



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 13, 2019

Ms. Jennifer Combs-Wilber, Administrator
Green Mountain Nursing And Rehabilitation
475 Ethan Allen Avenue
Colchester, VT 05446-3312

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 30, 2019**. 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

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

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2019
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NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446
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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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E 000 Initial Comments

An unannounced onsite survey of Emergency Preparedness was completed by the Division of Licensing and Protection on 10/30/19. No regulatory violations were identified related to Emergency Preparedness.

E 000

*See Attached
Plan of Correction
for F 623 / F 625*

F 000 INITIAL COMMENTS

An unannounced onsite re-certification survey was completed by the Division of Licensing and Protection from 10/28/19-10/30/19. While the facility was found to be in substantial compliance, the following issues were identified that require correction:

F 000

F 623 Notice Requirements Before Transfer/Discharge
SS=B CFR(s): 483.15(c)(3)-(6)(8)

F 623

§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 representative of the Office of the State Long-Term Care Ombudsman.
- (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
- (iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.
(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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jennifer Combs-Welber</i>	TITLE <i>NHA</i>	(X6) DATE <i>11/8/19</i>
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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 623 Continued From page 1

made by the facility at least 30 days before the resident is transferred or discharged.

(ii) Notice must be made as soon as practicable before transfer or discharge when-

(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;

(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;

(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;

(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

(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

(i) The reason for transfer or discharge;

(ii) The effective date of transfer or discharge;

(iii) The location to which the resident is transferred or discharged;

(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;

(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;

(vi) For nursing facility residents with intellectual and developmental disabilities or related

F 623

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F 623 Continued From page 2

F 623

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 (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.

§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.

§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 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).

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to provide a written notice of transfer/discharge to the resident and/or legal representative before or at the time of transfer for 3 of 6 residents in the sample (Residents #31,

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F 623 Continued From page 3
#35 and #304). The findings include the following:

F 623

1. Per record review, Resident #31 was found on the floor on 07/10/19 at 0315. The resident was sent to the Emergency Department for evaluation and treatment and returned to the facility on 07/16/19. Per review of the Notice of Transfer/Discharge dated 07/10/19, it identifies the transfer/discharge with the appropriate information. However, the notice was provided to the resident on 08/02/19, some 16 days after returning to the home.
Per interview on 10/29/19 at 11:30 AM, the Social Services Director confirmed that the facility does not send out transfer notices until the resident returns to the facility.

2. Per record review, Resident #35 developed periorbital edema (swelling) of the eyes, both legs/feet, an 11-pound weight gain and shortness of breath. On 10/22/19 at 2:51 PM, the physician requested the resident to be sent to the emergency room for evaluation. There is no evidence in the medical record that a written notice of transfer was provided to the resident/resident's legal representative as required. Per interview with the Social Service Director on 10/29/19 at approximately 11:30 AM, confirmation is made that a written notice was not provided as required. S/he stated that the facility does not send out transfer notices until the resident returns to the facility.

3. Per record review, Resident #304, on 10/14/19, was found to have altered mental status, inability to swallow and elevated blood sugar levels without eating and was sent to the hospital for an evaluation. The resident remained in the hospital overnight returning to the facility on

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F 623	Continued From page 4 10/15/19. There is no evidence in the medical record that a written notice of transfer was provided to the resident or the resident's legal representative as required. Per interview with the Social Services Director on 10/29/19 at 2:18pm, confirmation was made that no transfer notice was provided as required.	F 623	
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.	F 625	

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F 625	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to provide a written notice of the bed-hold policy to the resident and/or legal representative upon transfer to the hospital for 3 of 6 residents (Residents #31, #35 and # 309). The findings include the following:</p> <ol style="list-style-type: none"> 1. Per record review, Resident # 31 was found on the floor on 07/10/19 at 0315. The resident was sent to the Emergency Department for evaluation and treatment and returned to the facility on 07/16/19. There is evidence in the medical record that a written notice of bed hold was provided to the resident/resident's legal representative dated 08/02/19, after returning to the facility. Per interview on 10/29/19 at 11:30 AM, the Social Services Director confirmed that the bed-hold notice was not issued to the resident until 08/02/19, some 16 days after returning to the home. 2. Per record review, Resident #35 developed periorbital edema (swelling) of the eyes, both legs/feet, an 11-pound weight gain and shortness of breath. On 10/22/19 at 2:51 PM, the physician requested the resident to be sent to the emergency room for evaluation. There is no evidence in the medical record that a written notice of bed hold was provided to the resident/resident's legal representative as required. Per interview with the Social Service Director on 10/29/19 at approximately 11:30 AM, confirmation is made that a written notice was not provided as required. 3. Per record review, Resident #304, on 10/14/19, was found to have altered mental 	F 625		

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F 625 Continued From page 6
status, inability to swallow and elevated blood sugar levels without eating, and was sent to the hospital for an evaluation. The resident remained in the hospital overnight, returning to the facility on 10/15/19. There is no evidence in the medical record that a written notice of bed hold was provided to the resident or the resident's legal representative as required.

Per interview with the Social Services Director on 10/29/19 at 2:18 PM, confirmation was made that no bed hold notice was provided as required.

F 625

The preparation and execution of this Plan of Correction does not constitute an admission or agreement by the Provider as to the truth or accuracy of the facts alleged or the conclusions set forth in the Statement of Deficiencies. This plan of correction is prepared and executed because it is required by federal and state regulations.

F 623

It is the policy of the facility to give transfer and discharge notices to residents as soon as practicable.

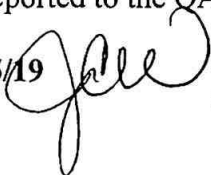
Residents #35,31, & 304 were transferred to ER, resident # 35 left facility at 4:15 pm and returned at 9:40 pm on 10/22 resident #31 remained in hospital. Resident # 304 left facility at 2 pm on 10/14 on and returned at 12:20 am 10/15. Residents received notices.

All residents who transfer to the ER have a potential to be affected by this alleged deficient practice.

To ensure that the alleged deficient practice does not occur staff have been reeducated on the facility policy and regulation of Transfer/Discharge notices. Notices will be given to resident and or family member as soon as practicable, a note will be made in the resident progress notes reflecting notice given. Any notice needing to be mailed will be mailed certified to ensure delivery of notice. Staff will document attempts to received signed notices. Policies and Procedures have been reviewed and updated if needed.

A quality improvement evaluation has been implemented under the supervision of the Administrator and/or designee to monitor the timely notification of transfer, discharge and bed hold notices to resident and/or responsible parties. Weekly audits will be done for 30 days then monthly thereafter and reported to the QAPI team.

Completion Date: 11/15/19



F623 POC accepted 11/12/19 JHemer RN/pma

F 625

It is the policy of the facility to notify the resident of a bed hold policy and return.

Residents #35,31, & 304 were transferred to ER, resident # 35 left facility at 4:15 pm and returned at 9:40 pm on 10/22 resident #31 remained in hospital. Resident # 304 left facility at 2 pm on 10/14 on and returned at 12:20 am 10/15. Residents received notices.

All residents who transfer to the ER have a potential to be affected by this alleged deficient practice.

To ensure that the alleged deficient practice does not occur staff have been reeducated on the facility policy and regulation of bed hold notices. Notices will be given to resident and or family member as soon as practicable, a note will be made in the resident progress notes reflecting notice given. Any notice needing to be mailed will be mailed certified to ensure delivery of notice. Staff will document attempts to received signed notices. Policies and Procedures have been reviewed and updated if needed.

Green Mountain Nursing and Rehab Survey Date: 10/30/2019

A quality improvement evaluation has been implemented under the supervision of the Administrator and/or designee to monitor the timely notification of bed hold notices to resident and/or responsible parties. Weekly audits will be done for 30 days then monthly thereafter and reported to the QAPI team.

Completion Date: 11/15/19

FL25 POC accepted 11/12/19 JHbmer RN/PMA