

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

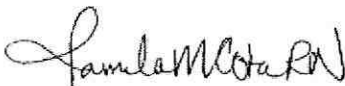
Mr. Casey Keefe, Administrator  
Greensboro Nursing Home  
47 Maggie's Pond Road  
Greensboro, VT 05841-8800

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  
Licensing Chief

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C. 08/06/2018
NAME OF PROVIDER OR SUPPLIER  GREENSBORO NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 47 MAGGIE'S POND ROAD GREENSBORO, VT 05841	
(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  F 583 SS#E	<p>INITIAL COMMENTS</p> <p>The Division of Licensing and Protection conducted an unannounced on-site investigation of 1 complaint on 8/6/18. The following regulatory deficiencies were identified.</p> <p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p><u>§483.10(h) Privacy and Confidentiality.</u> The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p><u>§483.10(h)(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</u></p> <p><u>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</u></p> <p><u>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</u> (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman</p>	F 000  F 583	<p><u>FS83</u></p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents 2&amp;3 remain in the facility without any negative psychosocial impact from the alleged deficient practice nor have there been any further alleged violations of their privacy; Resident 1 is no longer a resident of the facility. Educated volunteers on HIPAA to include protected health information and the use of personal electronic devices while in the facility.</p> <p>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?</p> <p>All residents have the potential to be affected by the alleged deficient practice; the facility will protect the privacy of residents by requiring volunteers to attend general orientation prior to entering the facility in any volunteer capacity; general orientation will include education regarding GNH policies and procedures: personnel policies, code of conduct, confidentiality and abuse prevention and reporting; volunteers will be required to sign off their understanding and acceptance of policies and procedures before beginning their volunteer duties.</p>

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

TITLE

(X6) DATE

*Cassidy*

*Administrator*

8/24/18

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 583	<p>Continued From page 1</p> <p>to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed ensure resident's privacy was not violated for 3 of 3 applicable residents (Resident #1, #2, &amp; #3). Findings include:</p> <p>On 6/8/18 the facility became aware that a high school volunteer at the facility had posted photographs of 3 of the residents on the social media site known as Snapchat. The photographs also had derogatory comments written on them that were demeaning, disrespectful and humiliating. All 3 of the residents have dementia and would have been unable to give consent for the photographs to be taken.</p> <p>In the photographs, Resident #1 was sitting in a wheelchair napping with headphones on and the caption read "Sing for me (Resident #1's name)". Resident #2 was lying in bed, dressed only in a hospital johnnie with their hand partially covering their face and the caption read "True beauty". Resident #3 has exit seeking behaviors, and in the photo, 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?"</p> <p>On 8/6/18 in an interview with the Assistant Administrator s/he confirmed that s/he was made aware of the allegation and subsequently contacted the teacher at the high school and advised that the student volunteer was no longer allowed in the facility and that a report to Adult Protective Services (APS) was being made. The</p>	F 583	<p><b>F583</b></p> <p>What measures or systemic changes will the facility put into place to ensure that the deficient practice does not recur?</p> <p>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 regarding privacy, protected health information, and the use of personal electronic devise while in the facility.</p> <p>How will the facility monitor the corrective actions to ensure the deficient practice will not recur?</p> <p>Random audits to ensure residents privacy is protected will be completed by ED, DNS or designee weekly X4 weeks then monthly X2 months or until substantial compliance is achieved.</p> <p>The results of the audits will be reported to the monthly QAA committee for a minimum of 3 months at which time the QAA committee will determine the continued duration of the audits.</p> <p>Corrective action will be completed by August 27, 2018.</p> <p>F-583 POC accepted 8/29/18 Lalorrell, W / S. Leung, W</p>



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F 583 Continued From page 2  
facility was unable to provide evidence that they conducted an investigation into the incident, or the outcome of said investigation. The facility was also unable to provide evidence that the 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.

F 600 Free from Abuse and Neglect  
§8=E CFR(s): 483.12(a)(1)

§483.12 Freedom from Abuse, Neglect, and Exploitation  
The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must:

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse; corporal punishment, or involuntary seclusion;  
This REQUIREMENT is not met as evidenced by:  
Based on record review and confirmed by staff interview, the facility failed to protect 3 of 3 applicable resident from mental abuse (Resident #1, #2, & #3). Findings include:  
  
On 6/8/18 the facility became aware that a high school volunteer at the facility had posted photographs of 3 of the residents on the social media site known as Snapchat. The photographs also had derogatory comments written on them

F 583

F 600

**F600**  
What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

Residents 2&3 remain in the facility without any negative psychosocial impact from the alleged deficient practice nor have there been any further allegations of mental abuse; Resident 1 is no longer a resident of the facility. Educated volunteers on HIPAA to include protected health information and the use of personal electronic devices while in the facility as well as the prohibitive posting of resident pictures on a volunteer's personal social media site.

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?

All residents have the potential to be affected by the alleged deficient practice; the facility will protect residents from mental abuse by requiring volunteers to attend general orientation prior to entering the facility in any volunteer capacity; general orientation will include education regarding GNH policies and procedures; personnel policies, code of conduct, confidentiality and abuse prevention and reporting; volunteers will be required to sign off their understanding and acceptance of policies and procedures before beginning their volunteer duties.



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F600	Continued From page 3 that were demeaning, disrespectful and humiliating. All 3 of the residents have dementia and would have been unable to give consent for the photographs to be taken.  Resident #1 was sitting in a wheelchair napping with headphones on and the caption read "Sing for me (Resident #1's name)". Resident #2 was lying in bed, dressed only in a hospital johnnie with their hand partially covering their face and the caption read "True beauty". Resident #3 has exit seeking behaviors, and in the photo, 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 feeling humiliated and/or dehumanized by these unauthorized photographs being shared on a social media application.  On 8/6/18 in an interview with the Assistant Administrator s/he confirmed that s/he was made aware of the allegation and subsequently contacted the teacher at the high school and advised that the student volunteer was no longer allowed in the facility and that a report to Adult Protective Services (ARS) was being made. The facility was unable to provide evidence that they conducted an investigation into the incident, or the outcome of said investigation. The facility was also unable to provide evidence that the 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.	F600	<b>F600</b>  What measures or systemic 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 completed by ED, DNS or designee weekly X4 weeks then monthly X2 months or until substantial compliance is achieved.  The results of the audits will be reported to the monthly QAA committee for a minimum of 3 months at which time the QAA committee will determine the continued duration of the audits.  Corrective action will be completed by August 27, 2018.	

F600 POC accepted 8/29/18  
L. Lacroix / S. Perry, ed



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E 609

Continued From page 4

F 609

F 609

Reporting of Alleged Violations

F-609

SS=D

CFR(s): 483.12(c)(1)(4)

F602

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

Residents 2&3 have remained in the facility without any negative psychosocial impact from the alleged deficient practice nor have there been any further allegations of abuse that have not been reported to the State Survey Agency; Resident 1 is no longer a resident of the facility. Education provided to staff regarding abuse reporting.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:

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?

Based on record review and staff interview, the facility failed to report an allegation of abuse to the Division of Licensing and Protection (State Survey Agency) within the required timeframe for 3 of 3 applicable residents (Resident #1, #2 & #3). Findings include

All residents have the potential to be affected by the alleged deficient practice; the facility will ensure allegations of abuse are reported timely and to the appropriate agencies.



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PRINTED: 08/15/2018  
FORM APPROVED  
OMB NO. 0938-0391

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F 609	<p>Continued From page 5</p> <p>On 6/8/18 the facility became aware that a high school volunteer at the facility had posted photographs of 3 of the residents on the social media site known as Snapchat. The photographs also had derogatory comments written on them that were demeaning, disrespectful and humiliating. All 3 of the residents have dementia and would have been unable to give consent for the photographs to be taken. One of the 3 residents was lying in bed and dressed only in a johnnie.</p> <p>On 8/6/18 in an interview with the Assistant Administrator s/he confirmed that s/he was made aware of the allegation and subsequently contacted the teacher at the high school and advised that the student volunteer was no longer allowed in the facility and that a report to Adult Protective Services (APS) was being made, however, no report to Licensing and Protection (State Survey Agency) was ever made. The facility was unable to provide evidence that they conducted an investigation into the incident, or the outcome of said investigation. The facility was also unable to provide evidence that the 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.</p>	F 609	<p>What measures or systemic changes will the facility put into place to ensure that the deficient practice does not recur?</p> <p>Educated staff on the required timeframe to report allegations of abuse and the process for reporting to State Survey Agency and Adult Protective Services simultaneously.</p> <p>How will the facility monitor the corrective actions to ensure the deficient practice will not recur?</p> <p>The Administrator and Director of Nursing Services will take lead with regards to reporting allegations of abuse to State Survey Agency and Adult Protective Services.</p> <p>Corrective action will be completed by August 27, 2018.</p> <p><i>F609 POC Accepted 8/29/18 L. Lovell, RW / S. Berry, RW</i></p>