



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

November 15, 2018

Ms. Lynne Stratton, Manager  
Brookdale At Fillmore Pond  
300 Village Lane  
Bennington, VT 05201-9041

Dear Ms. Stratton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 18, 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/18/2018
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE AT FILLMORE POND	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VILLAGE LANE BENNINGTON, VT 05201
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R100	Initial Comments:  An unannounced on-site re-licensure survey was completed by the Vermont Division of Licensing and Protection on 9/17 & 9/18/18. The survey also included a review of 7 facility mandated self-reports. The following deficiencies are related to the re-licensure survey; there were no regulatory violations found related to the self-reports.	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that for 2 of 8 residents in the applicable sample, medications and treatments were consistent with the physician's orders. (Residents #3 and #4). Findings include:  1.) Resident #3 has diagnosis of Osteoporosis and has an order for Alendronate Sodium (medication used to treat Osteoporosis) to be administered one time a day every Monday for bone health. Review of the medication administration record on 9/17/18, there was no evidence that the medication had been administered on Monday, 9/10/18 and there was no documented evidence as to why the medication was not administered. The Licensed Practical Nurse confirmed at 2:50 PM that there	R128	<u>R128 5.5c General Care</u>  Incident reports have been completed for residents #3 and #4. All appropriate staff will be re-trained by 11/09/18 on the 7 rights of medication and the importance of notifying the Primary Care Provider when weights are outside the prescribed parameters. The Health and Wellness Director or designee will monitor the Electronic MARs daily for missed medications and Parameter notifications. The Executive Director will review these reports weekly with the Health and Wellness Director or designee to ensure compliance. The Executive Director will continue to monitor for ongoing compliance through the community's bi-annual or as needed Quality Assurance committee meetings.	

*R128 POC accepted  
11/14/18  
Muy Ballesteros*

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE: 10/26/18

STATE FORM 6809 R4TM11 If continuation sheet 1 of 8



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R128	Continued From page 1  is no evidence the Alendronate Sodium was administered.  2.) Resident #4 has diagnosis that includes edema and Hypertensive Heart Disease and a history of Congestive Heart Failure. There are signed Physician orders, dated 8/22/18 to weigh patient daily, if resident gains more than two pounds in a day, call MD (medical doctor) in the morning. On 9/10/18, resident weight was recorded at 242 pounds and on 9/11/18 the weight was 249 pounds. There is no evidence that the MD was notified as ordered of the weight gain. The Registered Nurse confirmed on 9/18/18 at 11:30 AM that the MD had not been notified.	R128		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7 Assessment  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.  This REQUIREMENT is not met as evidenced by: Based on record review and staff confirmation, the facility failed to complete an assessment within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency for 1 of 8 residents in the total sample.	R134	<b>R134 5.7a Assessment</b>  All appropriate staff have been re-trained by 11/09/18 on the Vermont state assessment tool and regulatory requirements for completing the assessment within 14 days of admission. The Health and Wellness Director or designee will run the community's electronic assessment "Due and Error Due" reports twice weekly to ensure compliance. The Executive Director will continue to monitor for Ongoing compliance through the community's bi-monthly Collaborative Care Review.	

*R134 PAC accepted  
my Balte 11/14/18*

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R134	Continued From page 2  (Resident #1). Findings include:  Per record review, Resident #1 was admitted to the facility on 7/19/17 and the only assessment in the record was dated 9/26/17 and marked to indicate that it was the admission assessment. Confirmation was made on 9/18/18 at 12:40 PM, with the Licensed Practical Nurse (LPN) who stated that the assessment on record was dated 9/26/17 and that it was an admission assessment. The LPN further stated that s/he was not sure why it was not completed within the required 14 days of admission.	R134	
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 Assessment  5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the licensed nurse failed to complete an admission assessment using the instrument approved by the licensing agency, within 14 days of admission for 1 of 8 residents in the total sample. (Resident #7). Findings include:  Per record review, Resident #7 was admitted to the Memory Care Unit on 8/21/17 and there was no completed admission assessment done by the	R135	<p><i>R135 Pac accepted my letter per 11/14/18</i></p> <p><b>R135 5.5b Assessment</b>  All appropriate staff have been re-trained by 11/09/18 on the Vermont state assessment tool and regulatory requirements for completing the assessment within 14 days of an admission to the Memory Care Unit and/or commencement of nursing services. The Health and Wellness Director or designee will run the community's electronic assessment "Due and Error Due" reports twice weekly to ensure compliance. The Executive Director will continue to monitor for ongoing compliance through the community's bi-monthly Collaborative Care Review.</p>



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R135 Continued From page 3  
Registered Nurse (RN), in the medical record. The only assessment found in the medical record was coded as a 'Reassessment' and was completed on 12/28/17. The resident had multiple needs requiring nursing care and overview, including physical functioning and dementia with aggressive behaviors. The lack of a completed admission assessment was confirmed by the Director of Nurses (DNS) during interview on 9/18/18.

R145  
SS=D V. RESIDENT CARE AND HOME SERVICES  
5.9.c (2)  
Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  
  
This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the RN failed to develop a written care plan with measurable goals and specific interventions to describe the necessary care and services to address each of the resident's identified needs. This practice affected 1 of 7 residents in the applicable sample. (Resident #6). Findings include:  
  
Per record review, Resident #6 was receiving anticoagulant therapy for a medical issue and also experienced chronic pain. Per review of the

*R145 PAC accepted May 12/18 11/14/18*

**R145 5.9c (2)**  
The Personal Service Plan for resident #6 has been reviewed by the current Health and Wellness Director. The Health and Wellness Director, Executive Director or nursing designee will conduct a comprehensive review of all current residents' Personal Service Plans to verify that the appropriate interventions are in place, including measurable goals. Targeted date of completion is 11/30/18. The Executive Director will continue to monitor for ongoing compliance through the community's bi-monthly Collaborative Care Review.

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R145 Continued From page 4  
 facility's Personal Service Plan, although each of these issues was identified, there were no individual, documented goals nor specific interventions included to effectively address each issue. The service plans were not in a nursing care plan format and contained no measurable goals under each identified need. The service plan identified 'pain', but failed to include any interventions related to on-going monitoring of pain and evaluation/assessment of the effectiveness of the prescribed pain medications. The failure to provide written nursing care plans with identified concerns/needs, measurable goals and specific interventions was confirmed during interviews with the ED (Executive Director) and the DNS on the afternoon of 9/18/18.

R145

*R150 POC accepted my date, km*

R150 5.9c (7)

The wound identified on resident #6 has healed since survey, and documentation in the resident's chart has been completed. All appropriate staff will be retrained by 11/30/18 on Wound Protocol, Change of Condition and Documentation Policies, and will review resident records including wounds to ensure follow-up is documented. The Health and Wellness Director or designee will conduct wound rounds weekly to monitor the healing process and observe for signs/symptoms of infection. The Executive Director will continue to monitor for ongoing compliance through the community's bi-monthly Collaborative Care Review.

R150 SS=D V. RESIDENT CARE AND HOME SERVICES  
 5.9.c (7)  
 Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken;  
 This REQUIREMENT is not met as evidenced by:  
 Based on staff interview and record review, the RN failed to assure that a resident's follow up care and monitoring of a wound was documented in the medical record for 1 applicable resident in the sample. (Resident #6). Findings include:  
 Per record review on 9/17/18, Resident #6 sustained a skin tear to the left arm during May, 2018. Nurses had faxed the physician notification of the wound on 5/25/18 and the physician had

R150



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R150 Continued From page 5  
replied back to monitor for signs/symptoms of infection. There was no documented evidence of monitoring of the wound and no documented information on when the skin tear had healed as of the date of survey, 9/17/18. The failure to document follow up care and monitoring was confirmed during interview with the DNS at 4 PM on 9/18/18.

R150

R161 V. RESIDENT CARE AND HOME SERVICES  
SS=E

R161

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 observation and staff interviews, the facility failed to ensure all medications were handled according to the home's policies. Findings include:

During observation of the administration of medications on 9/17/18 between 7:50 AM and 8:35 AM, the medication delegated technician (med tech) dropped pills during preparation on to the top of the medication cart on three separate occasions and for three separate residents. S/he picked up the pills that had dropped onto the medication cart with his/her bare hands, put them into a medication cup and then administered them to the residents. The med tech confirmed on 9/17/18 at 8:20 AM that s/he had touched the pills and should have disposed of the pills and

**R161 5.10 b Medication Management**

All appropriate staff will be re-trained by 11/30/18 on the procedures of "what to do if pills are dropped or contaminated" policy and procedure. The Health and Wellness Director or designee will conduct routine medication administration observations randomly on a monthly basis to ensure compliance. The Executive Director will continue to monitor for ongoing compliance through the community's bi-annual or as needed Quality Assurance committee meetings.

*R161 PIC accepted 11/14/18  
My [unclear], [unclear]*

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R161 Continued From page 6

gotten different ones. Confirmation made during an interview on 9/17/18 at 1:45 PM by the Registered Nurse (RN) that the policy/ procedure regarding dropped pills was not followed.

Reference: Brookdale at Fillmore pond policy/procedure titled, "What to do if pill is Dropped or Contaminated:"

1. If pill is dropped or contaminated, go to the plastic pack at the end of the strip. Pull from that last date and for the same med pass time of dropped or contaminated medication. 2. Give medication to Resident. 3. Document in MAR [medication administration record] as if it was not dropped. 4. Dispose of pill in the white waste pill container. 5. Notify Nurse in writing, so pharmacy can replace package for that time and day.

R161

*R 302 PAC accepted 11/14/18  
Mng Butler RN*

R302 IX. PHYSICAL PLANT  
SS=E

9.11 Disaster and Emergency Preparedness

9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

R302

R302 9.11 Disaster and Emergency Preparedness

All maintenance staff will be re-trained on the fire drill and evacuation standards by the District Maintenance Technician or designee by 11/09/18. Fire drills will be Conducted at least on a quarterly basis and will rotate times of day among morning, afternoon, evening, and night. A community Evacuation Drill was completed on 10/28/18 with the local fire department and fire marshal. The Executive Director will verify compliance through the monthly Safety Committee review process.



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R302	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that fire drills were conducted at specific rotating times of the day per regulations and did not conduct an evacuation drill. Findings include:</p> <p>During review of the fire drills the facility conducted between September 2017 and September 2018, there was no evidence that the facility conducted fire drills during the evening hours. The maintenance director, who is responsible for conducting the drills, confirmed on 9/17/18 at 9:45 AM that the drills are done on the evening shift, but none were conducted later than 4:25 PM. S/he further stated that the facility has not conducted evacuations during any of the drills and s/he is not sure how long it would take for the residents to evacuate.</p>	R302		
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