

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

February 12, 2018

Ms. Cathy Williams, Manager
Mansfield Place
18 Carmichael Street
Essex Junction, VT 05452-3170

Dear Ms. Williams:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 23, 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



PRINTED: 01/29/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/23/2018
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NAME OF PROVIDER OR SUPPLIER MANSFIELD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 18 CARMICHAEL STREET ESSEX JUNCTION, VT 05452
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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) COMPLETE DATE
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R100	Initial Comments: The Division of Licensing and Protection conducted investigations of a facility self-report and a complaint in conjunction with a re-licensing survey on 1/22/18 - 1/23/18. Regulatory violations were cited as a result.	R100		
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that documentation of	R171	SEE ATTACHED	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cheryl Williams</i>	TITLE <i>Executive Director</i>	(X5) DATE <i>2/7/18</i>
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STATE FORM

4899 48YV11

If continuation sheet 1 of 5

R171- R224 POC accepted 2/12/18 RTremblay/201/pmc

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R171	Continued From page 1 medication administration included all necessary elements to indicate that the medication regimen as ordered is appropriate and effective for 4 out of 16 residents in the sample (Residents #4, #5, #6, and #7). Findings include: Per record review of residents' Medication Administration Records (MARs) at the time of the survey, facility staff were not consistently documenting the effectiveness of as needed (PRN) medication. Resident #4, with orders for PRN haloperidol 0.5 ml by mouth every four hours, received two doses of this medication on 12/29/2017 with no result documented indicating the medication's effectiveness. Resident #4, with orders for PRN ativan 0.5 mg daily by mouth, received the medication on 12/30/2017 with no result documented indicating the medication's effectiveness. Resident #5, with orders for PRN ibuprofen 200 mg daily by mouth, received the medication on 12/20/2017 with no result documented indicating the medication's effectiveness. Resident #6, with orders for PRN trazadone 50 mg by mouth, received the medication on 12/21/2017 with no result documented indicating the medication's effectiveness. Resident #7, with orders for PRN Biofreeze (topical analgesic) received the medication for leg pain on 11/13/2017, 11/14/2017 and 11/15/2017 with no result documented indicating the medication's effectiveness. Resident #7 with orders for PRN tramadol 50 mg by mouth every six hours, received the medication on 12/9/2017 with no result documented indicating the medication's effectiveness. Per interview, the Health Services Director stated that staff are expected to document the effectiveness of all PRN medication administered	R171			

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R171	Continued From page 2 to residents. The missing documentation was reviewed with the Health Services Director at 10:50 AM on 1/23/2018.	R171		
R224 SS=E	<p>VI. RESIDENTS' RIGHTS</p> <p>6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure that 7 of 16 sampled residents (Residents #s 1, 2, 12, 13, 14, 15, 16) were free from neglect, exploitation or misappropriation of funds. Findings include:</p> <p>1. Per review of video surveillance and staff interview, Residents #1, 12, 13, 14, 15, 16 did not have safety checks provided on the night shift for at least four 11 PM to 7 AM shifts in December 2017 and January 2018. Per record review Resident # 1 was found on the floor of his/her room with multiple superficial injuries at approximately 8:15 AM on 12/22/17. The last known staff documentation indicated Resident # 1 was seen at dinner at 5:30 PM on 12/21/17.</p> <p>Per interview with the facility Executive Director (ED) and Health Services Director (HSD), night shift staff, known as Resident Assistants (RAs), are expected to perform safety checks on each resident on the memory care unit every two hours beginning at 11:00 PM and ending at 7:00 AM.</p>	R224	SEE ATTACHED	

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R224	<p>Continued From page 3</p> <p>Video surveillance from 2 cameras on the memory care unit for 12/22/17, 12/23/17, 1/4/18 and 1/8/18 was observed in the presence of the HSD. There is no evidence that staff performed these safety checks on these dates from 12 AM to 7 AM. The video was reviewed for all above dates between 11:00 PM the prior evening and 7:00 AM. Staff are expected to document each safety check and note each resident's status. The Assistant Health Services Director (AHSD) stated that it is his/her expectation that staff visualize each resident and verify their health status. It was noted that an additional camera covering a hallway with resident rooms was not operational between 11:00 PM and 7:00 AM on the aforementioned dates.</p> <p>During interviews with the RAs on duty the morning of 12/22/17, both stated that the safety checks had been done every 2 hours. 1 of the RAs stated that h/she had observed Resident # 1 asleep in bed between 6:30 - 7:00 AM on 12/22/17. A second review of video surveillance was done in the presence of the HSD. No RAs or other staff were observed in the vicinity of Resident # 1's room between 6:30 - 7:00 AM. On 1/23/17 at 9:40 AM, the HSD confirmed that there is no evidence that staff had performed safety checks for Residents # 1, 12, 13, 14, 15, and 16.</p> <p>2. Per staff interview and record review, a staff member misappropriated funds from Resident #2. The HSD stated that Resident #2 notified staff on 11/13/17 that a suspicious check had been written on his account. The HSD confirmed that a former employee had written a check from Resident #2's account without his/her knowledge. The former employee was on suspension at the time and was subsequently terminated by the facility for violation of the facility's policy.</p>	R224	SEE ATTACHED	
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Mansfield Place
18 Carmichael Street
Essex Junction, Vermont

Plan of Correction for survey completed: 1/23/18

R171- Medication Management

1. Mansfield Place initiated an inservice 1/25/18 re: appropriate documentation of PRN medications is to include follow up on effectiveness for all nurses/med passers. Completed 2/4/18.
2. Continuing education re: PRN medication administration and follow up will be provided to all new staff who will be administering medications. Proficiency for this will be integrated into current nurse check list for med passer training sign off (to be completed by 2/26/18), and PRN medication documentation will be reviewed with med passer's annual review and observation.
3. Audits will be conducted by Health Services Director (HSD) or designee to evaluate staff compliance of PRN follow up documentation s/p administration at least 3x weekly until such time that pattern of 100% compliance is established; then reduce frequency to random audits as directed by HSD to monitor for continued adherence to protocol thereafter. (audit form attached)

R224-Resident Rights

Mansfield Place acknowledges and takes seriously our obligation to protect and promote each resident's rights, and safeguard their wellbeing.

#1

1. Mansfield Place has ensured all residents residing in Memory Care will be checked on at least Q2-3 during overnight hours for safety unless care-planned otherwise.
2. An inservice re: the importance and expectations of routine nightly rounds and documentation of rounds was initiated on 1/12/18, and has been reviewed and signed by all night shift memory care staff. Completed: 1/31/18
3. Audits will be performed by Memory Care Coordinator or nurse designee to oversee nightly rounds sheets on a daily basis, and hold staff accountable for any incomplete entries. (audit form attached) Audits initiated 1/30/18: ongoing. Day shift nurse inservice initiated 1/30/18 re: expectations of overnight rounds and audit follow up. Due to be completed by 2/12/18.

#2

Incident involving Resident #2 was reported to appropriate authorities upon discovery per VT State Regulations.

1. On 11/14/17-Senior Safe Seminar on Fraud hosted by VT Department of Financial Regulation was offered to all community residents.
2. Secure lockboxes will be made available to all residents for valuables with onset date dependent upon delivery of item to the community.
3. Resident Rights/Abuse& Neglect Prevention inservice initiated for all direct care staff. Due to be completed by 2/26/18
4. Ongoing: Mansfield Place will continue to take all necessary measures to protect all residents, including but not limited to:
Staff/Resident education, screening of all employee backgrounds per policy, contacting all required agencies for any suspected abuse, and suspension and/or termination of staff as applicable to maintain safest environment possible.

Maureen Ellison, RN HSD

A handwritten signature in cursive script, appearing to read 'Maureen Ellison RN', is written below the typed name.

Over Night Rounds and Check

RA 1 _____ RA 2 _____ DATE: _____

Room	Resident	11pm	1am	3am	5am	7am
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						

- Initial 2 hour rounds and document activity at the time of check
- **A**- awake **S**-sleeping **T**-toileted **V**-voided **I**- incontinent

Reviewed by: _____ **(LPN/RN)**