VERMONT

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

January 3, 2019

Ms. Barbara Moynan, Manager
Allenwood At Pillsbury Manor
90 Allen Road
South Burlington, VT 05403-7856

Dear Ms. Moynan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 7, 2018.** 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 11/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENWOOD AT PILLSBURY MANOR	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

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R100	Initial Comments: An unannounced on-site survey was completed by the Division of Licensing and Protection on 11/7/18. The purpose of the survey was to investigate facility mandated reports and 3 complaints. The following regulatory violations were found.	R100	Please see attached plans of correction. POC accepted 12/20/18 per addendum Mary Potter, RN	
R104 SS=F	V. RESIDENT CARE AND HOME SERVICES 6.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS	R104		

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R104	Continued From page 1 participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on multiple reports from residents of the the facility, the facility has failed it's fiduciary duty to comply with the terms of the admission agreements to all current residents of the facility, by failing to bill monthly for rent and miscellaneous charges for each resident's apartment and agreed upon care and services. This regulatory violation affects all residents and/or their legally responsible financial parties. Findings include: Per interviews 11/6/18 and 11/7/18 with facility residents and staff, the facility licensee has failed to adhere to the terms of their Admission Agreements for all current residents. The facility has failed to send all residents a monthly bill of the amount owed for rent and miscellaneous charges every month, as stated in the written terms of the signed admission agreements. This failure to comply with the agreement also violates each resident's right to review their financial records upon request. The facility licensee has not explained in writing to all residents the reasons for their failure to comply with the terms of each admission agreement and this issue is causing significant distress to residents and/or their legally responsible parties. Per interviews with residents who wished to be anonymous on 11/6/18 and 11/7/18, they were 'very upset' and concerned that they have not been billed for any months since the March, 2018. No bills have	R104		

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R104	Continued From page 2 been received for April, 2018 to the present month, November, 2018. There are no facility staff employed at the facility to facilitate responses to questions the residents may have regarding their financial records and monthly billing history. *This is a repeat violation, as the facility was previously found to be out of compliance with this requirement on 8/15/18 and 10/3/18.	R104		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, a facility nurse failed to complete an assessment of the resident's current physical and mental status after one applicable resident was re-admitted to the facility after an inpatient rehabilitation stay. (Resident #1). Findings include: Per record review on 11/6/18, Resident #1 had recently returned to the facility on 10/24/18 after an acute rehabilitation stay for a left hip fracture. Per review of the nursing progress notes from the first day back in the facility, there was no evidence of any physical and mental assessment	R136	POC accepted 12/20/18 per Gildersleeve May Betts, RN	

PRINTED: 11/16/2018
FORM APPROVED

Division of Licensing and Protection

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R136	Continued From page 3 completed, including no vital signs (heart rate, blood pressure, respiratory rate and temperature). During interview on 11/5/18, the LPN (licensed practical nurse) confirmed that a resident returning from a stay at another health care facility required a re-admission assessment upon return. The nurse confirmed that nurses are expected to complete the facility's standardized form for re-assessment after a return to the facility; per observation, the assessment includes physical functioning review, mental and cognitive status, vital signs review and skin assessment and weight.	R136		
R161 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the manager of the home failed to assure that all medications were handled in accordance with the facility's policies and procedures for 1 of 6 residents in the total sample. (Resident # 2). Additionally, the facility policy/procedure for Narcotic Record and Count Sheets was not followed on one day during the previous month due to a nursing staffing issue. This failure could potentially affect any residents receiving narcotic medications. Findings include:	R161	POC accepted 12/20/18 per [illegible] Baltz, RN	

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R161	Continued From page 4 1. Per interview with Resident #2 on 11/5/18 at 4:50 PM, the resident stated that they were upset about their evening medications for the previous night; the resident did not remember receiving their anti-seizure medication (Keppra) at 6 PM when it was due. During interview with the LPN/Manager of the home on thr afternoon of 11/5/18, the Manager was able to review the electronic medication administration record from the previous evening. The medication record for the evening of 11/4/18 showed that the anti-seizure medication was due at 6 PM, and it was documented as given at 8:17 PM, almost 2.5 hours late. The nursing staff who had administered the medication late failed to complete a Medication Error Report, per facility policy. The policy for medication errors stated: "A medication error occurs when a medication is .....given at the wrong time...." * Notify the Physician and the pharmacist to be alerted for any potential problems, then monitor the resident for any side effects. * Notify the family of the error * Fill out a medication error report and leave it in the Nurse Manager's mailbox. * The person making the error must do the above steps"" Staff's failure to follow facility policy and report the medication error was confirmed with the Manager at the time of the Medication Administration Record review. 2. Per interview with a medication technician on 11/6/18 related to review of the nursing staff schedule for the previous month, the surveyor confirmed that on one date during the current schedule, the evening shift medication technician (MT) failed to arrive for their scheduled shift and the day shift staff had no trained staff available to	R161		

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R161	Continued From page 5 do the required shift to shift narcotic count with. Although a later narcotic count was found to be accurate, the MT was not able to comply with the facility's policy/procedure prior to leaving the facility at the end of the shift. During interview on 11/6/18, the DNS confirmed that the MT had called and asked for direction on how to proceed. The DNS stated to lock the medication cart(s) in the Medication Room and they could leave as scheduled. A subsequent count done later confirmed the narcotic count was accurate. The failure to adhere to the facility's Narcotic Record and Count Sheet policy was related to inadequate staffing. Refer also to R 178.	R161		
R178 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there were sufficient staff on duty at all times to provide the necessary care to maintain a safe and healthy environment and to assure prompt appropriate action in cases of injury, illness, fire or any other emergency situations that may occur. This failure had the potential to cause harm to any resident needing urgent care and attention. The staff shortages also prevented nursing staff from following the	R178	POC accepted 12/20/18 per addendum May Butler, RN	

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R178	Continued From page 6 facility's policy/procedure related to counting of narcotic medications on one applicable date. Findings include: As a result of multiple complaints from residents, families and other anonymous sources, facility staffing schedules were reviewed for the period from 10/4/18 - 11/4/18. The following dates were times when there may not be sufficient staff on hand in the facility to meet the residents' needs. Per review of the schedules, there were multiple times/dates when there was the possibility for only 1 - 2 staff to be on hand to manage any emergency situations that may have occurred. The dates/shifts are as follows: For the 3 PM-11 PM shift - 10/4/18, 10/5/18, 10/12/18- 10/14/18, and 10/17/18. For the 11 PM - 7 AM shift - 10/4/18. 10/7/18 - 10/9/18, 10/12/18 and 10/13/18 For the above dates, the charge nurses were assigned to be in charge in both Allenwood RC and Pillsbury South RCH for the same periods of time. If they were called to Pillsbury South facility, then that would leave only 1- 2 staff on duty for the time there were out of the facility; an inadequate number of staff to meet the residents needs under any emergency/accident with injury conditions. The inadequate staffing levels were confirmed during interview with the DNS on 11/7/18. The DNS stated that the corporate owner denied multiple requests to fill staffing gaps with contracted agency staff. * This is a repeat violation from surveys completed on 8/15/18 and 10/3/18.	R178		
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3)	R189		

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R189	Continued From page 7 For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that medical records documentation was complete for 3 applicable residents in the sample who received Hospice Services at the home. (Resident # 3, 4, and 5). Findings include: Per review of a sample of residents' records (1 current and 2 discharged) who had received Hospice Services at the home, none of the 3 medical records included the Hospice Order sets of medications and treatments, Admission to Hospice Services and the Hospice care plans. This omission in documentation was confirmed during interview with the DNS (Director of Nursing Services) on 11/6/18.	R189	POC accepted 12/21/18 per addendum Mary Kate Hatch, RN	
R223 SS=F	VI. RESIDENTS' RIGHTS 6.11 The resident has the right to review the resident's medical or financial records upon request.	R223		

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R223	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility has failed to assure that each resident has the right to review their financial records upon request and that current residents had staff available for assisting with this right. This practice has the potential to affect all residents of the facility. Findings include: Per information received from residents of the facility, the facility licensee has failed to assure access to the financial records of each resident. As of the complaint survey completed on 11/7/18, the facility had continued to fail to fulfil the terms of the resident admission agreements by failing to bill for their monthly rent and services. During interviews with residents who wished to be anonymous on 11/6/18 and 11/7/18, they were very distressed at the lack of bills received. The residents said the last monthly bill received was for the month of March, 2018. The facility currently has one business office employee available for the facility and they did not have any information regarding resident billing practices/processes. S/he had stated that the employee who used to oversee that area had resigned recently and there was no replacement staff available to facilitate a review of their financial records if any resident of the facility wished to review these records. * This is a repeat violation from the survey of 10/3/18.	R223	POC accepted 12/20/18 per electronic M. Bolte, RN	
R224 SS=G	VI. RESIDENTS' RIGHTS	R224		

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R224	Continued From page 9 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, a facility resident caregiver failed to provide necessary care to meet the resident's physical and mental health needs on one occasion for 1 applicable resident in the sample. (Resident #1). Findings include: Based on a facility report of alleged resident neglect by a caregiver, received by the Licensing Agency on 11/5/18, Resident #1, who requires physical assistance of 1-2 staff for mobility and hygiene care needs, was left unattended and fully clothed from 6:30 PM on 11/3/18 until found by staff on the morning of 11/4/18. Per interview on the morning of 11/5/18, the RN (Registered Nurse) stated s/he went to the resident's room at approximately 7:30 AM on 11/4/18 and found the resident sitting on the couch with h/her pants and brief down around the knees. Last night's dinner tray was seen covered, untouched on the kitchen table, out of the resident's reach. The resident had recently returned to the facility after a hospitalization and rehabilitation stay for a hip fracture and was utilizing a walker with stand by assist for ambulation and required weight bearing assistance of 1-2 staff for all transfers. During interview with the RN, the resident had stated that 'No one came to help me.....I called 'help.. help' and no one came all night.' The RN confirmed that the resident had a reddened, blanchable area on the coccyx.	R224	POC accepted 12/20/18 per addendum Mary Bolton, RN	

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R224	Continued From page 10 During interview with the surveyor, the evening shift care giver confirmed that on 11/3/18 at approximately 6:00 PM, s/he had found the resident sitting on their couch, with their pants down by the ankles and that s/he attempted to assist the resident to stand. S/he was not able to do this alone and they went to get the nurse to help assist. S/he stated that they returned with the nurse and together they stood the resident up to fix h/her clothing and the resident was 'shaky'. The caregiver stated that the resident seemed confused and did not understand directions and s/he would bring the resident a supper tray for dinner. The caregiver said that they left the dinner tray on the table behind the couch, covered a short time later. The resident did not want the caregiver to assist them to the table at that time so she straightened out the bedcovers (noticing that there was no bottom sheet, but did not replace it) and left the room. The surveyor asked what time s/he last saw the resident that evening and s/he said it was about 6:30 PM. S/he was asked if s/he went back to check on the resident and to assist them to eat and get ready for bed (undressed and washed). The caregiver responded : "no". S/he stated that they told the resident to ring the pendent if they needed assistance. The caregiver knew that the resident was not able to understand h/her earlier, and that they could not stand up or move independently without physical assistance of 2 staff and they failed to check on the resident for the remainder of the shift. They did not go back to provide the care necessary for the night; the care not provided included assisting with the meal and removing day clothes and getting washed and into night clothes and assisting the resident. She did say that she didn't know the resident well; however s/he confirmed that s/he did not ask for	R224		

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R224	Continued From page 11 any help related to the resident's evening care needs. The caregiver had no explanation for the lack of care provision. During interview with the surveyor on 11/6/18 at 2:10 PM, resident told the same story of what had happened on the evening/night of 11/3/18 - 11/4/18 stating 'I pushed my pendant, called out for help (repeatedly) and no one came to help me all night.' Although the resident did not suffer known serious physical harm from the lack of care provision, they did experience psychological harm and distress from being left on the couch all night and there was a potential for serious harm to this resident due to the healing fractured hip.	R224		
R238 SS=F	VII. NUTRITION AND FOOD SERVICES 7.1.a. (7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. The lack of some menu items had the potential to affect all residents of the facility. Findings include: Per observations in the facility's kitchen at 12:30 PM on 11/6/18, and confirmed by interview with the Dietary supervisor, the facility had not received any food deliveries from their major food service provider since 10/30/18 and they were on a 'stop order' status due to a lack of timely payment. They had food supplies to last	R238	POC accepted 12/20/18 for addendum Mary Butler, RN	

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R238	Continued From page 12 approximately 5 more days, although they had run out of some foods. S/he stated that they have a resident who loves to eat yogurt daily and they have not had any for several days. The estimated foods on hand, including emergency supplies, would be exhausted within 5 - 6 days. S/he stated that many vendors were no longer delivering foods due to a lack of timely payment; other local companies that repair/service machinery have also refused to do any more work until they are paid. On 11/6/18 at 9:40 AM, during interview and observations of the food supplies at the facility, the Dietary Supervisor confirmed that petty cash was used to purchase chicken and ground beef at a local store to cover the previous weekend's menus. S/he also stated that they are now cutting the number of available entrees for the noon meal from 3 down to 2 entrees in order to conserve food supplies. They usually serve a minimum of 120 meals per day. S/he confirmed the dietary staff have been extremely stressed due to current inability to order needed foods on a regular basis. *This is a repeat violation from the survey of 10/3/18.	R238		

Survey of 11/7/18

Pillsbury Allenwood Revised Plan of Correction for **12-19-18**

R104 1. A process has been put in place under the direction of the Receiver; whereby resident monthly statements for December 2018 will be issued by December 31, 2018.
2. Resident monthly billing statements for months prior to December 2018 will be issued by January 31, 2019.
3. Going forward, the Executive Director and the financial team will resume mailings of resident monthly statements.
4. The Executive Director will monitor for compliance weekly x 4 then monthly thereafter and ongoing.
5. Compliance will be completed by January 31, 2019.

POC accepted 12/20/18 M. Bellamy, RN

R136 1. Resident #1 has been reassessed and his service record and care plan was updated.
2. All residents will be assessed to ensure care is in accordance with current assessed care by 12/21/18.
3. Nursing staff will be educated on the assessment process including when and how to assess residents.
4. The Manager will monitor for compliance on all assessments x 90 days and ongoing.
5. Completion date by 12/21/2018.

POC accepted 12/20/18 M. Bellamy, RN

R161 1. The Manager will educate staff on Medication Administration procedures including Narcotic Count and Medication Error policy.
2. The Manager will audit a sample of 10 residents' EMAR 's weekly x 4 weeks, then quarterly to ensure compliance with Medication Administration procedures are followed.
3. The Manager will audit the Narcotic Count documentation daily x 4 weeks, then quarterly to ensure compliance with Narcotic Count procedures are followed.
4. Completion date by 12/21/2018 and ongoing.

POC accepted 12/20/18 M. Bellamy, RN

R178 1. The staff schedule is reviewed and updated several times daily to achieve appropriate staffing levels.
2. Multiple supplemental staffing agencies have been contracted to assist with staffing needs under the direction of the Receiver.
3. The Manager will monitor to ensure adequate staffing levels daily.
4. Completion date by 12/21/2018.

POC accepted 12/20/18 M. Bellamy, RN

R189 1. Resident # 3, 4, 5 no longer reside in the facility.
2. The Manager will educate nursing staff on the required elements for medical records.
3. The Manager or designee will audit a sample of 10 residents' medical records to ensure the required documentation is in the medic al records weekly x 4 weeks, then

POC accepted 12/20/18 M. Bellamy, RN

Survey of 11/7/18

quarterly and ongoing, to ensure medical records are complete.

4. The Manager will monitor for compliance ongoing.
5. Completion date by 12/21/2018.

R223 POC accepted 12/20/18 Meg Bottorff

1. A process has been put in place whereby resident monthly billing statements for Dec 2018 will be available upon resident request to review.
2. Resident monthly billing statements for months prior to December 2018 will be available for review after January 31, 2019 upon resident request.
3. Going forward. the Executive Director and the financial team will be available for residents to review their financial records upon request.
4. The Executive Director will monitor for compliance weekly x 4, then monthly thereafter and ongoing.
5. Completion date by 1/31/2019

R224 POC accepted 12/20/18 M. Bottorff

1. The staff member involved with the care of Resident #1 has been terminated.
2. Resident #1 has been placed on every one hour checks, effective 11/6/18.
3. All staff will be re-educated on abuse protocol and provisions of resident care needs by 12/21/2018.
4. The Charge Nurse is delegated to perform resident rounding 3x/each shift.
5. The Manager will perform random daily rounds x 4 weeks then quarterly and ongoing.
6. Completion date by 12/21/2018.

R238 - POC accepted 12/20/18 M. Bottorff

1. Residents were not harmed by the potential of a food shortage.
2. A meeting with the FSD and Executive Director occurs 2 x/weekly to review food supply.
3. The FSD will monitor vendor payments for timeliness.
4. The Executive Director will report to the Receiver for payments due to vendors.
5. The Executive Director will monitor for compliance weekly.
6. Compliance will be completed by November 28, 2018 and timely payments will be ongoing.