



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

October 25, 2023

Mr. Bradford Ellis, Administrator Vernon Green Nursing Home 61 Greenway Drive Vernon, VT 05354-9474

Dear Mr. Ellis:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **October 4, 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,

Familia M. Cota, RN Pamela M. Cota, RN Licensing Chief

Enclosure

PRINTED: 10/17/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
					С		
		475008	B WING		10/04/2023		
NAME OF PI	ROVIDER OR SUPPLIER	67		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
VERNON GREEN NURSING HOME			61	GREENWAY DRIVE			
VERNON	SKEEN NORSING HOME	1		VE	ERNON, VT 05354		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The Division of Licen conducted an unanno investigation of intake 10/4/23 to determine Part 483 requirement Facilities. The followi identified as a result: Nutrition/Hydration St CFR(s): 483.25(g)(1)-\$483.25(g) Assisted r (Includes naso-gastric both percutaneous endosc enteral fluids). Based comprehensive asses ensure that a resident \$483.25(g)(1) Maintai of nutritional status, si desirable body weight balance, unless the redemonstrates that this preferences indicate of \$483.25(g)(2) Is offeremaintain proper hydra	sing and Protection funced onsite complaint funmber #VT 000222210 on compliance with 42 CFR s for Long Term Care ing regulatory violation was atus Maintenance (3) futrition and hydration. function and and and gastrostomy tubes, adoscopic gastrostomy and function are sident's function and function are sident's function and function are sident's function and function are sident's clinical condition function are sident function are sident's function are sident function are sident's function are sident function		692		fter s to be Part censing s. II have non Illeged ctober do alleged hain in federal me has in this	DATE
	provider orders a ther This REQUIREMENT by: Based on observation record review the faci resident maintained o avoidable decline in n	is not met as evidenced n, interview, and medical lity failed to ensure the r did not experience an utritional status related to	-		residents' nutrition and hydration stat	tus.	
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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F 692	Continued From page	: 1	F 6	92	Continued from Page 1		
	the resident's oral/der residents sampled. Findings include:	ntal condition for 1of 4			What corrective action will be accomp for those residents found to have bee affected by the deficient practice;		
	of the unit. The Licenset a lunch tray in froithe food, and left the The resident was obschair not attempting to During interview at 11 asked how his/her mestated, "I am not hung at this time that he/sh and stated, "I don't know." Resident #1 vigetting new dentures don't know." When as eating without his/her stated, "Well yes".	n sitting in the common area sed Nurse Assistant (LNA) at of Resident #1, uncovered resident to eat his/her meal. erved to sit back in his/her to eat his/her lunch. 30 A.M. Resident #1 was eal was, and the resident gry." Resident #1 confirmed to had lost his/her dentures now what happened to was asked if he/she was and the resident stated, "I sked if he/she had difficulty dentures Resident #1			Resident # 1 was evaluated by SLP 8/with diet change related to missing derivation and resident # 1 continues to tolerate finely chopped house diet as ordered 8/21/23 and continues on 4oz of 2 cal supplement twice daily since 8/23/23. Resident # 1 weight on 10/18/23 139 pounds which is an improvement since 10/3/23. Resident # 1 was fitted for new dente 9/26/23 and seen by dentist on 10/10/vertical establishment. Resident # 1 was evaluated by the M 10/4/23 with no new orders	ntures the 0.6 e ures /23 for	10/04/2023
	Per record review, a Nutrition Weight loss collow-up note dated 7/28/23 states "After maintaining relatively stable weight from 2/6-7/11/23, Resident lost 6.8# x 1-week 7/11-7/18. This is likely the result of the loss of nis/her dentures." A Social Services progress note dated 08/15/23 eveals that on 08/10/23 Social Services placed a call to the facility dentist informing him/her that Resident #1's dentures were missing. The note curther states that the dentist stated during the ohone conversation that it may take 3-4 visits to make the impressions to replace the dentures. Another Social Services progress note dated				How you will identify other residents the potential to be affected by the sar deficient practice and what corrective action will be taken; All residents utilizing Dentures have th potential to be affected if missing dentare not reported timely. 100% audit of residents utilizing dentures completed to assure that no other residents have missing dentures. No ot resident were identified as having missidentures.	e tures res ther	10/04/2023
		at the dentist was in on sident #1 declined the visit.					

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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VERNON GREEN NURSING HOME			٧	ERNON, VT 05354			
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F 692	the dentist was in to sand the resident was visit. A review of Dental set following: 8/22/23 "Deago." 9/12/23 "I attem the patient was not claillow treatment." 9/26 patient was better too Further record review weight obtained on 7/The resident's most of 10/03/23 is 138.2 pour 12.4-pound, 8.23% where weight Loss without is program: Resident(s) a prescribed weight Loss without is program: Resident(s) a prescribed weight Loss without is program: Resident(s) a prescribed weight loss within the past 30 >10% within the past 30 >10% within the past 30 >10% within the past Progress notes writted on 07/28/23 include "his/her meal and fluid This is likely related to dentures." The Speech Language a Licensed Therapist assess, diagnose, and social communication and swallowing disord the SLP will make reconsistency) screener and at that time the S	ras written that reflects that see resident #1 on 9/26/23 compliant with the dental rvice notes reveals the entures were lost a month apted final impressions, but ose to receptive enough to 6/23 "Final impressions. The lay." revealed that Resident #1 (11/23 was 150.6 pounds. urrent weight obtained on ands. This represents a eight loss. This is weight loss (Excessive Prescribed Weight Loss with an unintended (not on loss program) weight loss > 1 days 7.5% in 3 months, or 180 days (cms.gov)). In by the Registered Dietitian There is a noted decline in intake since the last review. The loss of his/her The Pathologist (SLP, which is who works to prevent, deres in children and adults; commendations for diet desident #1 on 8/28/23, LP recommended to	F	692	What measures will be put into place of systemic changes you will make to ensist that the deficient practice does not recovered. • Education to staff regarding need to missing dentures and to initiate a denta referral/consult no more than 3 days from discovery that dentures were reported missing. If dental consult/referral cannoccur timely, the resident needs to be assessed to assure that they can still earlier drink adequately until a dental evaluation occur. • 10% Audits of residents utilizing denta will be completed weekly x 3, then more 3 to assure compliance. How the corrective actions will be more to ensure the deficient practice will not recur, i.e., what quality assurance programmely more to ensure the deficient practice will not recur, i.e., what quality assurance programmely more on the put into place? The Director of Nursing or his/her design will provide ongoing monitoring of this process to ensure compliance. Results audit will be brought to the QAPI meet monthly and/or until 100% compliance achieved. Tag F 692 POC accepted on 10/26 N. Baker/P. Cota	report al rom ot at and ion can ures othly x nitored ot gram gnee of this ing is	10/25/2023
	change Resident #1	LP recommended to diet to House finely chopped nger food. This was 36 days					

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VERNON GREEN NURSING HOME		:			I GREENWAY DRIVE ERNON, VT 05354		
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F 692	resident had lost 7.6 pscreen and recomme	tures went missing. The bounds by the time the	F	692			
F 791	of Nurses (DON) con #1's dentures in July	firmed the loss of Resident 2023, the subsequent rred, and that the SLP ndations were not 23.	F	791	F 791 Vernon Green has and will conti	nue to	
SS=D	CFR(s): 483.55(b)(1)-(5)				comply with Routine/Emergency Dent Services CFR(s): 483.55(b)(1)-(5)		
		st residents in obtaining mergency dental care.			What measures will be put into place of what systemic changes you will make the ensure that the deficient practice does recur;	to	
	The facility- §483.55(b)(1) Must proutside resource, in a of this part, the follow the needs of each resource.	rovide or obtain from an accordance with §483.70(g) ing dental services to meet sident: vices (to the extent covered; and			 Resident # 1 was evaluated by SLP 8/2 with diet change related to missing den and resident # 1 continues to tolerate t finely chopped house diet as ordered 8 and continues on 4oz of 2 cal supplementative daily since 8/23/23. Resident # 1 was evaluated by the die on 9/25/23 and on this observation shows 	ntures :he //21/23 ent etician owed	
	assist the resident- (i) In making appointr (ii) By arranging for tr dental services location §483.55(b)(3) Must puresidents with lost or	ansportation to and from the			no chewing / swallowing abnormalities weight on 10/18/23 139.6 pounds which improvement since 10/3/23. Resident # 1 was fitted for new denture 9/26/23 Resident # 1 was evaluated by the MI 10/4/23 with no new orders	ch is an ires	10/04/2023
		ist provide documentation of					

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F 791	Continued From page	e 4	F 79	1 Continued from page 4			
	what they did to ensu and drink adequately	re the resident could still eat		How you will identify other resider the potential to be affected by the deficient practice and what correct will be taken;	same		
	circumstances when dentures is the facility	ave a policy identifying those the loss or damage of o's responsibility and may not		All residents utilizing Dentures have potential to be affected if missing d are not reported timely.			
	charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and §483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for			100% audit of residents utilizing dentures was completed to assure that no other residents have missing dentures. No other resident were identified as having missing dentures.		10/04/2023	
	reimbursement of der medical expense und	ntal services as an incurred		What measures will be put into pla systemic changes you will make to that the deficient practice does not	ensure		
	Based on observation review the facility fails who lost the dentures services within 3 days resident could still ear	n, interview, and record ed to ensure that a resident s were referred to dental s and failed to ensure the t adequately while awaiting of 4 residents sampled.		Education to staff regarding need missing dentures and to initiate a dereferral/consult no more than 3 day discovery that dentures were report missing. If dental consult/referral can occur timely, the resident needs to assessed to assure that they can still drink adequately until a dental evaluation.	ental s from ed nnot be eat and		
	of the unit. The Licen set a lunch tray in from the food, and left the The resident was obstanded to the chair not attempting the interview at 11:30 A.M. that he/she had lost he don't know what happe was asked if he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that happe was asked if he/she wand stated," I don't know that happens asked if he/she wand stated, "I don't know that happens asked if he/she wand stated," I don't know that happens asked if he/she wand stated, "I don't know that happens asked if he/she wand stated," I don't know that happens asked if he/she wand stated, "I don't know that happens asked if he/she wand stated," I don't know that happens asked if he/she wand stated, "I don't know that happens asked if he/she wand stated," I don't know that happens asked if he/she wand stated," I don't know that happens asked if he/she wand stated, "I don't know that happens asked if he/she wand stated," I don't know that happens asked if he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know that he/she wand stated," I don't know that he/she wand stated, "I don't know the wand stated," I don't know that he/she wand stated, "I don't know the wand stated," I don't know the wand stated, "I don't know the wand stated," I don't know the wand stated state	n sitting in the common area sed Nurse Assistant (LNA) nt of Resident #1, uncovered resident to eat his/her meal. served to sit back in his/her o eat his/her lunch. During M. Resident #1 confirmed his/her dentures stating, "I bened to them." Resident #1 was getting new dentures how." When asked if she had out his/her dentures Resident		occur • 10% Audits of residents utilizing dwill be completed weekly x 3, then r 3 to assure compliance	entures	10/25/2023	

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F 791	his/her dentures." A Social Services progreveals that on 08/10/call to the facility dent Resident #1's denture 30 days after the dent been missing. A revie dated 8/22/23 states ago." Further record review weight obtained on 7/The resident's most can 10/03/23 is 138.2 pour 12.4-pound, 8.23% we considered a severe weight Loss without Furgram: Resident(s) a prescribed weight Loss without Furgram: Resident(s) a prescribed weight loss within the past 30 >10% within the past (cms.gov). Progress rungistered Dietitian of a noted decline in his/since the last review. loss of his/her denture. The Speech Languag Licensed Therapist we assess, diagnose, and	Autrition Weight loss 7/28/23 states "After stable weight from lost 6.8# x 1-week y the result of the loss of gress note dated 08/15/23 23 Social Services placed a list informing him/her that is were missing. This was cures were noted to have w of Dental service note Dentures were lost a month revealed that Resident #1's 11/23 was 150.6 pounds. For this is weight loss. This is weight loss (Excessive Prescribed Weight Loss with an unintended (not on loss program) weight loss > days 7.5% in 3 months, or 180 days. Medicare lotes written by the n 07/28/23 include "There is ther meal and fluid intake This is likely related to the loss." The Pathologist (SLP is a no works to prevent, ditreat speech, language, cognitive-communication,	F 791	Continued from page 5 How the corrective actions will be mort to ensure the deficient practice will no recur, i.e., what quality assurance progwill be put into place? The Director of Nursing or his/her design will provide ongoing monitoring of this process to ensure compliance. Results audit will be brought to the QAPI meetimonthly and/or until 100% compliance achieved. Tag F 791 POC accepted on 10/29 N. Baker/P. Cota	gram gnee of this ing is	10/04/2023

		IDENTIFICATION NI IMBED:		IPLE CONSTRUCTION NG	(X	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER VERNON GREEN NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 61 GREENWAY DRIVE VERNON, VT 05354	l	10/04/2023	
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F 791	screen Resident #1 u SLP recommended to "house finely chopped food." This was 49 day dentures went missin pounds by the time the recommendations we Per interview on 10/4 of Nurses (DON) con- #1's dentures in July	diet consistency) did not ntil 8/28/23 at that time the ochange Resident #1 diet to d with bread and thin finger bys after Resident #1 g. The resident had lost 7.6 be screen and the given. 1/23 at 1:45 P.M. the Director firmed the loss of Resident 2023, the subsequent tred, and that the SLP indations were not	F7	791			