



**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

August 2, 2024

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 revisit survey conducted on **July 23, 2024**. Please post this document in a prominent place in your facility.

This will close the enforcement cycle that started on March 28, 2024.

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

Enclosure

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

PRINTED: 07/31/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREEN MOUNTAIN NURSING AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446</b>	
(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  An unannounced onsite revisit survey was conducted by the Division of Licensing and Protection at Green Mountain Nursing and Rehabilitation on 7/23/24. The revisit was for the follow up survey dated 6/11/24. The following regulatory violations were identified:	F 000	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.	
F 758 SS=B	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that--  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;  §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order	F 758	It is the policy of the facility physicians to ensure that PRN [as needed] psychotropic medications orders for greater than 14 days are accompanied by documentation to rationalize extended use.  The physician for resident #7 had completed rationale of extended use of a psychotropic medication in a progress note dated 7/2/2024, the order for extension was initiated on 7/10/24 8 days after the rationalization was documented. Physician has completed a late entry note referencing the 7/10/2024 order extension on 7/23/2024.  Physician for resident #6 submitted a electronic order on 5/28/2024 for a 14 day psychotropic medication to include associated diagnosis. 6/12/24 physician wrote a clarification of the 5/28/24 order. Physician for resident #6 completed a follow up late entry progress note to include rationale on 7/24/2024 for the original 5/28/24 order extending to the 6/12/24 clarification order. Covering physician for resident #6 also documented rationalization for the need for psychotropic medication continuation.	

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

TITLE

(X6) DATE

*[Signature]* *[Signature]* *7/31/2024*

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 758	<p>Continued From page 1 unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure that PRN [as needed] psychotropic medications orders for greater than 14 days are accompanied by documentation of physician rationale for their extended use.</p> <p>An interview was conducted with the facility's Director of Nursing [DON] on 7/23/24 at 12:41 PM. The DON stated and confirmed through record review that the facility's Plan of Correction for noncompliance with CMS Long Term Care Facilities regulation F758 [CFR 483.45(c)(3)(1)-(5)] cited in the 6/11/24 follow up survey included:</p> <p>"Audits of PRN [as needed] psychotropic medications will be completed to identify physician documentation to support PRN orders longer than 14 days".</p>	F 758	<p>All residents who are prescribed PRN psychotropic medications have a potential to be affected by this alleged deficient practice.</p> <p>Resident PRN psychotropic orders will be monitored in the EHR dialy. Physicians were reminded on 7/23/2024 that PRN psychotropic medications must include rationalization of extension of use, policy for psychotropic medications were reviewed and given to physicians on 7/23/24. Nurses are reminded of the policy that physicians must document rationale when they obtain orders for psychotropic extensions.</p> <p>Audits of the orders will be completed to identify physician documentation of rationalization to support extension of the PRN psychotropic medication.</p> <p>DON, ADON and/or designee to monitor psychotropic orders. Audits to be submitted to QAPI team, Medical Director and Administrator for review.</p> <p><b>Completion Date 7/24/2024</b></p> <p><b>Tag F 758 POC accepted on 8/1/24 by T. Dougherty/P. Cota</b></p>	

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F 758	Continued From page 2 Per interview on 7/23/24 at 12:41 PM, the DON stated that S/he had identified 2 residents [Res.#6 and Res.#7] with PRN psychotropic medication orders. The DON confirmed that Res.#6's medical record had been previously identified in the 6/11/24 follow up survey as evidence of noncompliance with regulation F758. Per interview on 7/23/24 at 12:41 PM, the DON stated and confirmed through record review that medical records for both residents #6 & #7 contained physician orders for PRN [as needed] psychotropic medications longer than 14 days. The DON stated and confirmed through record review that neither of the residents' medical records contained required physician documentation regarding the physician's rationale for extending the PRN psychotropic medication[s] beyond 14 days.	F 758			