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

January 16, 2024

Maureen Ellison, Manager
Mansfield Place
18 Carmichael Street
Essex Junction, VT 05452-3170

Dear Ms. Ellison:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 18, 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

PRINTED: 01/03/2024
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1011	A. BUILDING: ______ B. WING ______	C 12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANSFIELD PLACE	**18 CARMICHAEL STREET** **ESSEX JUNCTION, VT 05452**

(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: On 12/18/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of one faciltiy reported incident and one complaint. The following regulatory deficienies were identified:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 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 there was a failure to administer one medication as ordered for one applicable resident: Per record review of Resident #1's physician ordered Acetaminophen 500 mg tablet Give 2 tablets by mouth three times a day for pain management ,which is a total scheduled dose of 3,000 mg of Acetaminophen per day. Resident #1 had two additional orders for Acetaminophen to be administered as needed (PRN) to including an order for Aceteminophen 325 mg tablets Give 2 tablets by mouth every 4 hours as needed for fever or mild to moderate pain; and for Tylenol Exra Strength tablet 500 mg (acetaminophen) Give 2 capsules by mouth every 8 hours as needed for pain/fever. Both PRN orders indicate Resident #1 had 2 PRN orders for acetaminophen and included instructions not to exceed 3,000 mg of acetaminophen per 24 hours.	R128	Mansfield Place acknowledges these concerns and validates that Resident #1 had more than 1 PRN Acetaminophen order in use as of 12/18/23. Immediate action: Analgesics reviewed with provider to ensure adequate pain control is in place without exceeding recommended daily Acetaminophen threshold. PRN Acetaminophen 1000mg every 8 hours was discontinued on 12/21/23. PRN Acetaminophen 650mg every 4 hours was discontinued on 12/22/23. 12/26/23-Inservicing initiated-ongoing for LPNs/RNs regarding EMR alert feature which flags "Duplicate" medications for nurse acknowledgment. This system feature allows for prompt identification and timely follow up with providers regarding coexisting Acetaminophen orders. **-Widespread education disseminated to med passers re: risks related to excessive Tylenol use and need to be mindful with administration. Education ongoing for all new med passers.**	12/22/23 1/4/24

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Maureen Ellison, RN	General Manager	1/11/2024, 2:36:29 PM

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R128	Continued From page 1 Per review of the November 2023 Medication Administration Record (MAR), on 11/3/23, 11/7/23, 11/9/23, 11/10/23, and 11/11/23 Resident #1 was given all three scheduled doses of scheduled acetaminophen totalling 3,000 mg and an additional 650 mg PRN dose of acetaminophen for a total daily dose of 3, 650 mg of acetaminophen. The 5 PRN acetaminophen doses administereed between 11/3/23 and 11/11/23 resulted in the total amount acetaminophen administered in a 24 hour period of time to exceed the maximum dose of 3,000 mg. On the afternoon of 12/18/23 the General Manager and Heatlh Services Director confirmed Acetaminophen was not adminstered as ordered for Resident #1. This defcient practice is a risk for more than minimal harm to residents due to side effects associated with acetaminophen overdose.	R128	12/26/23 To address global risk of harm: Mansfield Place completed widespread Acetaminophen audit for all current Residents in order to evaluate all PRN and Scheduled Acetaminophen orders (including medications with Acetaminophen as a component). Total scheduled daily dose as well as potential daily doses were calculated to identify all Residents at risk for exceeding recommended 3000mg dosing through use of Scheduled and/or PRN medications. 12/27/23 Nursing initiated calls to providers offices for all at risk Residents. Follow up included: Correction plan goals: Clarifying Acetaminophen orders including maximum allowable dosage in 24 hr period; PRN dose adjustments to ensure that daily total cannot exceed recommended daily dosage; Discussion re: alternatives to Acetaminophen as needed to maintain adequate pain control without the risk of exceeding recommended Acetaminophen threshold. 1/3/24 Standing order template for incoming Residents adjusted to: Acetaminophen Oral Tab 650mg every 6 hours as needed to ensure cumulative PRN doses do not have the capacity to independently exceed daily recommended Acetaminophen limit in a 24 hour period. R128 Plan of Correction accepted by Jo A Evans RN on 1/15/24.	12/26/23 1/11/24 1/3/24