VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

May 22, 2023

Mr. Carl Pratt, Manager
Chestnut Place
430 Berlin Mall Road
Berlin, VT 05602

Dear Mr. Pratt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 16, 2023.** 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

Pamela M. Cota, RN
Licensing Chief

STATEMI:NT OF DEFICII:NCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SUFNEY COMPLETED
	0673	A. BUILDING: _____ _ B.WING _____ _	C 05116/Z0ZJ

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT PLACE	430 BERLIN MALL ROAD BERLIN, VT 05602

{X4} ID PREFIX TAG	SUMMARY STATE:ME:NT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE:CTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted on 5/16/23 by the Division of Licensing and Protection. The following regulatory violation was identified:	R100		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES **5.15** Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced **by:** Based on staff interview and record review, there was a failure by staff to notify family and/or legal representative when a resident sustained a fall and required an evaluation in the (ED) Emergency Department. (Resident #1) Findings include: Resident #1 who has both sight and hearing loss and previous history of falls experienced an unwitnessed fall on 3/26/23 at 22:53 while attempting to get up from his/her bed to use the bathroom. A neighbor had heard a crash and alerted the nurse. Resident #1 reported s/he had lost his/her balance and complained of pain in right arm and left knee subsequent to the fall. After the nurse's physical **assessment, which noted a** hematoma on **the** right side of the resident's forehead, Resident #1 insisted on ambulating to the bathroom with 1 **assist** tolerating the ambulation. The nurse in charge who had found Resident #1 proceeded to contact the resident's attending physician who instructed	R200	The filing of this plan of correction does not constitute an admission of the allegations set forth in statements of deficiencies. Chestnut Place has prepared and executed a plan of correction as evidence of the facilities continued compliance with the applicable federal and state laws. Resident 1 continues to reside at Chestnut Place and had no ill effects from this alleged deficient practice. All residents who may have a fall are at risk for this alleged deficient practice. A house wide audit was conducted on May 19 for a 30 day look back period of all falls. All residents had proper documentation of having the proper notifications completed as per our policy on falls, except for the one incident that was identified. All providers have been educated on this required procedure. All providers have read Chestnut Place's policy covering notifications of any fall. All providers have signed an acknowledgement of this policy. The HSD or designee will conduct daily audits for six weeks to confirm all providers have completed the required notifications following any fall. The results of these audits will be brought to QAPI for review and to determine if any funher inteiventions need to be implemented.	5/31/2023

Tag R200 Accepted on 5/22/2023 - M. McIntosh/C. Scott

Carl T. Scott
Executive Director

5/19/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERISUPPUER.ICLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCT/ON	(X3f DATE SURVEY COMPLETED
	0673	A. BUILDING: _____ _ 8. WING _____ _	C 05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CJTY, STATE, ZIP CODE
CHESTNUT PLACE	430 BERLIN MALL ROAD BERLIN, VT 05602

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGU♦TORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETE CATE
R200	Continued From page 1 to send Resident #1 to the ED. While at the ED, x-rays of Resident #1 's left knee were completed which showed no obvious fractures. A follow-up was recommended with the resident's physician. The resident was returned to the facillty. Per the Resident Care/Facility Policy last reviewed 8/21 states:" Procedure for Post Fall Management: 4. Notify provider and when appropriate, family." However, the nurse failed to notify Resident #1 's POA of the fall and subsequent transport of his/her family memeber to the ED for an evaluation post fall. Per interview on 5/16/23 at 11 :30 AM, the nurse stated ".... .it was a huge mistake", acknowledging s/he failed to review the policy and procedure after a resident experiences a fall. The notification process was reconfirmed with the Health Services Director on the afternoon of 5/16/23, who stated additional education was conducted with nursing staff regarding the Fall policy and procedures. Family was made aware of the events of 3/16123 by ED staff, no further concerns expressed.	R200		