

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

September 12, 2018

Mr. Jay Grimes, Administrator
Meadows At East Mountain
157 Heritage Hill Place
Rutland, VT 05701-8811

Dear Mr. Grimes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 7, 2018**. 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

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AUG 27 2018

PRINTED: 08/14/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/07/2018
NAME OF PROVIDER OR SUPPLIER MEADOWS AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 157 HERITAGE HILL PLACE RUTLAND, VT 05701	
(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)
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted conjunction with an entity reported incident investigation on 8/6/18 and 8/7/18 by the Division of Licensing and Protection. There were regulatory findings.	R100	
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the	R104	<u>R104 Corrective Action</u> The admission agreement will be updated to include the required language on the transfer and discharge of residents. The admission agreement will also be updated to include language on ACCS and the personal needs allowance. The Executive Director will be responsible for completing this plan of correction. This will be completed before September 15, 2018.

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

78SD11

8/22/18
If continuation sheet 1 of 10

R104 - R259 POC's accepted 9/6/18 Bortolero/pmc

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R104	Continued From page 1 ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to include in the admission agreement the resident's transfer and discharge rights for seven (7) of the seven residents in the sample, Resident # 1, 4, 5, 6, 8, 9 and 10, and did not include a description of the home's personal needs allowance policy. The facility also failed to include in agreements for all ACCS participants, two of two residents, Resident #11 and 12, the ACCS services or the amount of personal needs allowance. Findings include: Review of the medical records for Residents #1, 4, 5, 6, 8, 9 and 10, the signed admission agreements did not include information regarding transfer and discharge rights information. Further review of the medical records for Residents #11 and 12 present that they are ACCS (Assistive Community Care Services-Medicaid) eligible and the signed admission agreements do not provide evidence that the amount of personal needs allowance is included. The Executive Director confirmed, in an interview on 8/6/18 at 12:45 PM that the admission agreements do not include the required language for ACCS residents and the transfer and discharge rights are not included in any of the current admission agreements.	R104	
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES	R134	<u>R134 Corrective Action</u>

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R134	Continued From page 2 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 assess the abilities for self-administration of medication for one resident, Resident #7. Findings include: During an interview with the Registered Nurse (RN) on 8/6/18, s/he stated that Resident #7 was the only resident that self-administered medications. S/He further stated that the resident had been assessed by the RN prior to being able to do so. The annual Resident Assessment Instrument dated 7/6/18 was reviewed on 8/6/18 and section G.6.7a addresses managing medications is done by staff. The RN stated at 5:15 PM that there are no independent assessments done to indicate the resident's ability to self-administer their own medications and further stated that the assessment reviewed did not provide evidence that the resident was capable of self-administering their medications.		R134	Resident 7 will have an assessment completed to assure she is safely able to self administer medication. No other residents currently self administer medication. A new assessment tool will be developed for residents that self administer medication. This will be completed as part of the annual assessment or if there is a significant change. Residents that self administer medications will be audited quarterly for a year to assure compliance. Audit findings will be shared with the QI team. The Director of Nursing will be responsible for this plan. This plan will be completed on 9/15/18	
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment		R136		

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R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment	R136	<u>R136 Corrective Action</u>	

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R136	Continued From page 3 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to complete an assessment when there is a significant change for one of seven in the sample, Resident # 1. Findings include: Resident #1 sustained a fall on 4/9/18 resulting in facial fractures and an intracerebral bleed (an emergency condition in which a ruptured blood vessel causes bleeding inside the brain) and was admitted to the hospital. Resident #1 was readmitted to the facility on 4/11/18 and was admitted to HOSPICE (a type of care and philosophy that focuses on care for people facing a life-limiting illness or injury) on 4/12/18. The Registered Nurse confirmed, in an interview on 8/7/18 at 8:30 AM, that there had not been a significant change assessment completed for Resident #1 and further stated that the resident had a decline in condition following the fall since return to the facility.	R136	Resident 1 will have a new assessment completed. All residents that have a significant change in condition will have an assessment completed. An audit will be conducted quarterly for one year to insure compliance with this. Findings will be reviewed at the QI meeting. The Director of Nursing will be responsible for the completion of this plan. This plan will be completed by September 15, 2018/
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of	R140	

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R136	Continued From page 3 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to complete an assessment when there is a significant change for one of seven in the sample, Resident # 1. Findings include: Resident #1 sustained a fall on 4/9/18 resulting in facial fractures and an intracerebral bleed (an emergency condition in which a ruptured blood vessel causes bleeding inside the brain) and was admitted to the hospital. Resident #1 was readmitted to the facility on 4/11/18 and was admitted to HOSPICE (a type of care and philosophy that focuses on care for people facing a life-limiting illness or injury) on 4/12/18. The Registered Nurse confirmed, in an interview on 8/7/18 at 8:30 AM, that there had not been a significant change assessment completed for Resident #1 and further stated that the resident had a decline in condition following the fall since return to the facility.	R136	
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of	R140	<u>R140 Corrective Action</u> The order for resident #4 was resubmitted to the physician for signature.

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R140	Continued From page 4 the date the order was given. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that physicians' orders obtained via telephone were countersigned by the physician/licensed practitioner within 15 days of the date the order was given for one of seven residents, Resident #4 Findings include: Review of the medical record for Resident #4, there was a telephone order given by the nurse practitioner on 5/11/18 for clarification of wound treatment orders. There is no evidence that the signed telephone order was returned to the facility. Confirmation was made, in an interview with the Registered Nurse on 8/7/18 at 8:10 AM.	R140	All telephone orders will be reviewed every two weeks. Any order found not to be signed will have it sent to the physician for signature. Telephone orders will be audited quarterly for a year. Findings of these audits will be shared with the QI team. The Director of Nursing will be responsible for the completion of this order. This plan will be completed by 9/15/18
R168 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (6) Insulin. Staff other than a nurse may administer insulin injections only when: i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return	R168	

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R140	Continued From page 4 the date the order was given. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that physicians' orders obtained via telephone were countersigned by the physician/licensed practitioner within 15 days of the date the order was given for one of seven residents, Resident #4. Findings include: Review of the medical record for Resident #4, there was a telephone order given by the nurse practitioner on 5/11/18 for clarification of wound treatment orders. There is no evidence that the signed telephone order was returned to the facility. Confirmation was made, in an interview with the Registered Nurse on 8/7/18 at 8:10 AM.	R140		
R168 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (6) Insulin. Staff other than a nurse may administer insulin injections only when: i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return	R168	<u>R168 Corrective Action</u> Residents 2 and 3 have been reviewed by the registered nurse. The RN feels they both meet the criteria for having insulin given by appropriate staff that are unlicensed.	

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R168	Continued From page 5 demonstration, and the registered nurse has deemed them competent and documented that assessment; and iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assess the resident's condition for the need for any changes in medications for two of two residents in the applicable sample, Resident #2 and 3, regarding insulin administration. Findings include: Resident #2 and 3 are diabetics and receive insulin and upon review of their medical records, there is no evidence in the medical record that the Registered Nurse has monitored or assessed the stability or condition of the resident's diabetes. Resident #2 has his/her blood sugars checked before meals and at bedtime and receives insulin depending on what the level is and per interview with the staff, the resident has had some fluctuations in their blood sugars and they were concerned, but administered the insulin anyway as ordered. The Registered Nurse confirmed on 8/6/18 at 5:15 PM that s/he does not routinely assess or document the condition of the diabetic residents.	R168	The RN will review all insulin dependent residents on a monthly basis to insure that insulin administration by unlicensed staff is appropriate. This will be documented in the resident record. Insulin dependent residents will have their records audited quarterly to insure compliance. Audits will be reviewed by the QI team. The Director of Nursing will be responsible for the completion of this plan. This plan will be completed by 9/15/15.
R187 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (1) A resident register including all discharges,	R187	

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R168	Continued From page 5 demonstration, and the registered nurse has deemed them competent and documented that assessment; and iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assess the resident's condition for the need for any changes in medications for two of two residents in the applicable sample, Resident #2 and 3, regarding insulin administration. Findings include: Resident #2 and 3 are diabetics and receive insulin and upon review of their medical records, there is no evidence in the medical record that the Registered Nurse has monitored or assessed the stability or condition of the resident's diabetes. Resident #2 has his/her blood sugars checked before meals and at bedtime and receives insulin depending on what the level is and per interview with the staff, the resident has had some fluctuations in their blood sugars and they were concerned, but administered the insulin anyway as ordered. The Registered Nurse confirmed on 8/6/18 at 5:15 PM that s/he does not routinely assess or document the condition of the diabetic residents.	R168	
R187 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (1) A resident register including all discharges,	R187	<u>R187 Corrective Action</u> Transfers to another level of care and the return will be maintained in a ledger going forward.

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R187	Continued From page 6 transfers out of the home and admissions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to insure that the facility resident register included all transfers out of the home. Findings include: Resident #1 had been transferred from the facility to an acute care hospital on 4/9/18 and was re-admitted to the facility on 4/11/18. There was no evidence of the transfer being recorded in the resident register. The Executive director confirmed on 8/7/18 at 12:45 PM that the facility does not record the transfer of residents when they go to the hospital and return. S/he further stated that only admissions and discharges are recorded.	R187	Transfers will be reviewed quarterly to insure compliance. Findings will be shared with the QI team. The Director of Nursing will. Be responsible for the plan of correction. This will be completed before 9/15/15.	
R207 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report an allegation of abuse for.	R207		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MEADOWS AT EAST MOUNTAIN

157 HERITAGE HILL PLACE
RUTLAND, VT 05701

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R207	Continued From page 7 one of seven residents in the sample, Resident #6. Findings include: Progress note dated 7/10/18 written by the Resident Assistant (RA) stated that the resident made accusation that an RA was hitting him/her and s/he wanted to go to bed. An interview with the RA that wrote the note was conducted on 8/7/18 at approximately 9:00 AM and s/he stated that the incident was reported to the Licensed Practical Nurse and the Registered Nurse (RN). The RN confirmed at 9:15 AM that the incident had not been reported to the appropriate state agencies, including Adult Protective Services.	R207	The facility will conduct education to assure all allegations of abuse are reported to the administrator and therefore the appropriate agencies. Education on abuse will be conducted annually. All staff will be mandated to attend this training. The Director of Nursing will be responsible for the completion of this plan. This plan will be completed by 9/15/18.	
R208 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that an allegation of abuse was recorded in the resident record for one of two residents in the applicable sample, Resident #5. Findings include:	R208		

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FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/07/2018
NAME OF PROVIDER OR SUPPLIER MEADOWS AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 157 HERITAGE HILL PLACE RUTLAND, VT 05701	
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Division of Licensing and Protection

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R208	Continued From page 8 Resident # 5 made allegations of being slapped in the back of his/her head by a direct care giver 7/6/18 and there was no evidence of the allegation being documented in the resident record. This was confirmed by the Licensed Practical Nurse on 8/7/18 at 8:30 AM, after s/he reviewed the medical record.	R208	The administrator will share findings with the QI team.
R259 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and confirmation by staff, the facility failed to insure that Poisonous compounds (such as cleaning products and insecticides) are labeled for easy identification and are not stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. Findings include: Bottles of disinfectant were found in a cupboard under the kitchen sink in the common kitchen on the special care unit. Per interview with the Registered Nurse (RN), there are residents that have access to the kitchen and some of the residents wander in to look for snacks. The RN confirmed on 8/6/18 at 10:40 AM, that the disinfectants were not in a locked compartment.	R259	The administrator will be responsible for the completion of this plan. The plan will be completed by 9/15/18.

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Division of Licensing and Protection

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