



HUMAN SERVICES

AGENCY OF

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

August 31, 2023

Ms. Melissa Greenfield, Manager
Meadows At East Mountain
240 Gables Place
Rutland, VT 05701-8811

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 14, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Disability and Aging Services

Blind and

Visually Impaired

Licensing and Protection
Rehabilitation

Vocational

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 08/14/2023
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NAME OF PROVIDER OR SUPPLIER MEADOWS AT EAST MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 240 GABLES PLACE RUTLAND, VT 05701
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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 re-licensure survey in conjunction with one facility reported incident, and one complaint investigation was conducted by the Division of Licensing and Protection on 8/14/23. The following regulatory violations were identified:	R100	This plan of correction was written to follow state guidelines. It is not an admission of noncompliance.	
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure medication orders include a dosage and frequency of administration. Findings include: Per review of the August Medication Administration Records (MARs) for Residents #1 and #2 the following medication orders did not include the specific dose and frequency of administration: 1. Resident #1's MAR lists "Potassium Chloride ER tablet Give 1 tablet by mouth in the evening for Acute Kidney Failure" scheduled for 6:00 PM daily which does not include the tablet strength. This was confirmed by the Director of Nursing at 1:01 PM on 8/14/23.	R147	However, it is the facility commitment to demonstrate and maintain compliance. The facility will educate all nurses on the components of a complete physician order. The facility will complete 6 chart audits per week x12 weeks. The facility will review the audits in QAPI x6 months.	

Tag T147 Accepted on 8/30/23 - S. Ross, RN

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Melissa Grayfield, Executive Director

TITLE

(X6) DATE

8/30/2023

Division of Licensing and Protection

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R147	Continued From page 1 2. Resident #2's MAR lists PRN (as needed) medications which do not include the frequency of administration including "Miralax Oral Powder 17 mg /scoop Give 1 scoop by mouth as needed for constipation"; "Kao-Tin Oral Suspension 262 mg/15 ml (Bismuth Subsalcylate) Give 30 ml by mouth as needed for diarrhea do not exceed 240 ml/day" ; and "Baclofen Oral Tablet 10 mg Give 1 tablet by mouth as needed for bladder spasms 'Only one additional tablet daily' ". This was confirmed by the Director of Nursing at 3:00 PM on 8/14/23.	R147		
R161 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review there was a failure to ensure the medications for one applicable resident (Resident #3) were handled according to the home's policies. Findings include:</p> <p>During a facility tour commencing at 9:30 AM on 8/14/23 Tums antacid tablets were observed to be stored on Resident #3's side table and a medication cup containing an unlabeled powder was observed beside the bathroom sink. Resident#3 confirmed s/he self administers the medications; and stated she did not know the</p>	R161	<p>The facility will educate all nurses on the medication administration policy and procedure.</p> <p>The facility will educate all nurses on medication self-administration and the need to complete an assessment/Vermont resident assessment. The facility will audit the education to ensure all nurses have been educated on this.</p> <p>The facility will review the audits in QAPI x6 months.</p>	

Tag T161 Accepted on 8/30/23 - S. Ross, RN

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R161	<p>Continued From page 2</p> <p>name of the powder s/he uses for a skin rash. The powder was identified by the LPN on duty as Nystatin Antifungal Powder by the LPN at 12:31 PM on 8/14/23.</p> <p>Per record review the home's Admission/Readmission Protocol states, "If a resident requests to self-administer the Medication Self-Administration Safety Screen must be completed and faxed to PCP for signature/chart record."</p> <p>The home's Medication Delegation Policy effective April 2023 states "Individuals who self-administer medication will complete The Meadows medication self administration test annually or with significant change in condition with documentation placed in medical record." This policy includes the Vermont Residential Care Home Regulations definition of "capable of self-administration" as the ability to identify medication; describe how, why and when medication is to be administered, and communicate the desired effect or unintended side effects. Resident #3's Vermont Resident Assessment Form dates 8/11/23 Indicates s/he has problems taking medications as instructed /prescribed; does not know how and when to take medications; and is unable to describe the desired effect and unintended side effects of mediations. This Resident Assessment also indicated Resident #3 does not control his/her prescription and over the counter medications.</p> <p>At 12:31 PM on 8/14/23 the LPN and RN on duty confirmed a Medication Self -Administration Safety Screen and signed PCP orders were not on file in Resident #3's record. These findings were acknowledged by the Director of Nursing and Executive Director on the afternoon of 8/14/23.</p>	R161		

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R224 SS=F	<p>VI. RESIDENTS' RIGHTS</p> <p>6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Manager failed to ensure Resident #4 was free from verbal abuse by a staff member (Staff #1). Findings include:</p> <p>Per record review, on 5/17/23 at approximately 12:00 PM, Resident #4 was involved in staff to resident abuse when a care aide failed to utilize appropriate person centered behavior techniques with a Resident with cognitive impairment. Resident # 4 careplan identifies support related to hearing deficit, with intervention to use slow and clear speech.</p> <p>Per record review of the Executive Director's written reports regarding the reported verbal abuse on 5/17/23, Staff #1 was overheard mistreating Resident #4, by a staff member receiving orientation in the nearby education room. Staff #1 was audio recorded, by the witnessing staff member. The audio was listened to by the Executive Director and the Director of Nursing, and noted to confirm Staff #1 was attempting to assist Resident #4 to lunch and Staff #1 stating to Resident #4 "I will throw water on your head" and "don't make me manhandle you."</p>	R224	<p>The facility will continue to educate staff on Resident Rights upon hire and annually.</p> <p>All current staff will be educated on our Existing resident bill of rights and will take a test to demonstrate they understand the residents bill of rights.</p> <p>An audit will occur x3 months and will be Reviewed in QAPI x6 months.</p> <p>This plan of correction will be implemented. by September 10, 2023.</p> <p>Tag T224 Accepted on 8/30/23 - S. Ross, RN</p>	
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R224	Continued From page 4 Per interview on 8/14/23 at 10:30 AM, the Executive Director (ED) confirmed the care needs for Resident #4, indicating s/he is hard of hearing and experiencing a decline in cognition, including poor recall, and requiring reminders, prompts and cues throughout the day. The ED confirmed the findings within the facility investigative report, and confirmed the statement from the audio recorded. The ED stated, Staff #1 employment was suspended pending the investigation, and Human Resources terminated the employment for Staff #1 on 5/31/23 as a result of the facility investigation and confirmation of verbal mistreatment. The ED indicated an reeducation was provided on 5/30/23 to all staff for Mandatory Reporting and Residents' Rights. The ED acknowledged the the mistreatment of Resident #1, and confirmed the resident was monitored and no ill effects presented from Resident #4.	R224		