



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

April 25, 2011

Mike Jensen, Administrator
Wintergreen Residential Care Home
3 Union Street
Brandon, VT 05733

Provider ID #:

Dear Mr. Jensen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 8, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN". The signature is written in a cursive style.

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0853	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2011
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NAME OF PROVIDER OR SUPPLIER WINTERGREEN RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET BRANDON, VT 05733
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(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 was completed on 2/8/2011 by the Division of Licensing and Protection.	R100		
R145 SS=0	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversees 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not maintain a current care plan for 1 of 4 applicable residents (Resident #1). Findings include:</p> <p>1) Per record review on 2/8/2011, Resident #1 had a documented fall on 12/22/2010. The care plan for Resident #1 did not address interventions to prevent or minimize the likelihood of falls. This was confirmed by the manager on 2/8/2011.</p> <p>2) Per record review on 2/8/2011, Resident #1 had a physician order, dated 1/28/2011, for a wet to dry dressing to be applied to an open area the on left leg. The care plan did not address any problems with skin integrity or indicate what signs or symptoms that staff should observe for and report to the nurse. This was confirmed by the manager and nurse on 2/8/2011.</p>	R145	<p>5.9.c</p> <p>The nurse will write an updated care plan for each resident that is based on abilities and needs as identified in the resident assessment.</p> <p>The nurse will update residents care plans to their level of need as changes occur.</p> <p>The nurse will monitor nurse's notes, residents and vital's weekly to keep up with any changes, incidents or accidents with the residents.</p> <p>by May 17, 2011 this will be completed</p> <p><i>Poc receipt 4-2-11 J. [unclear]</i></p>	

Division of Licensing and Protection REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary Jensen</i>	TITLE <i>manager</i>	(X6) DATE <i>3/16/11</i> <i>4/5/11</i>
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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 0953	A. BUILDING _____ B. WING _____	COMPLETED 02/08/2011
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NAME OF PROVIDER OR SUPPLIER WINTERGREEN RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET BRANDON, VT 05733
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R153	Continued From page 2 Monitor stability of each resident's weight: This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to monitor the weight stability of 1 of 4 applicable residents (Resident #1). Findings include: Per record review on 2/8/2011, Resident #1 had a weight record that indicated a 8 pound (lb) weight loss between the dates of 1/8/11 and 1/26/11. There was no documentation to indicate that follow up weight checks related to the weight loss had occurred, nor was there documentation that the physician was aware of the weight loss. During interview on 2/8/2011, the manger confirmed that that there was no documentation to indicate that the resident's weight was re-checked for accuracy or that the physician was notified of documented weight loss.	R153	5.9.c (10) Staff is to monitor each residents weight loss or gain of more then 5lbs at all times. In the event of resident weight loss or gain of more then 5lbs, staff will notify the R.N and the Dr. and then weekly weights will be done to ensure proper weight increase or decrease to document and report. The stability of weights will be monitored and updated by the nurse and/or supervisor weekly as needed. <i>by May 17, 2011 this will be completed</i>	
R167 SS-D	V. RESIDENT CARE AND HOME SERVICES 6.10 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	<i>4-25-11 Poc morph D. Card W</i>	

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER WINTERGREEN RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET BRANDON, VT 05733		
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R171	<p>Continued From page 4</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure medication administration was documented and medication errors were recorded for 2 of 4 applicable residents (Resident #1 and Resident #3). Findings include:</p> <p>1) Per chart review on 2/8/11, Resident #1 was administered Aspirin 325 mg (milligrams) on 2/8/11 for leg pain. The aspirin order is a standing order and had not been added to the Medication Administration Record (MAR) for the Resident nor was the effect documented. It was confirmed by the manager and nurse on 2/8/11 that the aspirin order was not documented on the MAR or effects of the medication documented.</p> <p>2) Per record review on 2/8/11, Resident #1 had a physician order for Doxycycline 100 mg give 1 tab BID (twice a day). The AM dose of the medication was initialed as given on the MAR but the PM dose had not been initialed as given as ordered. The manger confirmed on 2/8/11 that the PM dose was not initialed as given.</p>	R171	<p>5.10.(g)</p> <p>Our facility has established procedures for proper and complete documentation on medication administration.</p> <p>Documenting in the M.A.R. will be one of our trainings, to further educate staff All staff administering medication will be listed in the nurses book and will be updated as needed. All Medication given to residents including P.R.N.s will be recorded in the M.A.R.</p> <p>The nurse will monitor the M.A.R. weekly for proper documentation of medicine administration by staff.</p>	

Division of Licensing and Protection
STATE FORM

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If continuation sheet 6 of 6

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0983	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2011
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NAME OF PROVIDER OR SUPPLIER WINTERGREEN RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET BRANDON, VT 05733
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R171	Continued From page 5 3) Per record review on 2/8/11, Resident # 3 had a PRN(as needed) order for Lorazepam 0.5 mg 1 tab as need for anxiety. The narcotic record listed that Lorazepam 0.5 mg was given to Resident #3 on 2/7/11, but there was no documentation-in-the MAR that the Lorazepam was given, nor any documentation on reason or effect of medication. This was confirmed with the manager on 2/8/11.	R171		
R179 SS=E	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; (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:	R179	<u>Staff Services. 5.11.b</u> A schedule of the proper trainings are now listed and will be followed on a monthly basis. All staff providing direct care to residents will attend all staff meetings/trainings. To be sure 12 hours of training are completed in a year we now have scheduled days so all staff can attend. The trainings will be updated and monitored by the supervisor on a weekly basis to ensure all proper trainings are completed on time and all employees are able to attend. by May 17, 2011 this will be completed <i>[Signature]</i> 4-25-11	

Division of Licensing and Protection

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R179	Continued From page 6 Based on record review and interview, the home failed to assure that all employees providing direct care to residents completed the required annual training. Findings include: Per record review on 2/8/11, 5 of 5 direct care providers did not receive required annual training on Resident Rights and Abuse/Neglect and Exploitation. This was confirmed by the Manager on 2/8/11.	R179		
R181 SS=E	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 home failed to assure that 4 of 5 current employees	R181	5.11.d The action we will take to correct the evidence of three employees working without criminal background checks, will be completed immediately and if an abuse charge is found the employee will be terminated. The manager will run yearly criminal and abuse checks on current employees to confirm no evidence of abuse or negligence with current employees. To ensure new employees are not working without a complete criminal background check, and abuse registry check, the supervisor and manager will make a check off sheet for the hiring process and until the full criminal and abuse check come back they will not be hired <i>by May 17, 2011 this will be completed</i>	

Division of Licensing and Protection
STATE FORM

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B5J11

*Per record
4-25-11*

if continuation sheet 7 of 8

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0953	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2011
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R181	Continued From page 7 passed the abuse registry and criminal background check. Findings include: 1) Per record review on 2/8/2011, 1 of 5 current employees had no evidence in their employee records of an abuse registry check. This was confirmed by the Manager on 2/8/2011. 2) Per record review on 2/8/2011, 3 of 5 current employees had no evidence in their employee records of a criminal background check. This was confirmed by the Manager on 2/8/2011.	R181	The action we will take to correct the evidence of three employees working without criminal background checks, will be completed immediately and if an abuse charge is found the employee will be terminated. The manager will run yearly criminal and abuse checks on current employees to confirm no evidence of abuse or negligence with current employees. To ensure new employees are not working without a complete criminal background check, and abuse registry check, the supervisor and manager will make a check off sheet for the hiring process and until the full criminal and abuse check come back they will not be hired by May 17, 2011 this will be completed <i>for [unclear] T-25-11</i>	