

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

April 15, 2021

Mr. Timothy McAdoo, Administrator
Mayo Healthcare Inc.
71 Richardson Ave
Northfield, VT 05663-5644

Dear Mr. McAdoo:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 23, 2021**. 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: 03/30/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475053 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/23/2021 |
| NAME OF PROVIDER OR SUPPLIER MAYO HEALTHCARE INC. | | | STREET ADDRESS, CITY, STATE, ZIP CODE 71 RICHARDSON AVE NORTHFIELD, VT 05663 | |
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| F 000 | INITIAL COMMENTS An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection from 03/22 through 03/23/21. The following regulatory violations were identified for one of the three complaints investigated: | F 000 | <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> | |
| F 609 SS=D | Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §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. §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 | F 609 | Affected: No residents were injured by this practice. Systemic: The facility will ensure that all alleged violations involving diversion or allegations of misappropriation, are thoroughly investigated and reported to the State within the required time frames. The facility will immediately notify the state agency of any allegation of diversion. Facility has revised the current policies on narcotic administration and drug diversion, "Narcotic/ Controlled Substances Count" and "Drug Diversion Reporting." Education: All nurses will be in-serviced on the revised policy/procedure on narcotic administration, and drug diversion. DNS shall re-educate on required reporting to include definitions, timelines and reporting protocols. Audit: DNS will perform four weekly medication audits to identify any variance from facility medication administration policy. The four weekly audits shall be a random sampling of residents, and will include (1) non-narcotic medication and (2) narcotic medication. DNS shall perform four weekly audits of narcotic log entries to verify staff adherence to the policy of double signatures when entering narcotics into the narcotic log-book. Monitor: All allegations of diversion will be audited monthly for timeliness and audit results presented to the Quality Assurance and Performance Improvement (QAPI) Committee for review and approval. Any significant deviation or non-compliance will trigger monitoring for an additional 30-days. Corrective Action Date: April 30, 2021 | 04/30/2021 |

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

TITLE

(X6) DATE

Executive Director

April 6, 2021

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 609 | Continued From page 1 by: Based on staff interview and record review, staff failed to immediately report alleged misappropriation of resident property (medications) for 5 residents to the Director of Nursing Services or the Administrator and the facility failed to report to the State Survey and Certification Agency no later than 24 hours after discovery of the incident. Findings include: Per review on 03/22/21 of the facilities final report (March 2, 2021), RE: Drug Diversion Investigation Findings, it was noted that nursing staff B & C reported to the Director of Nursing Services (DNS) that some non-narcotic medications seemed to frequently run out before they were due to be refilled. Staff B & C documented the number of pills (Gabapentin, Venlafaxine, Cyclobenzaprine and Methocarbamol) all of which are pain medications, prior to leaving for vacation on 01/23/21. Upon return 7 days later, staff B & C compared the written numbers of pills to what was on hand and found the discrepancy. This was reported to the DNS on 01/31/21. Biotin (vitamin) was also discovered missing on 02/10/21. These missing medications were prescribed to residents on the Dog River Unit. None of the residents were affected and all medications were replaced by the pharmacy. The DNS responded appropriately by putting the medications into locked narcotic boxes in medication carts to be counted and signed out by staff. The DNS then started an investigation. An interview with the DNS on 03/22/21 at 4:20 PM, revealed the facility investigation found the following numbers of missing pills: | F 609 | F-726 Competency <i>It is the practice of this facility to have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</i> Affected: No residents were injured by this practice. Any resident on medication(s) has the potential to be affected. Systemic: <ul style="list-style-type: none"> The facility will ensure that all alleged violations involving diversion or allegations of misappropriation, are thoroughly investigated and reported to the State within the required time frames. The facility will immediately notify the state agency of any allegation of diversion. Facility has revised the current policies on narcotic administration and drug diversion, "Narcotic/Controlled Substances Count" and "Drug Diversion Reporting." | | |

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| F 609 | Continued From page 2 30 missing Cyclobenzaprine, for resident #1, 3 missing Gabapentin for resident #2, 30 missing Methocarbamol for resident # 3, 39 missing Gabapentin for resident # 4, Full bottle Biotin for resident # 4 16 missing Venlafaxine for resident #5. The DNS reports "We talked about whether we should report the missing non-narcotic medications immediately to the Division of Licensing and Protection as we continued our investigation." The investigation began on 02/01/21 when the pills were found missing. Staff B and C did not report the alleged violation of misappropriation of resident property to the DNS or administrator immediately and the facility did not notify the Division of Licensing and Protection until 02/26/21. The regulation states to report "no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury." | F 609 | <i>See next page for continued P.O.C.</i> | | |
| F 726 SS=B | Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). | F 726 | | | |

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| F 726 | Continued From page 3 §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure competency of licensed nurses by not having a written policy regarding expectations of narcotic medication pill counts and dual nurse signatures when deliveries are made by the pharmacy. The facility also failed to re-educate nurses after two drug diversion incidents that were discovered on 01/23/21 and 02/25/21. Findings include: Per review on 03/22/21 of the facility final report (March 2, 2021), RE: Drug Diversion Investigation Findings, it was noted that nursing staff B & C reported to the Director of Nursing Services (DNS) that some non-narcotic medications seemed to frequently run out before they were due to be refilled. Staff B & C documented the number of pills prior to leaving for vacation on | F 726 | F-726 Competency (continued) Education: <ul style="list-style-type: none">All nurses will be in-serviced on the revised policy/procedure on narcotic administration, and drug diversion.DNS shall re-educate on required reporting to include definitions, timelines and reporting protocols. Audit: <ul style="list-style-type: none">DNS will perform four weekly medication audits to identify any variance from facility medication administration policy. The four weekly audits shall be a random sampling of residents, and will include (1) non-narcotic medication and (2) narcotic medication.DNS shall perform four weekly audits of narcotic log entries to verify staff adherence to the policy of double signatures when entering narcotics into the narcotic log-book.DNS will review the medication administration competency with Nurses at April 2021 Nurses Meeting (4/14/2021). Monitor: The Quality Assurance and Performance Improvement (QAPI) Committee will review the training and competency in the April 2021 QAPI Meeting. The QAPI Committee will be responsible for review and approval. Any significant deviation or non-compliance will trigger monitoring for an additional 30-days. Corrective Action Date: April 30, 2021 | 04/30/2021 | |

Education:

F726 POC accepted 4/12/21
G. Maravilla Pw | Pme

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| F 726 | <p>Continued From page 4</p> <p>01/23/21. These pills were, Venlafaxine, an antidepressant that may also be used as a pain medication, Gabapentin, Cyclobenzaprine and Methocarbamol also used for pain or relaxation of muscles. Upon return 7 days later, staff B & C compared the written numbers of pills to what was on hand and found the discrepancy. This was reported to the DNS on 01/31/21. These missing medications were prescribed to residents (#1, #2, #3, #4, #5) on the Dog River Unit. None of the residents were affected and all medications were replaced by the pharmacy.</p> <p>A narcotic drug diversion was also discovered on 02/25/21. Per the facility final report, when staff attempted to reorder Oxycodone HCL, the pharmacy revealed that it was too early to re-order. The pharmacy had already sent 120, ½ tabs on 02/08/21 which equate to 60 full tabs. The DNS confirmed that the pharmacy delivered 2 separate cards of 60, ½ tabs on 02/08/21 which would have been a total of 120, ½ pills. Staff G had signed in the delivered medication on 02/08/21 as noted by his/her signature in the blue narcotic count book. Staff G made notation of only 60 pills on hand without a second nurse signature. This additional count guards against theft and diversion of controlled substances. Interview with the DNS on 03/22/21 at 11:45 AM confirmed it is professional practice to have two nurses count and sign the narcotic book upon delivery of narcotic medications from the pharmacy, however this is not specified as a written policy.</p> <p>An observation of medication administration was conducted on 03/22/21 at 1:00 PM. Resident # 6 was due for his/her prescribed Oxycodone. Interview with staff D who gave the medication,</p> | F 726 | | | |

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| F 726 | <p>Continued From page 5</p> <p>stated "we always count with another nurse and double sign narcotics being delivered from the pharmacy." Per record review on 03/22/21, resident # 6's medication order reads: Oxycodone HCL Tablet 5 MG, Give 2.5 mg by mouth three times a day for pain. H/she also has this same medication ordered to give 2.5 mg by mouth every 4 hours as needed. Per review of the residents February 2021 medication administration record, H/she did receive all medication as ordered and pain levels were documented. The two bingo cards of missing medication had been replaced by the pharmacy. The family of resident # 6 was notified. Numerous attempts were made on 02/10/21 and 02/11/21 by the DNS to question Staff G via phone call and email to ask about vitamins (Biotin) also missing that belonged to resident # 4. Staff G alerted the DNS of his/her resignation on 02/12/21. A report for drug diversion was filed with the State of Vermont, APS and DAIL on 02/26/21. Medication audits are being conducted per review of the facilities Monthly Narcotic and Controlled Drug Invoice Audit documentation (3/2 through 3/21).</p> <p>This investigation reveals that current medication administration and documentation practices were reviewed verbally to nurses, however there is no documentation of any re-education to confirm this per interview with the DNS on 03/22/21.</p> <p>Areas of concern for re-education are as follows:</p> <ol style="list-style-type: none"> 1. The need for immediate reporting by staff to the DNS or Administrator, and to the appropriate authorities of any misappropriation of resident belongings, in this case, medications. 2. The importance of educating staff regarding | F 726 | | | |

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| F 726 | Continued From page 6 the signs of diversion, symptoms of substance abuse and diversion reporting procedures and reporting of suspected diversion in accordance with facility policy and procedures. 3. Discussion and enforcement of diligent surveillance, and interventions to prevent diversion i.e., 2 nurses to count and sign for delivery of narcotics from the pharmacy. | F 726 | | | |