

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 8, 2016

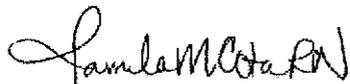
Ms. Melissa Greason, Manager
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Dear Ms. Greason:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 7, 2016. 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMS	STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201
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R100 Initial Comments: R100

An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 6/6 and 6/7/16. There were regulatory findings.

R128 SS=D V. RESIDENT CARE AND HOME SERVICES R128

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 staff interview and record review, the facility failed to insure that 1 of 6 residents, Resident # 2, had medication orders consistent with the physician orders. Findings include:

Resident #2 was admitted to the home on 3/23/16, following a stay in a rehabilitation facility secondary to a motor vehicle accident. Review of the Medication Record (MAR) the resident had a hold order for Plavix 75 milligram (mg) starting 6/3/16. Per the assistant house manager on 6/6/16 at 2:00 PM, the resident was scheduled for a colonoscopy on 6/8/16 but it was going to be re-scheduled so s/he gave the medication. S/he further stated that there is no order to give the medication and the physician had not been notified of the cancellation. S/he confirmed that the Plavix was given 6/3, 4, 5 and 6/6. Resident # 2 was also ordered to hold Ferrous Sulfate 325 mg prior to the colonoscopy and per MAR, it had been given and this was confirmed by the assistant house manager.

PHYSICIAN'S ORDERS WILL BE REVIEWED BE RN PRIOR TO DELEGATED STAFF ADMINISTERING MEDICATIONS. HOUSE MANAGER WILL BE RESPONSIBLE FOR STAFF TO FOLLOW HOME POLICIES. POLICIES TO BE REVIEWED WITH STAFF 7-6-16 WITH OWNER, RN AND HOUSE MANAGER
MULLEN RN
6-30-16

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Melissa Treason

TITLE (X8) DATE

Owner/Administrator 7-1-16

R1AB-R999 POCs accepted 7/7/16 BB or RN/PMC

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R128 Continued From page 1

R128

See also R155.

R134 V. RESIDENT CARE AND HOME SERVICES
SS=D

R134

5.7 Assessment

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 staff interview and record review, the facility failed to complete an assessment for self-administration of insulin for 1 of 6 residents reviewed, Resident #2. Findings include:

During record review, Resident #2 was admitted to the facility following hospitalization and rehabilitation on 3/23/16. The resident takes insulin via a pre-filled FlexPen and takes Lantus insulin. S/he also self tests for glucose readings and alerts the staff to what the readings are and the staff will dial the insulin pen to the amount required per sliding scale. There is no evidence that an assessment was completed for self-administration of insulin and during interview with the Registered Nurse on 6/6/16 at 2:40 PM, s/he confirmed at this time that an assessment had not been completed.

*RN WILL ASSESS RESIDENTS ABILITY TO SELF ADMINISTER MEDICATIONS AT TIME OF ADMISSION. RESIDENTS WILL BE RE-ASSESSED ON A REGULAR BASIS TO ENSURE SAFETY + COMPLIANCE.
MULHIRE RN
6-30-16*

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R135	Continued From page 2	R135		
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 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 facility failed to complete a resident assessment within 14 days of admission for 1 of 6 residents reviewed, Resident #2. Findings include: During record review, Resident #2 was admitted to the facility in 12/30/15 and was transferred to an acute care hospital 1/22/16. The resident returned to the facility following hospitalization and rehabilitation on 3/23/16. There is no evidence that an assessment was completed and during interview with the manager on 6/6/16 at 2:40 PM, s/he thought it would be a readmission and not require the admission assessment. The Registered Nurse confirmed at this time that the assessment had not been completed.	R135	OWNER / HOUSE MANAGER WILL ENSURE RN IS NOTIFIED OF RESIDENTS RETURNING TO FACILITY AFTER HOSPITAL STAY. RN WILL COMPLETE RESIDENT ASSESSMENT UPON ADMISSION WITHIN 14 DAYS AND WITH ANY SIGNIFICANT CHANGES ADL'S / IADL'S. MULLINEAN 6-30-16	
R155 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident	R155	SEE PAGE 4	

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R155 Continued From page 3
medication in accordance with the home's policies.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the nurse failed to insure that the administering of medication was done in accordance with the home's policies. Findings include:

1.) Resident #2 was admitted to the home on 3/23/16, following a stay in a rehabilitation facility secondary to a motor vehicle accident. Review of the Medication Record (MAR) the resident had a hold order for Plavix 75 milligram (mg) starting 6/3/16. Per the assistant house manager on 6/6/16 at 2:00 PM, the resident was scheduled for a colonoscopy on 6/8/16 but it was going to be re-scheduled so s/he gave the medication. S/he further stated that there is no order to give the medication and the physician had not been notified of the cancellation. S/he further confirmed that the medication had been given 6/3, 4, 5 and 6/6. Resident # 2 was also ordered to hold Ferrous Sulfate 325 mg prior to the colonoscopy and per MAR, it had been given and this was confirmed by the assistant house manager.

R155
HOUSE MANAGER WILL BE RESPONSIBLE THAT STAFF ARE FOLLOWING HOME POLICIES RE: MEDICATION ADMINISTRATION RN WILL REVIEW POLICIES AT NEXT STAFF MTG ON 7-6-16 STAFF (DELEGATED) ARE RESPONSIBLE FOR CONTAINING RN WILL ALL MEDICATION CHANGES PRIOR TO ADMINISTERING MULTIPLE RN 6-30-16

R161 V. RESIDENT CARE AND HOME SERVICES
SS=E

5.10 Medication Management

5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.

R161
SEE PAGE 5

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R161 Continued From page 4

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the nurse failed to insure that the administering of medication was done in accordance with the home's policies for 6 of the 6 sampled residents in the survey, Residents #1, 2, 3, 4, 5 and 6. Findings include:

- 1.) Resident #2 was admitted to the home on 3/23/16, following a stay in a rehabilitation facility secondary to a motor vehicle accident. Review of the Medication Record (MAR) the resident had a hold order for Plavix 75 milligram (mg) starting 6/3/16. Per the assistant house manager on 6/6/16 at 2:00 PM, the resident was scheduled for a colonoscopy on 6/8/16 but it was going to be re-scheduled so s/he gave the medication. S/he further stated that there is no order to give the medication and the physician had not been notified of the cancellation. Resident # 2 was also ordered to hold Ferrous Sulfate 325 mg prior to the colonoscopy and per MAR, it had been given and this was confirmed by the assistant house manager.
- 2.) Resident #2 has orders for Acetaminophen 500 milligrams (mg) take 2 tablet by mouth every 8 hours as needed, s/he also has an order for Acetaminophen 325 mg take 2 tablets by mouth every 6 hours as needed for pain/fever. Review of May 2016 MAR presents that on 5/14/16, the resident received Acetaminophen 500 mg at 11 AM and again at 3:40 PM, which is less than 8 hours later. The assistant house manager confirmed at 2:40 PM that the medication had been administered out of the time frame.
- 3.) Review of the MARs for the 6 sampled

R161

AS OF July 1, 2016
ALL MARS WILL BE REVIEWED AND SIGNED BY THE RN PRIOR TO MEDS BEING ADMINISTERED.
HOUSE MANAGER OR ASSIGNED DELEGATED STAFF WILL COMPLETE SECOND REVIEW.
MEDICATION CHANGES ARE TO BE REVIEWED BY RN PRIOR TO DELEGATED STAFF ADMINISTERING.
HOUSE MANAGER WILL BE RESPONSIBLE THAT FOR STAFF ARE FOLLOWING HOME POLICIES
MULHATE RN
6/30/16

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R161	Continued From page 5 residents does not provide evidence that they have been reviewed by the Registered Nurse (RN). Per interview with the assistant manager, s/he does the MARs and transcribes the physician orders. S/he further stated that the standing orders contain the duplicate Acetaminophen orders and they are typed in by the pharmacy. During interview on 6/6/16 at 2:40 PM the RN stated that s/he looks at the MARs but doesn't sign them, and that s/he did not pick up on the duplicate orders. 4.) Resident #2 has an order for Docusate Sodium 100 mg twice a day, which s/he had refused 10 out of 11 doses since 6/16/16. Per review of the MAR documentation, it was only indicated 4 times as to it being refused and a reason for refusal. Confirmation from the RN on 6/6/16 at 4:45 PM.	R161	RN CONTACTED PHARMACY TO REMOVE DUPLICATE ORDERS FROM MARs. SIGNED PLN MEDS WERE PLACED IN RESIDENTS CHARTS AS OF 6-30-16 REVIEWED WITH DELEGATED STAFF MURKIN 6-30-16
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES 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;	R179	SEE PAGE 7

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R179	<p>Continued From page 6</p> <p>(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> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to insure that 5 of 5 direct care staff receive adequate training in the areas of Emergency Response procedures and Infection Control. Findings include:</p> <p>Review of the In-service training record for the facility on 6/6/16, presented that 5 of the 5 sampled direct care staff did not have evidence of training in emergency response and infection control. The last training given for emergency response was 5/18/15 and infection control was 2/16/15. Per interview with the Registered Nurse at 3:25 PM, s/he confirmed that the required training had not been completed annually. S/he stated that the facility recognizes the year training to be done between January 1st and December 31st of a year.</p>	R179	<p>RN WILL ENSURE ALL STAFF IN SERVICES ARE SCHEDULED ANNUALLY TO MAINTAIN COMPLIANCE WITH REGULATIONS. NEWLY HIRED STAFF WILL RECEIVE MANDATORY IN SERVICES AT TIME OF HIRE MULTIPLE LN 6-30-16</p>
R188 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(2)</p> <p>A record for each resident which includes: resident's name; emergency notification</p>	R188	SEE PAGE 8

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R188 Continued From page 7

numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to include in the record of 6 of the 6 surveyed residents, Resident #1, 2, 3, 4, 5 and 6, instructions in case of resident's death. Findings include:

Review of the selected survey sample residents presented that there was no evidence of instructions in case of death. Per interview with the administrator and assistant house manager on 6/7/16 at 2:45 PM, they confirmed that there is no instructions in case of death.

R188

A POLICY FOR INSTRUCTIONS IN CASE OF RESIDENT'S DEATH WILL BE COMPLETED BY 7/8/16.

OWNER + RN WILL BE RESPONSIBLE FOR COMPLETING + EDUCATING STAFF

MULTI TEN 6-30-16

R193 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.13 First Aid Equipment and Supplies
Equipment and such supplies as are necessary for universal precautions, to meet resident needs and for care of minor cuts, wounds, abrasions, contusions, and similar sudden accidental injuries shall be readily available and in good repair.

R193

FIRST AID SUPPLIES ORGANIZED + STOCKED CONTAINER LABELED & PUT IN TREATMENT ROOM. EDUCATION PROVIDED TO STAFF

Division of Licensing and Protection

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R193 Continued From page 8

This REQUIREMENT is not met as evidenced by:
Based on observation and per staff interview, the facility failed to insure that First Aid Equipment and Supplies, necessary for universal precautions, to meet resident needs and for care of minor cuts, wounds, abrasions, contusions, and similar sudden accidental injuries, are readily available and in good repair. Findings include:

During the initial tour, while accompanied by the Registered Nurse (RN), there was no evidence of a first aid kit or supplies. The RN stated at 10:00 AM that there is no first aid kit and there are Band-Aids, but nothing for an emergency.

R193

R250 VII. NUTRITION AND FOOD SERVICES
SS=F

R250

SEE PAGE 10

7.2 Food Safety and Sanitation

7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to insure that the use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises. Findings include:

1.) During initial facility tour with the assistant house manager (AHM), it was observed in the pantry that there were 3 gallon jugs that were 1/2 (one-half) or nearly empty, these jugs contained soy sauce, sweet & sour sauce and pancake syrup. There was a bag of Chinese noodles and

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R250	Continued From page 9 a package of crackers, that were both open. Also found was a 10# bag of sugar (half gone) and a can of bread crumbs. All of these items were not dated as to when they were opened. In the kitchen cupboards there were also open and undated items that included: cereal, packages of powdered cheese and gravy, cocoa mix, brown sugar, bags of chocolate chips and baking soda. The freezer in the kitchen produced a pot pie that was in the box, but the box was open and a partial bag of frozen peas. In the refrigerator there were two open packages of bologna, none dated as to when opened. There was a small white bowl with sauerkraut (confirmed by the AHM) and with a date of 5/30/16 on it. There were also two types of cakes in a cake container that were not dated. The AHM confirmed at 8:10 AM that the foods were not labeled as to when they were open and that some may have been opened for a long time and past their dates of being used. 2.) Tour of the food storage continued with the Registered Nurse and at 9:02 AM, s/he confirmed that there was a package of what s/he called "mystery meat" in the storage freezer, there was no date as to when it was placed in the freezer and no label as to what the contents of the bag were. The storage refrigerator had a jar of applesauce that was opened and dated with tape 4/30/08.	R250	OWNER WILL BE RESPONSIBLE FOR INSTRUCTING HOUSE MANAGER + STAFF TO ENSURE ALL OPENED PERISHABLE FOODS WILL BE DATED AT TIME OF OPENING. OWNER WILL CONTINUE TO MONITOR AND INSPECT FOOD ON REGULAR BASIS TO ENSURE COMPLIANCE MULHEAN 6/20/16
R999 SS=C	MISCELLANEOUS Residential Care Home Regulation 4.14.f. The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to	R999	

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R999 Continued From page 10

R999

residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.

This requirement is NOT MET as evidenced by:

Based on observation and staff interview, the facility failed to appropriately display the home's current license nor were the written reports of past surveys or investigation placed in place readily viewable by persons entering the home or for residents to view. Findings include:

- 1.) During tour of the facility there was no evidence of the past surveys or investigations being placed for the residents or public to view. At 9:30 AM on 6/6/16, the Registered Nurse (RN) confirmed that the surveys and investigations were kept in a notebook in the charting, med/food storage office and not available to the residents or the public.
- 2.) During the initial tour there was no evidence of the current facility license being displayed in a place that was readily viewed by residents or people entering the facility. The license was observed to be sitting on the desk in the business office off the sitting room. The RN confirmed at 9:30 AM that it was not in a place that could be easily viewed.

*ON DAY OF SURVEY
OWNER MADE COPIES
OF PAST SURVEYS +
INVESTIGATIONS, THEY
ARE NOW DISPLAYED IN
PUBLIC VIEW AS OF
6-6-16
MULTITEND*

*COPY OF LICENSE IS
DISPLAYED IN PUBLIC
VIEW AS OF 6-6-16
MULTITEND*