

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

September 4, 2018

Mr. Casey Keefe, Administrator Greensboro Nursing Home 47 Maggie's Pond Road Greensboro, VT 05841-8800

Dear Mr. Keefe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 6, 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

amlaMCotaPN

Licensing Chief

PRINTED: 08/15/2018 FORM APPROVED

DEPARTI	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SÉRVICES	(963) de		FORM APPROVED OMB: NO. 0938-0391
TATEMENT (S PON MEDIOANT OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE (A. BUILDING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED C:
		475043	B. WING		08/06/2018
NAME OF P	ROMDER OR SUPPLIER			EET ADDRESS; CITY, STATE, ZIP CODI	
SERVED TERRORISMENT OF STATE	SORO NURSING HO			MAGGIE'S POND ROAD EENSBORO, VT 05841	
GINCEITO				PROVIDER'S PLAN OF CORRE	CTION (75) HOTELGRAGE BE CHLO
(X4) ID PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS REFERENCED TO THE API DEFICIENCY)	OULD BE POWERE TON
F 000	INITIAL COMMEN	T.S.	F 000	2 20 20 2000	
F 583. \$\$⊭È	conducted an una of 1 complaint on regulatory deficier Personal Privacy/	censing and Protection nhounced on-site investigation 8/6/18: The following noies were identified. Confidentiality of Records (1)-(3)(i)(ii)	F 583	F583 What corrective action will be accomplished for those resider to have been affected by the dipractice?	nts found eficient
X	The resident has confidentiality of the records.	y and Confidentiality. a right to personal privacy and is or her personal and medical		Residents 2&3 remain in the fact without any negative psychosoc from the alleged deficient practical have there been any further alleged deficient processing the factor of the factor o	ial impact ce nor ged dent 1 is ty. to include
÷	accommodations telephone commo and meetings of	sonal privacy includes , medical treatment, written and inications, personal care, visits, amily and resident groups, but ire the facility to provide a each resident.		protected health information and personal electronic devices whil facility. How will the facility identify the residents having the potential affected by the same deficient.	e in the
	residents right to right to privacy in written, and elect the right to send mail and other le materials deliver- including those d than a postal ser		2	and what corrective action witaken? All residents have the potential affected by the alleged deficient the facility will protect the private residents by requiring volunteer general orientation prior to enter facility in any volunteer capacity orientation will include educative tegarding GNH policies and propersonnel policies, code of conconfidentiality and abuse preventions.	to be practice; cy of s to attend ring the y; general on seedures: luct, ntion and
	and confidential (i) The resident I of personal and provided at §483 federal or state I (ii) The facility m	e resident has a right to secure personal and medical records. las the right to refuse the releas medical records except as .70(i)(2) or other applicable aws. ust allow representatives of the te.	e	reporting; volunteers will be rec sign off their understanding and acceptance of policies and proc before beginning their volunteer	edures

Any delicioncy statement anding 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 deliclencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH	AND HUMAN	SERVICES
SCHAFFOR FOR MENICARE		

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TATEMENT IND PLAN O	ÖF DEFICIENCIES E CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDII	IPLE GONSTRUC KG	TION	C 08/06/	TED.
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MAKE THAT I STATE OF	ROVIDER OR SUPPLIE BORO NURSING F			47 MAGGIE'S GREENSBO	ess, city, state, zip gode Pond Road RO, VT 05841		
(X4) IQ PREKIX TAG	JEACH DESIGIES	STATEMENT OF DEFICIENCIES NOT MUST BE PRECEDED BY FULL RUSC IDENTIFYING INFORMATION)	PREFIX TAG	. 1500	ROVIDER'S FLAN OF CORRECTION CH CORRECTIVE ACTION SHOUL S-REFERENCED TO THE APPROP DEFICIENCY)		(XS) OMPLETION DATE
F 583	Confinued From to examine a res	page 1 ident's medical, social, and cords in accordance with State	F 5	83	<u>F583</u>	[V
#2 100 100	law. This REQUIREN by:	MENT is not met as evidenced			What measures or systemic changes will the facility put int place to ensure that the deficie practice does not recur?	o nt	59F
	Based on staff facility tailed ens violated for 3 of #1, #2, & #3), Fi				The facility has updated it's poli and procedure manual to include new volunteer general orientatio individuals will be required to at general orientation prior to enter the facility in any volunteer capa	n; htend ing acity	e s
v ü	school voluntee photographs of media site know also had derograthat were deme	reflity became aware that a high rat the facility had posted 3 of the residents on the social on as Snapchat. The photographs atory comments written on them aning, disrespectful and 3 of the residents have dementiand as to be taken.			and sign off their understanding acceptance of GNH policies and procedures to include abuse prevention and reporting, confidentiality and code of confidentiality, protected he information, and the use of perfectionic devise while in the facility.	duct.	
	wheelchair nap caption read "S Resident #2 was hospital johnnie their face and the photo, they their hand on the coming?"	phs, Resident #1 was sitting in a ping with headphones on and the ing for me (Resident #1's name)" is lying in bed, dressed only in a with their hand partially covering he caption read "True beauty", is exit seeking behaviors, and in were standing at an exit door with the door, with the caption "Hi name), how's your escape plan			How will the facility monitor corrective actions to ensure the deficient practice will not recompleted by ED, DNS or desided with the completed by ED, DNS or desided with the completed by ED, DNS or desided with the completed by ED, DNS or desided weekly X4 weeks then month months or until substantial compliance is achieved. The results of the audits will be reported to the monthly QAA committee for a minimum of months at which time the QA	ents ignee y X2	
	Administrators aware of the a contacted the advised that the allowed in the	n interview with the Assistant s/he confirmed that s/he was mad legation and subsequently teacher at the high school and e student volunteer was no longe facility and that a report to Adult vices (APS) was being made. The	F		committee will determine the continued duration of the aud Corrective action will be comby August 27, 2018. F-583 POC. a.c.	lits.	(129 118 W

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 08/15/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN OF	OF DEFICIENCIES CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A, BUILDING	E CONSTRUCTION	(XX) DATE SÜRVEY COMPLETED
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12 3	ROVIDER OF SUPPLIE BORO NURSING H	Ŕ	s 4	TREET ADDRESS, CITY, STATE, ZIP CODE 7 MAGGIE'S POND ROAD REENSBORO, VT 05841	AND ADDRESS OF THE PARTY OF THE
(X4) ID PREFIX TAG	KEACH DEFICIEN	TATEMENT ÖF DEFICIENCIES ICY MUST BE PRECEDED BY FÜLL YLSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
	conducted an invested conducted an invested the outcome of swas also unable student voluntee education related Privacy, Confider Electronic Device Free from Abuse CFR(s): 483.12 (c) \$483.12 Freedor Exploitation The resident has neglect, misapprand exploitation includes but is necorporal punishmany physical or of swas and exploitation any physical or of the outcome.	e to provide evidence that they estigation into the incident, or aid investigation. The facility to provide evidence that the was provided any training or I to Resident Rights, Abuse, nitality or the use of Personal es within the facility, and Neglect a)(1) In from Abuse, Neglect, and the right to be free from abuse, opplation of resident property, as defined in this subpart. This of limited to freedom from nent, involuntary seclusion and hemical restraint not required to	F 583	What corrective action will be accomplished for those resident found to have been affected by deficient practice? Residents 2&3 remain in the facil without any negative psychosocial impact from the alleged deficient	the ity it e; of on h isi
	§483.12(a) The five state of t	ot use verbal, mental, sexual, or corporal punishment, or sion; IENT is not met as evidenced if review and confirmed by staff cility failed to protect 3 of 3 or from mental abuse (Resident		affected by the same deflictent practice and what corrective action will be taken? All residents have the potential the affected by the alleged deficient practice; the facility will protect residents from mental abuse by requiring volunteers to attend general orientation prior to enter the facility in any volunteer capageneral orientation will include education regarding GNH policies and procedures; personnel policies and procedures; personnel policies ode of conduct, confidentiality abuse prevention and reporting; volunteers will be required to significant of their understanding and acceptance of policies and procedures before beginning the volunteer duties.	ing ccity; es es, and

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 08/15/2018 FORM APPROVED OMB NO. 0938-0391

AFSO43 B. WIND TREETADPRESS, CITY, STATE, 29' COUR AT MAGGIES' PORD RICH RECENSBORO NUISING HOME. SUMMARY STATEMENT OF DEHICLENGIES BACH DEFIGUREDY MUSTREP PRECEDED BY PULL FREETY AND CONTINUED From page 3 From page 4 Continued From page 3 Continued From page 4 Continued From page 3 Continued From page 4 C		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(\$2) DATE COMI	SURVEY PLETED
RESENSE OR O NURSING HOME. ### A MAGGIES POND ROAD ### GREENSE OR O NURSING HOME. ### A MAGGIES POND ROAD ### REGINATORY OR LS. DEMTIFYING INFORMATION ### REGINATORY OR LS. DEMTIFYING INFORMATION #### FEROULATORY OR LS. DEMTIFYING INFORMATION #### FEROULATORY OR LS. DEMTIFYING INFORMATION ##### FEROULATORY OR LS. DEMTIFYING INFORMATION ###################################			475043	B. WING		08/	06/2018
FIGO Sentinued From page 3 that were demensing, disrespectful and nuministing. All 2 of the residents have dementia and would have been unable to give consent for the phelographs to be taken. Resident #T was sitting in a wheelchair napping with frieadphones on and the saption read "Sing for me (Resident #T was have been unable to give consent for the phelographs to be taken). Resident #T was sitting in a wheelchair napping with frieadphones on and the saption read "Sing for me (Resident #T was have demined with their hand partially covering their face and the saption read "True beauty". Resident #Z was light and the saption read "Sing for me (Resident #T was been unable to provide with their hand partially covering their face and the saption of	001000000000000000000000000000000000000	EST AND TO S	€:	1	17 MAGGIE'S POND ROAD		
that were demeaning, disrespectful and humilitating. All 3 of the residents have demential and within have been unable to give consent for the photographs to be taken. Resident #1 was sitting in a wheelchair napping with fleadphones on and the caption read "Sing for me (Resident #1's name)". Resident #2 was lying in beat, disressed only in a hospital Johnnie with their hand partially overfing their flace and the caption, read "True, beauty". Resident #3 has gait geeking behaviors, and in the photos, they were standing at an exit door with their hand on the door, with the caption "Hi (resident #3's name), how's your escape plan coming?" Using the "Reasonable Person Concept", a reasonable person in a similar situation would feel mental anguish due to rebeling humilitated and/or dehumenized by these unauthorized photographs being shared on a social media application. On 8/6/18 in an interview with the Assistant Administrator she confirmed that she was made aware of the allegation and subsequently contacted has the situdent volunteer was since longer allowed in the facility and that a report to, Adult Protective Services (APS) was being made. The traditive was that a report to, Adult Protective Services (APS) was being made. The traditive was that the situdent volunteer was provided any training or education related to Resident Rights, Abuse, Privacy, Confidentiality or the use of Personal	PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO	ULD BE	
FORM CMS 2567 (02/99) Previous Versions Obsolete Event ID: GE2Q11 Facility ID: 4751 huation sheet Page 4 of		that were demea humiliating. All 3 and would have the photographs. Resident #1 was with headphones for me (Residentlying in bed, dres with their hand pathe caption read exit seeking behwere standing a the door, with the name), how's you being the "Reas reasonable persided mental anguland/or dehuman photographs be application. On 8/6/18 in an Administrator s/ aware of the all contacted the tell advised that the allowed in the fallowed in the fallowed in the fallowed in the fallowed in the succome of was also unable student volunte education relate Privacy, Confid Electronic Device.	uning, disrespectful and a of the residents have demential been unable to give consent for to be taken. It sitting in a wheelchair napping on and the caption read "Sing t#1's name)". Resident #2 was used only in a hospital johnnie partially covering their face and "True beauty". Resident #3 has aviors, and in the photo, they tan exit door with their hand on a caption "Hi (resident #3's our escape plan coming?" conable Person Concept", a continua similar situation would uish due to feeling humiliated high shared on a social media interview with the Assistant the confirmed that she was made egation and subsequently eacher at the high school and interview with the Assistant he confirmed that she was mode egation and subsequently eacher at the high school and student volunteer was no longer ecility and that a report to Adult ces (APS) was being made. The ble to provide evidence that they exit investigation. The facility is to provide evidence that they are to Resident Rights, Abuse, entiality or the use of Personal ces within the facility.		changes will the facility put into place to ensure that the deficient practice does not recur? The facility has updated it's policy and procedure manual to include new volunteer general orientation; individuals will be required to attend general orientation prior to entering the facility in any volunteer capacity and sign off their understanding and acceptance of GNH policies and procedures to include abuse prevention and reporting, confidentiality and code of conduct. Education includes subject matter related to resident privacy, protected health information, and the use of personal electronic devise while in the facility as well as prohibitive postings of resident PHI on a volunteer's personal social media site. How will the facility monitor the corrective actions to ensure the deficient practice will not recur? Random audits to ensure residents are protected from mental abuse will be complete by ED, DNS or designee weekly X4 weeks then month X2 months or until substantia compliance is achieved. The results of the audits will be reported to the monthly QAA committee for a minimum of months at which time the QA committee will determine the continued duration of the audits.	dy l be 3 A	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE	S MEDICAID SERVICES	ter Control		CIRIO INC.	. 0000 0001
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A.BUILDING	CONSTRUCTION	COV	E SURVEY MPLETED
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ARE INSPECTOR AS	PROVIDER ÖR SUPPLIER BORO NURSING HO		47 1	EET ADDRESS, GITY, STATE, ZIP CODE MAGGIE'S POND ROAD EENSBORO, VT 05841		
(X4) ID PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID: PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH, CORRECTIVE ACTION SH GROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
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	Continued From p Reporting of Allege		F 609		<u>-</u>	
ŞS≒D	CFR(s): 483,12(c)	(1)(4)		<u>F602</u>		i e v e
	neglect, exploitation	onse to allegations of abuse, on, or mistreatment, the facility ure that all alleged violations		What corrective action will be accomplished for those residents found to have been affected by the deficient practice?	3	
ō	involving abuse, n mistreatment, incl source and misap are reported imme hours after the alle that cause the alle serious bodily inju- the events that ca abuse and do not the administrator	eglect, exploitation or uding injuries of unknown propriation of resident groperty, ediately, but not later than 2 egation is made, if the events eation involve abuse or result in use the allegation do not involve result in serious bodily injury, to of the facility and to other		Residents 2&3 have remained in the facility without any negative psychosocial impact from the alleged deficient practice nor has there been any further allegation of abuse that have not been reported to the State Survey Agency; Resident 1 is no longer resident of the facility. Education provided to staff regarding abus reporting.	ive is	
	adult protective se	to the State Survey Agency and ervices where state law provides ong-term care facilities) in State law through established		How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?		,
	investigations to t designated repre- accordance with Survey Agency, w incident, and if the appropriate corre	port the results of all he administrator or his or her sentative and to other officials in State law, including to the State within 5 working days of the alleged violation is verified of the action must be taken.		All residents have the potential be affected by the alleged deficient practice; the facility we ensure allegations of abuse are reported timely and to the appropriate agencies.	ill	
	by: Based on record facility failed to re the Division of Lic Survey Agency) v	ENT is not met as evidenced review and staff interview, the port an allegation of abuse to censing and Protection (State within the required timeframe for residents (Resident #1, #2 & clude			2 ₁	# # # #

PRINTED: 08/15/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO: 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A BUILDING 475043 B WING 08/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 47 MAGGIE'S POND ROAD GREENSBORO NURSING HOME GREENSBORO, VT 05841 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION! TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 609 Continued From page 5 F 609 On 6/8/18 the facility became aware that a high What measures or systemic school volunteer at the facility had posted changes will the facility put into photographs of 3 of the residents on the social place to ensure that the media site known as Snapchat. The photographs deficient practice does not also had derogatory comments written on them that were demeaning, disrespectful and Educated staff on the required humillating. All 3 of the residents have dementia. timeframe to report allegations of and would have been unable to give consent for abuse and the process for the photographs to be taken. One of the 3 reporting to State Survey Agency residents was lying in bed and dressed only in a and Adult Protective Services simultaneously. iohnnie. How will the facility monitor On 8/6/18 In an Interview with the Assistant the corrective actions to ensure Administrator s/he confirmed that s/he was made the deficient practice will not aware of the allegation and subsequently contacted the teacher at the high school and The Administrator and Director of advised that the student volunteer was no longer Nursing Services will take lead allowed in the facility and that a report to Adult with regards to reporting allegations of abuse to State Protective Services (APS) was being made, Survey Agency and Adult however, no report to Licensing and Protection Protective Services. (State Survey Agency) was ever made. The facility was unable to provide evidence that they Corrective action will be completed by August 27, 2018. conducted an investigation into the incident, or the outcome of said investigation. The facility was also unable to provide evidence that the F-609 POC Accepted 8/29/18 L. Larell, EN/SPerry Ru student volunteer was provided any training or education related to Resident Rights, Abuse, Privacy, Confidentiality or the use of Personal Electronic Devices within the facility.