
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision 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 28, 2018

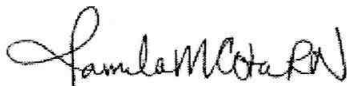
Ms. Cathy Leone, Administrator
Cedar Hill Health Care Center
49 Cedar Hill Drive
Windsor, VT 05089-9470

Dear Ms. Leone:

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,



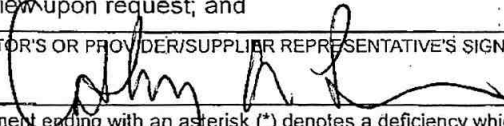
Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 11/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089	
(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
E 000	Initial Comments An unannounced onsite Emergency Preparedness review was completed by the Division of Licensing and Protection from 11/4/18-11/7/18. The facility was found in substantial compliance with regulations related to Emergency Preparedness.	E 000	
F 000	INITIAL COMMENTS An unannounced onsite re-certification survey was completed by the Division of Licensing and Protection from 11/4/18 -11/7/18. While the facility was found to be in substantial compliance with regulatory requirements, the following issues were identified that require a plan of correction.	F 000	
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and	F 577	

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



TITLE

LNH Administrator 11/26/18

(X6) DATE

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 577	Continued From page 1 (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by: Based on observation and resident/staff interviews, the facility failed to have survey results placed in a readily accessible location, where individuals wishing to examine the results, do not have to ask to see them. The findings include the following: During resident council meeting on 11/5/18, the seven residents present, voiced that they did not know where the survey results were located and were unaware that they could review the results of the surveys. There is a posting in an enclosed case in the entry way, that indicates if anyone is interested, they can ask for the survey results in the front office. Confirmation was made with front office staff on 11/5/18 at 2:40 PM, that the results are kept in a binder in the front office and anyone can review them if they ask for them. The staff member further confirmed, that if no one was in the office, the survey results are not available.	F 577	F 577 1. At the time of this survey, the most recent state and federal survey results were posted in the lobby along with the sign indicating the location of the binder with the three years of survey results. The state survey team wanted the binder moved inside from the vestibule and in a place accessible 24 hours a day. 2. A survey book that includes any certifications, surveys, and complaint investigations for the 3 preceding years with the plans of correction, is available to residents, families and legal representatives at all times. The binder is now located beside the Resident Rights Poster. a. Residents will be notified in each monthly Resident Council where the survey binder is located. b. Each monthly Resident Council meeting will include a topic called, "Survey book update" to notify residents where the survey results are and any updates to the survey book as they occur. c. A message will continue to be posted in the vestibule notifying families, visitors and representatives where the book is located. d. Administrator, DON, or designee will notify Activities director when updates are added to the survey book. 3. DON or designee will audit the survey book and notification locations quarterly. e. Date of Corrective Action: 12/7/18		1
F 623 SS=B	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a	F 623	F-577 POC accepted 11/24/18 M. Bertrand EV / S. Reuy EV		

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F 623	<p>Continued From page 2</p> <p>representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is</p>	F 623		

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F 623	<p>Continued From page 3</p> <p>transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide</p>	F 623		

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F 623	<p>Continued From page 4</p> <p>written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review the facility failed to notify the resident and/or resident's representative in writing, also failed to provide a copy of the notice to the Ombudsman, of a transfer to the hospital for 2 of 3 applicable residents in the sample (Resident #25 & Resident #38). Findings include:</p> <p>1. Resident #38 was transferred to the acute hospital on 10/4/18, that resulted in an admission, with a diagnosis of Congestive Heart Failure. Per review of the medical record on 11/6/18, there is no evidence that written notification of the transfer was provided to the resident and/or the resident's representative. The Social Worker and the Administrator both confirm on 11/6/18 at 9:38 AM, that a Discharge Summary and Bed Hold Notice were given, but there was no separate written notice of transfer provided.</p> <p>2. Per record review Resident #25 was</p>	F 623	<p>F 623</p> <ol style="list-style-type: none"> 1. The Ombudsman received the October discharge and transfer form including transfer of #38. 2. Any resident being transferred from Cedar Hill will have a transfer form provided at time of transfer. 3. The InterAct system will be used for the transfer form available in the Point-Click-Care electronic record. The form will be filled out, printed, and sent with the resident for any unplanned transfers and discharges, as well as a verbal notification to resident and family/representatives prior to transfers and the written transfer form sent to family/legal representative. <ol style="list-style-type: none"> a. Cedar Hill's discharge summary and plan of care will continue to be used for all planned discharges. b. The Ombudsman's office will continue to receive a monthly report on discharges and transfers as requested by the Ombudsman. c. Nurse education on the use of the InterAct transfer form, and transfer process is scheduled x2, and written instructions available to charge nurses. d. The nurse manager or designee will assure a transfer form was provided and sent at the time of transfer, by auditing the Clinical Report sheet daily. 4. Date of corrective action: 12-14-18 <p><i>F-623 POC accepted 11/26/18 M. Bertrand RD / S. Perry, RD</i></p>	1

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F 623	Continued From page 5 transferred to the hospital on 8/3/18 and re-admitted to the facility on 8/5/18. There was no evidence in the medical record that the resident and/or resident's representative was notified in writing of the transfer. Per interview on 11/6/18 at 12:01 PM with the Social Worker, s/he confirmed that the resident and/or resident's representative was not notified in writing of the transfer to the hospital.	F 623		