

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

August 4, 2011

Ms. Andrea Taylor, Administrator
Westview Meadows At Montpelier
171 Westview Meadows Road
Montpelier, VT 05602

Provider #0536

Dear Ms. Taylor:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 6, 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:ne



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 07/06/2011
NAME OF PROVIDER OR SUPPLIER WESTVIEW MEADOWS AT MONTPELIER			STREET ADDRESS, CITY, STATE, ZIP CODE 171 WESTVIEW MEADOWS ROAD MONTPELIER, VT 05602		
(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 complaint and re-licensure survey was conducted by staff from the Division of Licensing & Protection from 7/5/11 - 7/6/11. There were no regulatory violations from the complaints investigated. The following regulatory violation resulted from the re-licensure survey.	R100	COPY		
R180 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that all staff training for tasks affecting 1 of 4 residents in the total sample was provided by the Registered Nurse (RN) and included documentation of the contents and amount of training provided. (Resident #1) Findings include: Per interview with nursing staff on 7/5/11 and 7/6/11, staff initiated use of a machine that uses a resident's blood from a finger stick to measure blood clotting factors prior to implementation of a formal training process by the RN (Registered Nurse). During interview on 7/5/11 at 11:40 AM, the LNA stated that she had been trained to use the INR machine for Resident #1 and had used it earlier that day. During interview on 7/6/11 at 11:25 AM, the Licensed Practical Nurse (LPN) stated that she provided some training to staff the	R180		The first action taken was that a formal policy for the use of the PT/INR machine was drawn up. (See enclosed written policy) Secondly, a written procedure on the proper use and handling of PT/INR machine was also drawn up (See enclosed procedure) This includes a delegation sheet which allows for the designated LPN, Lynne Ann LaJeunesse, and care coordinator, Sue Scott to be deemed capable and competent by facility RN, Mary Beth Watt, to perform the INR/PT testing. These policy, procedure, and delegation sheets are now found in the MAR and NURSING PROCEDURE BOOK From now on the RN will determine the competency and delegation of all staff before they	

Division of Licensing and Protection

Audrea C. Gray, Executive Director
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

7/29/11

(X6) DATE

Mary Beth Watt RN 7-18-11 AGT 7/19/11

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2011
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R180	Continued From page 1 previous week about the use of the INR machine and that she felt the LNA was competent to use it. There was no documentation of the training contents provided and the length of the training. During a telephone interview the same day at 12 noon, the RN for the home stated that she had not been made aware of this process and had not provided any training to staff regarding the use of this medical testing device (the INR machine). It was agreed that until further review and training, the testing would be done only by a licensed nurse. The lack of appropriate training was also confirmed during interview with the Administrator at 3:30 PM on 7/6/11.	R180	<i>are allowed to perform PT/ INR testing by reviewing the policy and procedure with them and to first demonstrate proper use of test, followed by the return demonstration of that trainee. It has been decided upon that only the LPN, Lynne Ann Lajeunesse, and care coordinator, Suz Scott are performing this testing at this time and have been trained and have performed return demonstration to the RN.</i> R180 POC Accepted 8/2/11 M. BOLTURN / M. BOLTURN	

O.M. FISHER HOME, INC.

PT/INR TESTING _____ POLICY

Policy Title: **PT/INR Testing-using our INRatio2 Professional Kit Worldwide machine. Serial # 084521410. Reference number: 0200431**

Purpose: To perform all PT/INR tests under the licensure Of the RN or LPN at each facility respectively.

Facility staff may be allowed to perform this test Only under the following conditions:

Policy Statement:

1. The RN/LPN responsible for testing procedure Determines that the applicable resident's condition And medication regime is stable.
2. The staff member designated by the facility charge Nurse will receive additional training regarding the Use of PT/INR machine, including a return Demonstration and must be deemed competent and Assessed by the RN.
3. The facility charge nurse monitors the resident's Condition on a regular basis and reports changes In condition or medication to the physician.
4. The facility charge nurse is responsible for the Safe handling and storage of the PT/INR Equipment and the management of test strips/ Machine codes shall always be reconciled.
5. The RN is responsible for maintaining Documentation of all facility staff deemed Competent to perform PT/INR testing and will Assess accordingly.

O.M.FISHER HOME, INC.

PT/INR MONITORING SYSTEM _____ PROCEDURE

Procedure Title PT/INR Monitoring System

Related Policy: PT/INR Testing

Procedure: 1. Wash hands
 2. Wear gloves

Collecting a Finger stick sample:

1. Gather supplies: lancet, alcohol pad, gauze, sharps container
2. Increase blood flow to the fingers:
 - a. Warming the hand (wash in warm water, use heating pad)
 - b. Hold the hand below the heart.
3. Identify the site on the fingertip to puncture:
 - a. middle finger, area near top of finger on either side of center, area away from calluses or scars
4. Clean the puncture site:
 - a. clean with alcohol prep pad
 - b. dry thoroughly with gauze
5. Puncture the finger tip with lancet
 - a. make sure lancet is spring loaded
6. Apply pressure to the finger tip
 - a. apply gentle continuous pressure until a large drop of blood forms
 - b. apply drop onto test strips
7. Clean and dry puncture site with gauze until bleeding stops
8. Dispose of lancet in the sharps biohazard container.

Performing the Test

1. Press and Hold (OK) button to turn monitor on
2. Insert test strip
3. Match code on monitor display with strip code on test strip
4. Wait for monitor to warm up
5. Get finger strip sample
6. Apply blood sample to the sample well
7. Wait for monitor to beep and then count down for a few seconds
8. Document the results and the 2 Quality Control numbers
9. Turn the monitor OFF after test
10. Call the physician to report results.