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

May 11, 2018

Ms. Kaysie Breer, Manager
Mayo Residential Care
610 Water Street
Northfield, VT 05663-5640

Dear Ms. Breer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 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

Pamela M. Cota, RN
Licensing Chief

MAY - 7 2018

PRINTED: 04/30/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0199	A. BUILDING: ______ B. WING ______	C 04/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYO RESIDENTIAL CARE	610 WATER STREET NORTHFIELD, VT 05663

(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
R100	Initial Comments: An unannounced onsite re-licensure survey was conducted on 4/17/18 and completed on 4/18/18 by the Division of Licensing and Protection. The survey also included complaint investigations of 2 entity self-reports. No regulatory violations were identified related to the self-reports. The following regulatory violations are associated with the re-licensure survey.	R100	The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our Residents lives.	
R150 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to assure consistent action and notification was made to the physician when a resident was demonstrating signs and symptoms of illness for 1 applicable resident. (Resident #6) Findings include: At the end of January 2018 staff began medicating Resident #6 with Loperamide 4 mg. (diarrhea medication). On 2/3/18 the attending physician office was informed Patient #6 had weight loss and continued to have issues with bowels. Resident #6 was also experiencing generalized weakness, incontinence and requiring staff assistance with total care which was a significant change for this resident. As symptoms remained unchanged, without follow-up with physician, staff continued to medicate with Loperamide which was ineffective.	R150	**R-150** All nursing staff will be educated by Mayo's Staff Development Nurse or designee on the importance of documenting signs and symptoms of illness at the time of occurrence as well as ensuring a timely action plan to address signs and symptoms of illness. To ensure that the same deficient practice does not recur a Physician/PCP/NP/PA Notification Log sheet has been developed. This form requires staff to indicate that the Physician/PCP/NP/PA was notified of any resident's signs & symptoms of illness as well as the Physician/PCP/NP/PA's response or lack thereof. If no Physician/PCP/NP/PA response is received in 24 hours a follow-up notification by way of phone call, e-mail or fax will be performed. The Nurse Manager will telephone any	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Christine Scott, Administrator | TITLE | (X6) DATE: 5/3/18

R150 - R313 POC accepted 5/8/18 FMcIntosh RN/PMC

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R150	Continued From page 1 After 4 days of profuse diarrhea, the RCH manager sent a fax to the attending physician's office noting Resident #6 was not achieving any relief using either pepto bismol (diarrhea medication) or Loperamide. After not receiving contact and/or response from the physician, the RN failed to follow-up to assure the physician was directly informed of Resident #6's significant symptoms and physical decline. On 2/10/18 RCH staff LNA sent a fax to physician's office noting Resident #6 was administered pepto bismol for loose bowels. However, no follow-up or notification by the RN directly with the physician transpired, although the RN is in attendance in the RCH 4 hours 5 days per week. Despite ongoing symptoms, it was not until 2/13/18 the physician was directly contacted by RCH staff and at this time an order was received to obtain a stool culture. Within 24 hours the culture was positive for a bacterial infection of the bowel, Resident #6 was prescribed antibiotic treatment and placed on strict precautions. Despite the accurate recording of the resident's ongoing symptoms by RCH staff, there was a failure by the RN to make direct communication and notification to Resident #6's physician as symptoms and illness persisted for this resident. This was confirmed by the RCH manager on the morning of 4/18/18.	R150	Physician/PCP/NP/PA who has not responded within 48 hours and stress the importance of receiving an action plan to address the illness. All communication to the Physician/PCP/NP/PA will be documented in the Nurse's Notes, including the action plan. The Physician/PCP/NP/PA notification log sheet will be audited weekly by the Nurse Manager or designee. If any omissions of documentation or follow up actions are discovered staff involved will be reeducated & corrected and follow up will take place. Results of these audits will be reviewed by the Administrator. The frequency & duration of further audits will be continue until no further omissions are consistently evident. POC will be corrected by May 18, 2018	
R313 SS=C	XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request	R313	**R-313** All written permission requests will be signed & completed by the 5 applicable residents. Since all residents are potentially at risk for this same deficient practice the Administrator will educate the Admissions Coordinator and all Business Office staff on the	

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R313	Continued From page 2 of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to obtain a signed written request from either the resident and/or the resident's legal guardian, Power of Attorney (POA), or representative payee to manage money held by the RCH for 5 applicable residents. (Residents # 1, 2, 3, 4, 5) Findings include: Per interview on 4/18/18 at 2:00 PM, the RCH Business Manager confirmed written consents to hold money for Residents #1, 2, 3, 4, 5 has not been obtained from either the residents and/or legal guardian, POA or representative payee. The money is dispersed to the residents upon request, often for incidentals.	R313	importance of obtaining written permission from all residents who request to keep money &/or other valuables in the Business Office safe. Mayo will continue to inform all new residents of the option to keep a limited amount of personal funds &/or other valuables in the Business Office safe by signing a written permission request form. The Business Office Manager will continue to obtain written permission request forms from any resident who chooses to store resident funds &/or other valuables in the Business office safe as well as provide access to their personal funds as requested. POC will be corrected by May 18, 2018	