

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

October 31, 2018

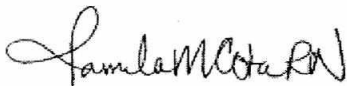
Ms. Kaysie Breer, Manager
Mayo Residential Care
610 Water Street
Northfield, VT 05663-5640

Dear Ms. Breer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 2, 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



OCT 26 2018

PRINTED: 10/09/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2018
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NAME OF PROVIDER OR SUPPLIER MAYO RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 610 WATER STREET NORTHFIELD, VT 05663
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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:

An unannounced on site investigation of two self-reports was conducted by the Division of Licensing and Protection on 10/2/18. The findings include the following:

R224 VI. RESIDENTS' RIGHTS
SS=F

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.

This REQUIREMENT is not met as evidenced by:
Based on record review and confirmed by staff interview, the facility failed to ensure the protection of Resident Trust (Escrow) accounts from misappropriation of use. The findings include the following:

Per interview with the Licensed Nursing Home Administrator (LNHA) on 10/2/18 at approximately 12:30 PM confirmation was made, that during the annual audit conducted by a contracted accounting firm, discovery was made that the Resident Escrow Accounts (titled Trust Accounts) were unable to be reconciled. Through interviews with the office staff, conducted by the LNHA, it was discovered that money was deliberately transferred from the Trust (Escrow) Account to the General Fund Account. The General Fund Account is used to meet the facility's financial obligations.

The Trust (Escrow) Account retains the deposits of private paying residents, who are required to

R100

R224

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.

R-224 Mayo Healthcare took immediate steps and terminated the employee who admitted to the transfer of Trust Accounts funds to the General Fund Account. Additionally Mayo Healthcare hired American Healthcare Software Enterprises, Inc. to determine the exact amount of money owed, if any, and to include interest to the accounts affected. Once determined, the cost report and the accounts were reconciled. Since all Residents have the potential to be affected by the same deficient practice, Mayo Healthcare has taken steps to assure the protection of Resident Trust (Escrow) accounts from misappropriation of funds by instructing Northfield Savings Bank that this account must have two signatures from authorized Mayo Healthcare personnel including the Administrator's signature in order to transfer or remove any funds from the Trust Accounts.

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Christine Scott Administrator 10/23/18

R224 POC accepted 10/29/18 MBethandRN/pmr

Division of Licensing and Protection

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R224 Continued From page 1

provide the facility with a 60 day advanced payment at the time of admission. Each resident earns interest on the money held, a quarterly report is submitted to resident/families of the balance of the account, and this balance is returned to the resident at the time of discharge.

The LNHA confirmed, that facility staff admitted to the transfer of Trust Account funds to the General Fund Account to meet the facility's financial obligations without permission from residents and/or families, Administration or the Board of Trustees. The LNHA confirms that a different private accounting firm has been hired to determine the exact amount of money owed (to include interest), to each of the numerous residents who had a balance in their Escrow Account.

At the end of June 2018, full discovery was validated. Residents whose accounts were misappropriated were reconciled. Any interest owed was added to each of the resident's trust account.

R224

To ensure that the deficient practice does not recur American Healthcare Software Enterprises, Inc.'s agreement includes providing comprehensive accounting systems and assistance with supervision and maintenance of proper records to ensure full and true entries in accordance with general accounting practices. The Administrator will review the balance of all Trust Accounts each quarter to assure that all accounts are accurate. The corrective action will be completed by October 25, 2018