

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

April 12, 2019

Mr. Jay Grimes, Manager 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 **February 6, 2019.** 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

amlaMCotaPN

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 1002 02/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 157 HERITAGE HILL PLACE MEADOWS AT EAST MOUNTAIN RUTLAND, VT 05701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL IEACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DOFFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite investigation of a facility report was conducted on 2/6/2019 by the Division R146 of Licensing & Protection. The following regulatory deficiency was identified as a result of the investigation: Prior to staff working, or continuing their training on the R146 V. RESIDENT CARE AND HOME SERVICES R146 floor with residents, they will SS=E receive a week of classroom training. The employee that 5.9.c (3) conducts the training will have Provide instruction and supervision to all direct competencies completed by the care personnel regarding each resident's health Registered Nurse. The care needs and nutritional needs and delegate Registered Nurse will do direct nursing tasks as appropriate; training during this class on This REQUIREMENT is not met as evidenced dementia care, resident rights, resident safety and chain of Based on record review and interviews the facility command. The training will also failed to assure that the facility Registered Nurse (RN) provides instruction and supervision to all include a final exam that will direct care personnel regarding each resident's include competencies which will health care needs and delegates nursing tasks as be overseen by the Registered appropriate. Findings include: Nurse. Per record review, direct care givers (Resident Care Assistants [RCAs]) are instructed in the After the week long classroom basic tasks of personal care, mobility, and other training the new staff will then aspects of care by a combination of instruction and web based learning. In an interview on 2/6/19 receive a week long "on the floor" at 2 pm the facility RN/Health Care Services training. Staff that will be Director stated that the new staff, both Licensed Nursing Assistants (LNAs) and unlicensed direct care staff, are instructed and skills checked by a facility RCA. The RCA has been employed at the facility for approximately 8 years according to the

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STATE FORM

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After the first week of instruction and training the

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(X6) DATE

Division of Licensing and Protection				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING.		(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
MEADOWS AT EAST MOUNTAIN 157 HERITAGE HILL PLACE				
RUTLANO, VT 05701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
R146 Continued From pa	age 1	R146		
new staff moves to the units to work with experienced RCAs, who train the new staff in care specific to residents. This process is conducted for 1 week or longer if necessary. Only one of the RCAs training on the units is an LNA. All other RCAs training staff are unlicensed staff. The RN also stated that s/he did not perform additional competency checks for staff assigned to train new staff on the units. The RN further states that the RCA conducting the instruction & training had skill competency checks done upon hire but not since. The RN confirmed in the interview that it is not his/her practice to do a final skill check for each employee to determine competency, before they began providing care to residents, or to do the face to face instruction for staff.			providing the "on the floor" training will have competencies completed by The Registered Nurse or other licensed staff as delegated by the Registered Nurse. The Director of Resident Care will be responsible for the completion of this plan. This will be completed by April 30, 2019.	
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