

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 25, 2020

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 **November 3, 2020**. 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: 11/09/2020
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 C 11/03/2020
NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	
(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
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted unannounced onsite investigations of two complaints November 2-3, 2020. The following regulatory deficiencies were identified as a result:	F 000	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 678 SS=E	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that staff were certified to provide basic life support, including Cardiopulmonary Resuscitation (CPR). Findings include: Per review of staff CPR certifications, there is no documented evidence that the facility has CPR certified staff on duty 24/7 as required. The facility currently has 7 residents that are a full code. These 7 residents would require CPR certified staff in the event of cardiac arrest. On 11/3/20 at 11:24 AM, the Director Of Nurses (DON) confirmed that the facility did not have CPR certified staff on duty for all shifts and that the facility was not in compliance with the regulation.	F 678	It is the policy of GMNR to ensure that properly trained personnel are available immediately (24 hours per day) to provide basic life support, including cardiopulmonary resuscitation (CPR), to residents requiring emergency care prior to the arrival of emergency medical personnel. Many staff have previously been trained, CPR re certification was put on hold due to the Covid-19 pandemic, the most recent certification expired 1/28/2020. All residents who would require CPR could be affected by this alleged deficient practice. To ensure residents receive CPR in an emergency prior to the arrival of emergency medical personnel, staff will be recertified. The recertification courses will be completed on Nov 18 th , 24 th .	
F 947 SS=B	Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) §483.95(g) Required in-service training for nurse aides.	F 947	The HR director and/or designee will monitor the dates of renewal of CPR certifications and gather current certifications from new employees. F687 Continue next pg	

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

TITLE

(X6) DATE

Jennifer Combs-Welber

LPHA

11/16/2020

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 947	<p>Continued From page 1 In-service training must-</p> <p>§483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.</p> <p>§483.95(g)(2) Include dementia management training and resident abuse prevention training.</p> <p>§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.</p> <p>§483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that in-service training is sufficient to ensure the continuing competence of nurse aides. Findings include: Per review of in-service training records for 5 Licensed Nursing Assistants (LNAs), 4 of the 5 did not receive the required 12 hours of in-service training to meet regulatory requirements. The training must include dementia and abuse training.</p> <p>Staff # 1 - 9.5 documented hours of training;</p> <p>Staff # 2 - 9 documented hours of training. No abuse training as required by regulation;</p> <p>Staff # 3 - No documentation of abuse or dementia training as required by regulation;</p>	<p>F 947</p> <p>F 947</p> <p>F 947</p>	<p>The scheduler and/or designee will document on the daily PPD posting CPR certified staff person.</p> <p>A quality improvement evaluation has been implemented under the supervision of the Administrator and/or designee. The HR director will report to the QAPI team on CPR certifications and Recertifications. Monitoring of CPR certifications and recertifications are on going.</p> <p>Completion Date: 11/25/2020</p> <p>It is the policy of GMNR to ensure LNA's are offered education to include dementia management training and resident abuse prevention training as required by regulation.</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>All staff are continually reminded of the requirements of staff education and the need to attend on-going trainings which are currently provided by hand outs and emails due to pandemic distancing restrictions. To enhance the training options, computers will be set up in a common area for staff to access various education programs to include dementia and abuse trainings, completion of trainings.</p>	

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F 947	Continued From page 2 Staff # 4 - 1 documented hour of training. No documented abuse or dementia training as required by regulation. On 11/3/20 at 12:04 PM, the Director Of Nurses confirmed the above, stating that there is no additional training documentation.	F 947	A quality improvement evaluation has been implemented under the supervision of the HR director and Director of Nursing and/or designee to monitor education hours of attendance and offerings. Monitoring of education attendance and offerings will be on going. Completion Date : 11/30/2020 F947 POC accepted 11/25/20: R.Tremblay, RN/PMC		