CarePlan updated on R#1. Morse Fall Scale assessment implemented on this and every resident, with new interventions and strategies for fall prevention. New Policy imposed for Nurses to document not only in Progress Notes all Falls but also update C.P. and Morse Scale on all falls. Re: wounds: New policy imposed for Nurses to document all Wounds not only in Progress Notes but also on C. Plans every wound until healed. All of the above actions were completed by 7.11.13 and reviewed by Deb Choma R.N, Nurse Administrator.	

Division of Licensing and Protection

TITLE (X6) DATE

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0152		C 06/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARD VILLA	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
R145	Continued From page 1 (and a Left hip fracture) had a fall on 3/19/13. The plan of care for this resident does not contain any update or revision of the care plan in relation to this fall or to address new interventions or strategies to prevent further falls. In an interview at 3:45 PM on 6/24/13 the nurse on duty acknowledged that there were no revisions in relation to this fall. 3. Per record review R#3 has COPD which requires both oxygen and nebulizer treatments. The resident receives Oxygen overnight, on at 8 PM and off at 8 AM. S/he has experienced an intolerance for increased activity at times and has also exhibited weight loss. The care plan does not contain information regarding the treatments and strategies for coping with the shortness of breath and decreased endurance related to COPD. The nurse on duty acknowledged in an interview on 6/24/13 at 2:15 PM that the plan of care did not contain information regarding the above information.	R145	Care Plan updated on R#2. Morse Fall Scale Assessment implemented on this and every resident, with new interventions and strategies for fall prevention. New Policy imposed for Nurses to document not only in Progress Notes all Falls but also update CPlans and Morse Scale all falls. In addition to our annual Fall Prevention Training by a Licensed Physical Therapist we have added 2 Fall Prevention Videos for staff training to complement the P.T Training. Care Plan updated for R# 3 to include TX and strategies for coping with SOB and decreased endurance R/T COPD.	
R150 SS=D	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 facility failed to assure that the record contains information regarding symptoms of accidents, with action taken and follow-up, for two residents (Resident #1 and #2) in the sample who experienced falls. Findings include:	R150	New Policy imposed: Staff Nurse to review M.A.R. 3X per week for refusals and missed signatures of any medications or TX's. All of the above actions were completed by 7.11.13 and reviewed by Deb Choma R.N, Nurse Administrator.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0152		C 06/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARD VILLA	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
R150	Continued From page 2 1. Per record review Resident #1 (R#1) had documentation of falls on 3/21/13 and 6/19/13 in incident reports. From the fall on 3/21/13, the resident had a bump on his/her shoulder which was iced and s/he received Tylenol. In the fall on 6/19/13, the resident fell outside in the driveway and had no apparent injuries. In a review of nurses notes there is no documentation in the notes regarding the initial fall or any follow-up regarding any subsequent issues related to the fall. The nurse on duty acknowledged in interview on 6/24/13 at 4 PM that the fall and follow-up were not documented in the nurses notes. 2. Per record review R#2 fell on 3/19/13 with a resulting in a bump on the head. The resident received Tylenol and had ice applied. There is no documentation of follow-up including vital signs to monitor neurologic status. The nurse on duty confirmed that there was no documentation of follow-up in the resident's record.	R150	Care Plan updated on R#1. Morse Fall Scale assessment implemented on this and every resident with new interventions and strategies for fall prevention. New Policy imposed for Nurses to document not only in Progress Notes - all Falls - but also update C. Plans and Morse Fall Scale on all Falls. All of the above actions were completed by 7.11.13 and reviewed by Deb Choma R.N, Nurse Administrator.	
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	R167	Nursing has expanded upon our current policy and now includes more extensive neuro monitoring by the Nurse in the event of a FALL with questionable head injury until the nurse determines the patient is stable. All of the above actions were completed by 7.11.13 and reviewed by Deb Choma R.N, Nurse Administrator.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0152		C 06/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARD VILLA	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
R167	Continued From page 3 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 interview the facility failed to assure that the record contained a written plan for the use of the PRN (as needed) 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, for Resident #4 (R#4), who receives a PRN Psychotropic medication. Findings include: 1). Per record review R#4 has an order for Lorazepam 0.5 milligrams by mouth twice per day PRN for anxiety/ agitation. In a review, there is no PRN Psychotropic Medication Plan which contains all of the required information in the record. The staff nurse on duty confirmed in interview on 6/24/13 at 4 PM that the record did not contain a plan with all of the required information in the record.	R167	Nurse Surveyor provided new document: PRN Psychotropic medication plan. New Policy imposed and implemented to utilize document. (see attached) PRN Psychotropic Medication Plan in place for all Psychotropic PRN medications- outlines triggers, desired effects, interventions and side effects. All med techs trained on use of new documentation. All med techs to continue our practice of always calling a nurse before giving ANY PRN medication such as narcs, sedatives, hypnotics + psychotropics All above actions completed by 7.11.13 and reviewed by Deb Choma R.N, Nurse Administrator	
R171 SS=D	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	R171		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0152		C 06/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARD VILLA	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
R171	Continued From page 4 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 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. This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that documentation reflected that medications were administered as ordered for Resident #3 (R#3). Findings include: Per record review, Resident #3 has an order for Oxygen (O2) at 2 Liters per Minute, on at 8 PM and off at 8 AM. In a review of medication documentation for the month of June there is no documentation of the O2 being started at 8 PM on June 3, 5, 7, 8, 9, 13 and 16 through 24. There is no documentation of the O2 being removed at 8 AM in the month of June. Resident #3 has an order for Albuterol 0.083% per 3 ml amp via Nebulizer Q4H if O2 Sat< 88% or Respirations> 28 and Q2H for 12 hours for COPD exacerbation (nurse will call MD). In the record for the 6 times daily potential (140 times possible to date) to administer Nebulizer	R171	New Policy imposed: Staff Nurse to review M.A.R. 3X per week for refusals and missed signatures of ANY medications OR TX's. All med techs retrained to review their signature areas for medications and TX's before end of their shift.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0152		C 06/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARD VILLA	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
R171	Continued From page 5 treatments during the month of June it is recorded on 17 occasions that the medication was administered and on 5 occasions that it was not administered with no documentation on any of the remaining times. The nurse on duty confirmed on 6/24/13 at 3:55 PM that the documentation of medication administration for this resident was incomplete. During this same interview, the nurse stated the Albuterol is a routine medication with parameters for administration and not considered a PRN medication.	R171	All med techs retrained for documentation procedure for ALL PRN medications and TX's, and refusals of same. Order dated 2.26.13 stated: Albuterol Neb Q 4°, if SpO^2 <88% OR RR>28 OR can do Q 2° for 12° interval and call MD. New clarified order dated 6.24.13 changed per our request states: ① Albuterol Neb 0.083% via nebulization TID for COPD. ② Albuterol Neb 0.083% TX via nebulization BID PRN for SOB or COPD exacerbation. (See attached) All of the above actions were completed by 7.11.13 and reviewed by Deb Choma R.N, Nurse Administrator. R145, R150, R167 + R171 POCs accepted 7/18/13 MHiggins RN / PMC	