



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

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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2023
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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
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced onsite complaint investigation of intake number #VT 000222210 on 10/4/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory violation was identified as a result:	F 000	Allegation of Substantial Compliance Vernon Green Nursing Home, herein after sometimes "facility", has and continues to be in substantial compliance with 42 CFR Part 483 subpart B and State of Vermont Licensing and Operation Rules for Nursing Homes. Vernon Green Nursing Home has or will have substantially corrected the alleged deficiencies and achieved substantial compliance by the date specified herein.	
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and medical record review the facility failed to ensure the resident maintained or did not experience an avoidable decline in nutritional status related to	F 692	This Plan of Correction constitutes Vernon Green Nursing Home's allegation of substantial compliance such that the alleged deficiencies cited have been or will be substantially corrected on or before October 24, 2023. The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in substantial compliance with state and federal regulations, Vernon Green Nursing Home has taken or will take the actions set forth in this plan of correction. F 692 Vernon Green has and will continue to comply with §483.25(g)(1)-(3) maintaining residents' nutrition and hydration status.	

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

TITLE

(X6) DATE

M. Bradford Ellis

Executive Director

10.24.23

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.

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F 692	<p>Continued From page 1</p> <p>the resident's oral/dental condition for 1of 4 residents sampled.</p> <p>Findings include:</p> <p>Per observation on 10/04/23 at 11:21 A.M. Resident #1 was seen sitting in the common area of the unit. The Licensed Nurse Assistant (LNA) set a lunch tray in front of Resident #1, uncovered the food, and left the resident to eat his/her meal. The resident was observed to sit back in his/her chair not attempting to eat his/her lunch. During interview at 11:30 A.M. Resident #1 was asked how his/her meal was, and the resident stated, "I am not hungry." Resident #1 confirmed at this time that he/she had lost his/her dentures and stated, "I don't know what happened to them." Resident #1 was asked if he/she was getting new dentures and the resident stated, "I don't know." When asked if he/she had difficulty eating without his/her dentures Resident #1 stated, "Well yes".</p> <p>Per record review, a Nutrition Weight loss follow-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 his/her dentures."</p> <p>A Social Services progress note dated 08/15/23 reveals 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 further states that the dentist stated during the phone conversation that it may take 3-4 visits to make the impressions to replace the dentures. Another Social Services progress note dated 09/21/23 indicates that the dentist was in on 09/21/23 and that Resident #1 declined the visit.</p>	F 692	<p>Continued from Page 1</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p><u>Resident #</u></p> <ul style="list-style-type: none"> • Resident # 1 was evaluated by SLP 8/28/23 with diet change related to missing dentures and resident # 1 continues to tolerate the 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 10/18/23 139.6 pounds which is an improvement since 10/3/23. • Resident # 1 was fitted for new dentures 9/26/23 and seen by dentist on 10/10/23 for vertical establishment. • Resident # 1 was evaluated by the MD on 10/4/23 with no new orders <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents utilizing Dentures have the potential to be affected if missing dentures are not reported timely</p> <p>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.</p>	10/04/2023	10/04/2023

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F 692	Continued From page 3 after Resident #1 dentures went missing. The resident had lost 7.6 pounds by the time the screen and recommendations were given. Per interview on 10/4/23 at 1:45 P.M. the Director of Nurses (DON) confirmed the loss of Resident #1's dentures in July 2023, the subsequent weight loss that occurred, and that the SLP screen and recommendations were not completed until 8/28/23.	F 692			
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of	F 791	F 791 Vernon Green has and will continue to comply with Routine/Emergency Dental Services CFR(s): 483.55(b)(1)-(5) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; • Resident # 1 was evaluated by SLP 8/28/23 with diet change related to missing dentures and resident # 1 continues to tolerate the 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 was evaluated by the dietician on 9/25/23 and on this observation showed no chewing / swallowing abnormalities. Her weight on 10/18/23 139.6 pounds which is an improvement since 10/3/23. • Resident # 1 was fitted for new dentures 9/26/23 • Resident # 1 was evaluated by the MD on 10/4/23 with no new orders	10/04/2023	

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F 791	<p>Continued From page 5 #1 stated, "Well yes".</p> <p>Per record review, a Nutrition Weight loss follow-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 his/her dentures."</p> <p>A Social Services progress note dated 08/15/23 reveals that on 08/10/23 Social Services placed a call to the facility dentist informing him/her that Resident #1's dentures were missing. This was 30 days after the dentures were noted to have been missing. A review of Dental service note dated 8/22/23 states "Dentures were lost a month ago."</p> <p>Further record review revealed that Resident #1's weight obtained on 7/11/23 was 150.6 pounds. The resident's most current weight obtained on 10/03/23 is 138.2 pounds. This represents a 12.4-pound, 8.23% weight loss. This is considered a severe weight loss (Excessive Weight Loss without Prescribed Weight Loss program: Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30 days 7.5% in 3 months, or >10% within the past 180 days. Medicare (cms.gov). Progress notes written by the Registered Dietitian on 07/28/23 include "There is a noted decline in his/her meal and fluid intake since the last review. This is likely related to the loss of his/her dentures."</p> <p>The Speech Language Pathologist (SLP is a Licensed Therapist who works to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders and will make</p>	F 791	<p>Continued from page 5</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Director of Nursing or his/her designee will provide ongoing monitoring of this process to ensure compliance. Results of this audit will be brought to the QAPI meeting monthly and/or until 100% compliance is achieved.</p> <p>Tag F 791 POC accepted on 10/25/23 by N. Baker/P. Cota</p>	10/04/2023	

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F 791	Continued From page 6 recommendations for diet consistency) did not screen Resident #1 until 8/28/23 at that time the SLP recommended to change Resident #1 diet to "house finely chopped with bread and thin finger food." This was 49 days after Resident #1 dentures went missing. The resident had lost 7.6 pounds by the time the screen and recommendations were given. Per interview on 10/4/23 at 1:45 P.M. the Director of Nurses (DON) confirmed the loss of Resident #1's dentures in July 2023, the subsequent weight loss that occurred, and that the SLP screen and recommendations were not completed until 8/28/23."	F 791			