



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

November 18, 2011

Mr. Dane Rank, Administrator
Thompson Residential Home
80 Maple Street Po Box 1117
Brattleboro, VT 05302-1117

Provider #: 0156

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey & complaint investigation conducted on **August 10, 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 black ink that reads "Pamela M. Cota RN". The signature is fluid and cursive.

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2011
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NAME OF PROVIDER OR SUPPLIER THOMPSON RESIDENTIAL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET PO BOX 1117 BRATTLEBORO, VT 05302
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R100	Initial Comments: An unannounced onsite re-licensure survey and complaint investigation was conducted on 8/9/11 and 8/10/11 by the Division of Licensing and Protection to determine compliance with Vermont Residential Care Home Regulations. The following are regulatory violations.	R100		
R126 SS=G	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on staff and resident interview, and record review, the home failed to arrange necessary monitoring and supervision of 2 applicable residents in the survey sample (Resident #1 and Resident #5). Findings include: 1. Per record review on 8/9/11, Resident #1 was identified by staff as requiring frequent direction due to increasing cognitive decline on 7/3/11. The resident required the use of a quad cane on admission and a new gait disturbance was identified on 7/3/11. The resident was identified as 'exit seeking' on 7/9/11. Resident #1 experienced falls on 7/12/11, 7/15/11, and 8/7/11 and per staff interview had difficulty with expressive and receptive communication. There was no plan of care instructing direct care staff in communication strategies, in fall prevention	R126	R126 5.5 General Care Resident #1 and Resident #5 now reside in LTC. All resident care plans were reviewed by DNS to ensure that identified needs are addressed and implemented. Policies regarding care planning were reviewed by DNS and updated as necessary. DNS/SDC provided education to Nursing staff involved in care planning and implementation. DNS or designee will perform audits of 5 resident care plans per quarter to ensure that all identified needs are addressed and implemented. Results will be reported at QA meetings, and the Administrator upon completion. DNS to monitor for compliance. <i>R126 POC accepted 11/16/11 C. Laraway RN / P. Motarn</i>	9/15/11 9/15/11 9/15/11 Ongoing Ongoing

Division of Licensing and Protection

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

STATE FORM

6899

TITLE
Administrator

XHYK11

(X6) DATE

9/2/11

If continuation sheet 1 of 10

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: -0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2011
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R126	Continued From page 1 measures or regarding the need for supervision following exit seeking behaviors. During interview on 8/9/11 at 4:00 PM, the DNS (Director of Nursing) confirmed that there was no plan of care regarding communication issues, falls or exit seeking behavioral interventions to direct staff in the care needs of this resident. S/he also confirmed that Resident #1 had eloped from the second floor Residential Care Home to the parking lot of the facility where a fall with fracture resulted on 8/7/11. 2. During closed record review on 8/10/11, Resident #5 was identified through assessment dated 4/11/09 with 'behavioral symptom decline' and moderately impaired cognitive skills for daily decision making requiring cues / supervision. Several nursing progress notes following this assessment identified the resident as physically and verbally resistive to care / direction attempts. On 11/28/09, Resident #5 struck another resident with his/her walker. Per review, the plan of care did not include a behavioral intervention plan to direct staff in care and supervision of this resident regarding behavioral issues. During interview on 8/10/11, the DNS confirmed that Resident #5 experienced a cognitive and behavioral decline and that the plan of care did not reflect the resident's need for behavioral interventions and supervision needs.	R126		
R135 SS=D	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	R135	R135 5.7 Assessment Resident #4 is no longer a resident. All current residents have been reviewed to ensure a complete assessment has been completed. DNS/SDC provided education to staff involved in resident assessment.	9/15/11 9/15/11

Division of Licensing and Protection

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R135	Continued From page 2 services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the nurse failed to assure that the admission assessment was completed within 14 days of admission for 1 of 5 residents in the survey sample (Resident #4). Findings include: 1. Per closed record review on 8/10/11, the RAI (Resident Assessment Instrument) for Resident #4 (admitted on 11/11/09) was not completed. Three of 14 pages had data entered and there was no nurse signature indicating completion. During interview that afternoon at 1:50 PM, the DNS (Director of Nursing) confirmed that this RAI was incomplete.	R135	DNS or designee will perform audits of 5 resident records per quarter to ensure that assessments are completed. Results will be reported to Administrator upon completion and Ongoing at QA meetings. DNS to monitor for compliance. <i>R135 PDC accepted 11/16/11 Claraway RN / Amotarn</i>	Ongoing
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed 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 staff interview and record review, the nurse failed to assure that annual reassessments for 2 of 5 applicable residents (Resident #3 and Resident #5) were completed as necessary. Findings include:	R136	R136 5.7 Assessment Resident #3 assessment was completed. Resident #5 is no longer a resident. All current residents have been reviewed to ensure a complete assessment has been completed. DNS/SDC provided education to staff involved in resident assessment.	9/15/11 9/15/11 9/15/11

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R136	Continued From page 3 1. Per record review on 8/9/11, Resident #3 had an incomplete annual reassessment. Sections addressing hygiene, bathing, adaptive devices, stair climbing and physical functioning (body control) were not completed. During interview on 8/10/11, the DNS (Director of Nursing) confirmed that this assessment was incomplete. 2. Per record review on 8/10/11, Resident #5 had an incomplete annual reassessment evaluation. The health conditions and oral / nutritional status sections were not completed. During interview that afternoon, the DNS confirmed that the reassessment was incomplete.	R136	DNS or designee will perform audits of 5 resident records per quarter to ensure that assessments are completed. Results will be reported to Administrator upon completion and Ongoing at QA meetings. DNS to monitor for compliance. <i>R136 POC accepted 11/16/11 Claraway RN / P. Mcota RN</i>	Ongoing
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 staff interview and record review, the home failed to develop and / or revise a resident specific plan of care for 5 of 5 applicable residents in the survey sample (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5). Findings include: 1. Per record review on 8/9/11, Resident #1 was identified as at-risk for wandering, had experienced 3 falls since admission 6/18/11, and was diagnosed with memory issues. Within a few	R145	R145 5.9 Level of Care and Nursing Services Resident #1 moved to LTC. Resident #2 care plan was updated and signed by a licensed nurse. Resident #3 care plan was updated and signed by a licensed nurse. Resident #4 no longer a resident. Resident #5 moved to LTC. All resident care plans were reviewed by DNS to ensure that identified needs are addressed and implemented., and all care plans are signed by a licensed nurse.	9/15/11 9/15/11 9/15/11

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R145	<p>Continued From page 4</p> <p>days of admission, this resident demonstrated increasing difficulty communicating needs or desires verbally. On 8/7/11, Resident #1 left the facility, fell and fractured a bone. The plan of care was not revised to contain information to instruct staff regarding fall prevention / reduction strategies, to address specific interventions regarding the resident's wandering tendencies, nor were resident specific care needs identified following the fracture of a limb. During interview on 8/9/11 at 4:00 PM, the DNS (Director of Nursing) confirmed that this resident has experienced falls, has difficulty communicating verbally, has a fractured limb and now requires additional assistance with activities of daily living. S/he confirmed that the plan of care did not address these needs.</p> <p>2. Per record review on 8/9/11, Resident #2 experiences visual impairment, has experienced a weight loss of 8.9 pounds over the prior 6 months, experiences chronic daily pain, is at risk for falls, and is identified by staff as "an unstable diabetic". The plan of care indicated vision impairment but did not include specific staff interventions to aid this resident related to this issue. The plan of care identified the resident as independent with nutrition, requiring staff to offer snacks / supplements and fluids. There was no frequency of snacks or specific types of supplements identified in the plan of care, although physician orders indicated that snacks should be offered TID (three times daily). There was no plan of care identifying staff intervention / strategies regarding the resident's fall risk, daily pain issues, unstable diabetic condition, and weight loss. During interview on 8/10/11, the DNS confirmed that this resident's plan of care did not reflect all of the resident's current needs nor was the plan of care signed as completed by a</p>	R145	<p>Policies regarding care planning were reviewed by DNS and updated as necessary.</p> <p>DNS/SDC provided education to Nursing staff involved in care planning and implementation.</p> <p>DNS or designee will perform audits of 5 resident care plans per quarter to ensure that all identified needs are addressed and implemented.</p> <p>Results will be reported at QA meetings, and the Administrator upon completion. DNS to monitor for compliance.</p> <p><i>R145 POC accepted 11/16/11 Claraway RN / Pincat RN</i></p>	<p>9/15/11</p> <p>9/15/11</p> <p>Ongoing</p> <p>Ongoing</p>

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R145	Continued From page 5 licensed nurse. 3. Per record review on 8/10/11, Resident #3 requires daily wound care, is at risk for falls due to this wound, and experiences daily chronic and acute pain. The plan of care did not identify and / or address the resident's wound status, fall risk, and pain reduction strategies. During interview that afternoon at 1:25 PM, the DNS confirmed that the plan of care for Resident #3 was incomplete. 4. Per closed record review on 8/10/11, Resident #4 was admitted with an unsteady gait, colon cancer, and frequent falls. As the resident's stay progressed, s/he had gradually increasing issues with bowel and bladder continence. The plan of care did not address the resident's needs related to mobility with specific staff interventions, did not identify the resident's difficulty feeding self, and did not identify the resident's risk for falls as initially prepared. There was no update to the plan of care to instruct staff regarding specific interventions regarding the resident's declining continence status. During interview that afternoon, the DNS confirmed that the plan of care did not address all of the resident's identified needs. 5. Per closed record review on 8/10/11, Resident #5 has an unsteady gait, was at risk for falls, and had experienced mental status / behavioral changes. The plan of care did not provide instruction to staff in any of these necessary care areas. During interview that afternoon, the DNS confirmed that the plan of care for Resident #5 did not reflect all care area needs.	R145		
R178 SS=E	V. RESIDENT CARE AND HOME SERVICES	R178		

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R179	<p>Continued From page 7</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to assure that staff receive 12 hours of annual training and are able to demonstrate competency and skills in the techniques they are expected to perform regarding infection control measures. Findings include:</p> <ol style="list-style-type: none"> 1. Per observation on 8/10/11, a staff nurse passing medication to Resident #6 picked up a capsule with his/her bare hands from the chair seat where it had fallen from the resident's hand and allowed the resident to consume the capsule. During interview, the staff nurse confirmed that the capsule should not have been touched with 	R179	<p>R179</p> <p>5.11 Staff Services</p> <p>Education was provided to the staff nurse regarding medication administration and infection control practices.</p> <p>Staff Development Coordinator will provide materials to staff needing to complete 12 hours of continuing education.</p> <p>Staff Education provided to all nursing staff regarding Medication Administration and Infection Control Practices.</p> <p>All staff education records will be reviewed to determine need for further education needs.</p> <p>DNS or designee will monitor Nursing staff education records Quarterly to ensure compliance.</p> <p>Results will be reported at quarterly QA meetings.</p> <p><i>R179 POC accepted 11/16/11 Claraway RN & M. Notarn</i></p>	<p>9/15/11</p> <p>10/15/11</p> <p>9/15/11</p> <p>9/15/11</p> <p>Ongoing</p> <p>Ongoing</p>

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R179	Continued From page 8 bare hands, should have been discarded and a new capsule provided to the resident. 2. Per observation on 8/10/11, a staff nurse performing a dressing change for the wound of Resident #3, failed to wash / sanitize hands before dressing removal and between dressing removal and the application of a new dressing. Scissors used to cut the soiled bandages were not re-sanitized prior to cutting the replacement wound packing, a clean field was not established for dressing supplies, and potentially contaminated objects were touched during the dressing change without re-gloving and washing / sanitizing the hands. During interview immediately following this observation, the staff nurse confirmed that s/he should have cleansed / sanitized hands before and between dirty and clean procedures, that a clean field had not been established, that a potentially contaminated object had been touched without glove removal / hand cleansing, and that the scissors were not cleansed following a dirty procedure prior to a clean procedure. 3. Per record review on 8/9/11, 5 of 5 staff reviewed had completed mandatory training topics but were without a total of 12 hours of annual training. During interview that day, the Staff Development Coordinator confirmed that no staff member reviewed had completed the required 12 hours of continuing education.	R179		
R999 SS=C	MISCELLANEOUS 4.13.b Whenever the authority is vested in the governing board of a firm, partnership, corporation, company, association or joint stock association, there shall be appointed a duly	R999		

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R999	<p>Continued From page 9</p> <p>authorized qualified manager, however named, who will be in charge of the daily management and business affairs of the home, who shall be fully authorized and empowered to carry out the provisions of these regulations, and who shall be charged with the responsibility of doing so. The manager of the home shall be present in the home an average of 32 hours per week. The 32 hours shall include time providing services, such as transporting, or attendance at educational seminars. Vacations and sick time shall be taken into account for the 32-hour requirement. In the event of extended absences, an interim manager must be appointed.</p> <p>Based on staff interview and record review, the home has failed to assure that a manager capable of addressing the daily management and business affairs is present within the home an average of 32 hours per week. Findings include:</p> <p>1. Per record review on 8/9/11, the home listed a single person as the 'Administrator' (manager) of both the Long Term Care (LTC) facility and the Residential Care Home. Per interview during initial tour, no assistant manager was identified. Both the Administrator and the Director of Nursing maintain offices on the first floor in the LTC portion of the home. During interview on 8/10/11, the Administrator confirmed that both facilities are managed by a single manager (Administrator), that the Administrator is not physically present an average of 32 hours weekly in the Residential Care Home, and that there is no appointed qualified assistant authorized to provide oversight in the absence of the Administrator to meet the 32 hour requirement.</p>	R999	<p>R999 Miscellaneous</p> <p>At the advice of Sue Perry on 9/1/11 a waiver has been requested regarding this regulation.</p> <p><i>11/8/11 see attached waiver request.</i> <i>J Kemp RN</i></p> <p><i>R999 POC accepted 11/16/11</i> <i>Claraway RN / PMcCotarn</i></p>	