

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

July 21, 2022

Ms. Meagan Buckley, Administrator
Wake Robin-Linden Nursing Home
200 Wake Robin Drive
Shelburne, VT 05482-7569

Dear Ms. Buckley:

Enclosed is a copy of your acceptable plans of correction for the recertification conducted on **June 22, 2022**. 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

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

PRINTED: 07/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2022
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NAME OF PROVIDER OR SUPPLIER WAKE ROBIN-LINDEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WAKE ROBIN DRIVE SHELBURNE, VT 05482
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E 000 Initial Comments

E 000

A review of the facility's Emergency Preparedness Program was conducted in conjunction with the annual recertification survey on 6/22/2022. There were no regulatory deficiencies as a result of the review.

F 000 INITIAL COMMENTS

F 000

The Division of Licensing and Protection conducted an unannounced onsite annual recertification survey on 6/20-6/22/2022. The following regulatory deficiencies were cited as a result:

F 678 Cardio-Pulmonary Resuscitation (CPR)
SS=D CFR(s): 483.24(a)(3)

F 678

F 678

§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.

The facility has revised the Code Status Policy.

This REQUIREMENT is not met as evidenced by:

Code status will be addressed

Based on observation, record review, and staff interviews, the facility failed to have appropriate policies directing staff when to initiate basic life support by not ensuring documentation of a resident and their representative's choice to have emergency basic life support immediately when needed for one of twelve sampled residents (Resident #2). Findings include:

On admission by the admitting physician. There will be a standing order from the physician that includes "full code" status until the COLST has been completed.

Per review of Resident #2's physician's orders, care plan, and resident face sheet, in both the electronic medical record and paper medical chart, on 6/20/22, there was no indication of the resident or their representative's choice whether

Orders for code status will be

Obtained from the physician

And placed in the medical

Record and be followed from

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

[Handwritten Signature]

TITLE

Dir. Health + Res. Sys

(X6) DATE

7/17/22

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 678	<p>Continued From page 1</p> <p>to have life sustaining treatment when needed.</p> <p>The facility policy "CPR (Cardiopulmonary Resuscitation)" states: "In the event of a cardiac or pulmonary arrest, Wake Robin provides CPR according to physician orders and resident wishes." "Residents requesting CPR have documentation behind the Advance Directive tab in his/her chart."</p> <p>Per interview on 6/21/22 at 12:46 PM, a registered nurse (RN) stated that Resident #2's code status was CPR according to his/her assignment sheet. When asked how s/he would know the code status of this resident if s/he couldn't find the assignment sheet s/he said s/he would look at the resident's face sheet, physician's orders, or the Clinician Orders for Life-Sustaining Treatment (COLST) form located under the advance directive tab. This RN confirmed Resident #2 did not have this information in their electronic record or paper medical chart. A list of residents titled "Full codes" (residents to receive CPR when needed) dated 10/23/21, was discovered during this interview on the cabinet where residents' paper medical charts were located. Resident #2's name was not on this list. This nurse confirmed that s/he should be on this list.</p> <p>Per interview on 6/21/22 at 12:59 PM, the Director of Nursing (DON) stated that a resident's code status would always be in the resident's chart on the face sheet and on the COLST form. S/he confirmed that there was no documentation for Resident #2 addressing resuscitation status present on their face sheet and that the resident did not have a COLST form. The DON confirmed the "Full code" sheet was not up to date.</p>	F 678	<p>The medical record where it is located on the facesheet, MAR/TAR, at the top of every section in EMR charting and on the Guidelines for Daily Care in each resident's room on the clip board. Each resident will be made aware of the policy upon admission and with any incomplete code status.</p> <p>Resident # 2 had a completed Colst form on 6/21/22 along with an order for a full code based on family wishes. All residents charts were audited on 6/21/22 and found to be in compliance.</p> <p>The DNS or designee will audit monthly for 90 days and bring findings to CQI meetings.</p> <p>The Nurse Educator will provide All staff with education related to the changes in practice.</p> <p>The skills checklist will include review of this policy.</p>	

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F 678	Continued From page 2 Per interview on 06/21/22 at 2:25 PM with the Medical Director, s/he stated that Resident #2 has been at the facility over a year without a completed COLST form. Per interview on 6/21/22 at 2:52 PM with the Director of Social Services, s/he stated it would be the physician's responsibility to determine the code status if it wasn't decided by the family or resident. It would be social services responsibility to enter the information into the resident's medical record but would not do it until s/he had a physician's order. S/he confirmed that Resident #2 did not have an order for CPR in their record.	F 678	TAG F 678 POC Accepted on 07/20/22 by L. Lovell/P.Cota	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842	F842 The policy related to Menu Cards/Meal Profile for the Residents was updated to include food allergies identified on the Menu Card and included in the residents Plan of Care. The Guidelines for Daily Care Plan (located in each resident's room on the clipboard for all staff to see) already had the allergies on them so this will continue.	

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F 842 Continued From page 3

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-

- (i) To the individual, or their resident representative where permitted by applicable law;
- (ii) Required by Law;
- (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
- (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-

- (i) The period of time required by State law; or
- (ii) Five years from the date of discharge when there is no requirement in State law; or
- (iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-

- (i) Sufficient information to identify the resident;
- (ii) A record of the resident's assessments;
- (iii) The comprehensive plan of care and services provided;
- (iv) The results of any preadmission screening and resident review evaluations and

F 842 The Dining Manager/Dietician will continue to monitor for all food allergies and place in the interdisciplinary care plan on admission and as needed.

Resident #6's care plan was updated on 6/21/22. All residents with food allergies care plans were reviewed and updated.

The DNS or designee will audit monthly for 90 days and bring findings to CQI meetings.

The Nurse Educator will provide education to all staff related to where to find food allergies for each resident as well as provide training on what food allergies are and how best to prevent reactions. Review of food allergies will be placed on the skills checklist so that all staff review annually.

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F 842 Continued From page 4

F 842

determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review the facility failed to ensure resident allergies were consistently identified throughout the resident's medical record for one of three residents sampled (Resident #6). Findings include:

Per record review Resident #6's Physicians Orders lists allergies of raw apples, raw pitted fruit, and Aleve. These allergies are also listed in the resident's medication administration record. Per the Guidelines for Daily Care (tool used to Inform Licensed Nursing Assistants (LNAs) of each resident's specific care needs) lists Allergies as " Raw Apples, Raw Pitted Fruits, Aleve"

Review of Resident #6's care plan date 4/11/2022 reflects that she/he "may need an epi [epinephrine] pen may have life threatening allergic reaction to peanuts and hazelnuts or pitted fruits." The care plan also states "I need my nurses to know how to use my epi pen. I need my aides to make sure I am not fed any of the foods I am allergic to." and the care plan goal states " My goal is to not have any exposure to the foods that I am allergic to, and avoid having life threatening allergic reaction."

During interview on 6/22/2022 at approximately 1:15 PM when asked how staff would identify a residents allergies, she/he stated that they would review the Diet Sheets provided by the the dietary department. However, she/he did confirm that the

**TAG F 842 POC Accepted on
07/20/22 by L. Lovell/P.Cota**

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F 842	Continued From page 5 peanut and hazelnut allergies were not listed consistently between the physicians orders, care plan, and Guidelines for Daily Care.	F 842		
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