



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

April 12, 2019

Mr. Jay Grimes, Manager
Meadows At East Mountain
157 Heritage Hill Place
Rutland, VT 05701-8811

Dear Mr. Grimes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 26, 2019**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2019
NAME OF PROVIDER OR SUPPLIER MEADOWS AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 157 HERITAGE HILL PLACE RUTLAND, VT 05701	
(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)

R100 Initial Comments:

R100

An unannounced onsite investigation of a complaint was conducted by the Division of Licensing & Protection on 2/25 & 26/2019. The following regulatory deficiencies were identified:

R144 V. RESIDENT CARE AND HOME SERVICES
SS=D

R144

5.9.c.(1)

Complete an assessment of the resident in accordance with section 5.7;

This REQUIREMENT is not met as evidenced by:
Based on record review and interviews the facility failed to assure that the Registered Nurse (RN) completes an assessment of the resident.
Findings include:

Per record review Resident #1 fell on 4/9/2018 and on 11/22/2018 sustaining significant injury. There is no indication that an RN was involved in assessing the resident at the time of the fall. The note for the fall on 11/22/2018 the note, written by a Licensed Practical Nurse (LPN), states "Resident assessed for injury". Per regulation the RN must assess a resident though the LPN may contribute observations to the assessment process.

The State of Vermont Board of Nursing document titled Vermont State Board of Nursing Role of the Licensed Practical Nurse in Patient Assessment and Triage Position Statement states as follows:
Position Statement which Reflects the Nurse's Roles and Responsibilities:
LPNs may not independently assess the health

R144

A Registered Nurse will be involved at time of any assessment to include falls.

Staff will be educated to insure that they are aware that only a Registered Nurse can assess a resident. They will also be educated to insure that they have a Registered Nurse perform any assessment that needs to be completed.

Any situation that requires an assessment will be reviewed at morning clinical meeting to insure compliance.

The Director of Resident Care and The Administrator will be responsible for the completion of this plan of correction.

The plan will implemented my May 15, 2019.

*R144 POC accepted 4/11/19
M. Higgins, RN / S. Bury, RN*

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Adrian S. Finkel
LVZC11

(X5) DATE

4/10/19

Division of Licensing and Protection

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R144	Continued From page 1 status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN, or other authorized health care practitioner.	R144		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews the facility failed to assure that the Registered Nurse (RN) oversees development of a written plan of care for each resident that describes the care and services necessary to assist the resident to maintain well-being. Findings include: Per record review of care plans for 3 residents with high risk for falls there is no evidence of fall prevention interventions in the care plans. All 3 residents had significant injury in relation to the falls however there is not evidence of revision of the care plan regarding falls for 2 of the 3 residents. The third resident remained in the	R145	<p>R145</p> <p>Resident #1 passed away with preventative measures in place but not well documented on care plan.</p> <p>Resident #2 will have fall prevention measures added to her care plan upon her return to the facility.</p> <p>Resident #3 passed away from end stage COPD.</p> <p>A Registered Nurse will oversee the development of all written care plans.</p> <p>Residents that are fall risks will have "falls prevention" added to their care plan.</p>	

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R145	Continued From page 2 hospital for treatment of the injury and there was not yet an opportunity to revise the plan specific to the fall. 1). Resident #1 had fallen in April 2018 and had a fractured pelvis as a result of the fall. The resident had additional falls on 3/2, 3/5, 3/7, 6/3, 7/12, 10/21, and 10/22/2018 with no injury or minor injury (bruise, skin tear). There was a fall on 11/22/18 which resulted in a fractured C2 vertebrae. In a review of the plan of care for R#1 there is no evidence of any fall prevention interventions or revision of the care plan after the falls. 2). Resident #2 was found on the floor in the bathroom with complaints of Left Hip pain. The resident was transferred to RRMC ER and was diagnosed with a Fracture of the Left Hip. The resident remains at the hospital and there is no further information available. The resident has no fall prevention interventions in the care plan. 3). Resident #3 had prior falls but the most recent fall happened on 1/29/2019 and resulted in a Left superior and inferior Pelvic Rami Fracture and an Acetabular Fracture. It is reported that the resident fell going to the bathroom. The fractures of the pelvic rami are described in hospital reports as very stable and typical of Osteoporosis. There are no fall prevention interventions or care plan revisions in the care plan related to falls. There is no indication of special precautions in bed mobility or transfers related to the fractures. There is no indication of any interventions regarding potential Falls post injury. The resident returned to the facility on 2/4/19 and was placed on Hospice 2/21/19. All three residents had Falls risk assessments	R145	Each fall will be reviewed at daily clinical meeting to insure appropriate interventions are in place on the care plan. A daily clinical meeting will be held to review falls and update care plans as needed. Care plans will be reviewed monthly to insure compliance with findings shared with the QI committee. This will change to quarterly if findings are positive after 3 months. The Resident Care Director and The Administrator will be responsible for this plan. This plan will be implemented by 5/15/19. <i>R-145 POC accepted 4/11/19 M. Higgins RN / S. Bevilacqua RN</i>

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R145 Continued From page 3 R145

with scores above 10 which indicate a high risk for falls. Per interview on 2/26/19 at 2:45pm the Residential Care Director (RCD) confirmed that initial Care Plans for residents are usually done by the admitting nurse who is often an LPN (Licensed Practical Nurse) and are also often revised by LPNs. The RCD, who is an RN, stated that s/he does try to sign off on care plans but often doesn't get to it and doesn't always know when revisions are done. S/he also confirmed that the care plans for these residents did not contain the above information.

The State of Vermont Board of Nursing document titled Vermont State Board of Nursing Role of the Licensed Practical Nurse in Patient Assessment and Triage Position Statement states as follows:

LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN, or other authorized health care practitioner.

R150 V. RESIDENT CARE AND HOME SERVICES R150
SS=E

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:

R150

Any resident that has a fall will have a note added to their chart on or about the time of fall. If the resident is not transferred from the facility then notes will be entered into the residents chart on at least the next three shifts.

Fall interventions will be reviewed — at the daily clinical meeting on

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R150	Continued From page 4	R150		
	<p>Based on record review and interviews the facility failed to assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken for Resident #1, who experienced a number of falls. Findings include:</p> <p>Per record review the resident had falls on 3/2, 3/5, 3/7, 6/3, 7/16, 10/21, and 10/22/2018 with no injury or minor injury (bruise, skin tear) and two falls on 4/9/18 and 11/22/18 with major injuries. There is no documented follow up to the falls on 3/2, 3/5, or 3/7/2018. The fall on 4/9/2018 involved a major injury and transfer to the Emergency Room (ER) and did contain follow-up notes. There is no follow-up note for the fall on 6/3/18 and one brief note on 7/17/18 for the fall the previous day. In a review of incident reports there are incident reports for falls on 10/21/18 and 10/22/18 which are similar in nature but contain different times, and vital signs. There are no notes in the record regarding either fall.</p> <p>In a review of the provided tool titled FALLS AND FALLS ASSESSMENT DOCUMENTATION the policy statement says: "All falls must have documentation in the resident chart. Each fall, no matter how minor, must have at least three documentations within the first 24 hours. - Initially at the time of the incident - The next two shifts following the incident...4: Interventions a. The nurse shall document and report any interventions that occur following a fall." In an interview on 2/26/2019 the RCD confirmed that the documentation provided was the only documentation available in regards to the falls.</p>		<p>any resident that has a fall between daily meetings. Any necessary changes to the care plan will be made by a Registered Nurse.</p> <p>Any resident that has a change in condition will also be reviewed for proper charting and interventions at the daily clinical meeting.</p> <p>Notes on residents that fell as well as residents with status changes will also be reviewed at the daily clinical meeting.</p> <p>Interventions and charting on these issues will also be surveyed and reported at the monthly QI meeting for three months and quarterly if found to be adequate.</p> <p>The RCD and Administrator will be responsible for this plan of correction.</p> <p>This plan will be implemented by May 15, 2019.</p>	
R188	V. RESIDENT CARE AND HOME SERVICES SS=E	R188		

*R-150 POC accepted 4/11/19
M. Higgins, RN / S. Amy, RD*

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R150	<p>Continued From page 4</p> <p>Based on record review and interviews the facility failed to assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken for Resident #1, who experienced a number of falls. Findings include:</p> <p>Per record review the resident had falls on 3/2, 3/5, 3/7, 6/3, 7/16, 10/21, and 10/22/2018 with no injury or minor injury (bruise, skin tear) and two falls on 4/9/18 and 11/22/18 with major injuries. There is no documented follow up to the falls on 3/2, 3/5, or 3/7/2018. The fall on 4/9/2018 involved a major injury and transfer to the Emergency Room (ER) and did contain follow-up notes. There is no follow-up note for the fall on 6/3/18 and one brief note on 7/17/18 for the fall the previous day. In a review of incident reports there are incident reports for falls on 10/21/18 and 10/22/18 which are similar in nature but contain different times, and vital signs. There are no notes in the record regarding either fall.</p> <p>In a review of the provided tool titled FALLS AND FALLS ASSESSMENT DOCUMENTATION the policy statement says: "All falls must have documentation in the resident chart. Each fall, no matter how minor, must have at least three documentations within the first 24 hours. - Initially at the time of the incident - The next two shifts following the incident...4: Interventions a. The nurse shall document and report any interventions that occur following a fall." In an interview on 2/26/2019 the RCD confirmed that the documentation provided was the only documentation available in regards to the falls.</p>	R150	<p>R188</p> <p>Any resident that has a fall will have a note added to their chart on or about the time of fall. If the resident is not transferred from the facility then notes will be entered into the residents chart on at least the next three shifts.</p>	
R188 SS=E	V. RESIDENT CARE AND HOME SERVICES	R188		

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R188	<p>Continued From page 5</p> <p>5.12.b.(2)</p> <p>A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that the record for each resident progress notes regarding any accident or incident. Findings include:</p> <p>Per record review the resident had falls on 3/2, 3/5, 3/7, 6/3, 7/16, 10/21, and 10/22/2018 with no injury or minor injury (bruise, skin tear) and two falls on 4/9/18 and 11/22/18 with major injuries. There is no documented follow up to the falls on 3/2, 3/5, or 3/7/2018. The fall on 4/9/2018 involved a major injury and transfer to the Emergency Room (ER) and did contain follow-up notes. There is no follow-up note for the fall on 6/3/18 and one brief note on 7/17/18 for the fall the previous day. In a review of incident reports there are incident reports for falls on 10/21/18 and 10/22/18 which are similar in nature but</p>	R188	<p>Fall interventions will be reviewed at the daily clinical meeting on any resident that has a fall between daily meetings. Any necessary changes to the care plan will be made by a Registered Nurse.</p> <p>Any resident that has a change in condition will also be reviewed for proper charting and interventions at the daily clinical meeting.</p> <p>Notes on residents that fell as well as residents with status changes will also be reviewed at the daily clinical meeting.</p> <p>Interventions and charting on these issues will also be surveyed and reported at the monthly QI meeting for three months and quarterly if found to be adequate.</p>

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R188 Continued From page 6

contain different times, and vital signs. There are no notes in the record regarding either fall.

In a review of the provided tool titled FALLS AND FALLS ASSESSMENT DOCUMENTATION the policy statement says: "All falls must have documentation in the resident chart. Each fall, no matter how minor, must have at least three documentations within the first 24 hours. - Initially at the time of the incident - The next two shifts following the incident...4: Interventions a. The nurse shall document and report any interventions that occur following a fall." In an interview on 2/26/2019 the RCD confirmed that the documentation provided was the only documentation available in regards to the falls.

R188

The RCD and Administrator will be responsible for this plan of correction.

This plan will be implemented by May 15, 2019.

*R-188 POC accepted 4/11/19
M. Higgins, R/S. Leung, R*

R200 V. RESIDENT CARE AND HOME SERVICES
SS=E

R200

5.15 Policies and Procedures

Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview the facility failed to assure that there were written policies and procedures for all services provided by the home and that a copy is available for review upon request. Findings include:

Per interview on 2/26/2019 the RCD stated that there are no policies available regarding Fall Risk Assessment, Falls Prevention, Fall Interventions for direct care staff, or Reporting of Falls to the

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R200 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that there were written policies and procedures for all services provided by the home and that a copy is available for review upon request. Findings include: Per interview on 2/26/2019 the RCD stated that there are no policies available regarding Fall Risk Assessment, Falls Prevention, Fall Interventions for direct care staff, or Reporting of Falls to the	R200	R 200 New policies will be developed to include fall risk assessment, falls prevention, fall interventions, falls reporting and for spinal cord precautions. The facility will review all policies and replace, create and update as necessary. Any necessary policy will be reviewed at daily clinical meeting. Any policy found to be inadequate will be updated or	

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R200	Continued From page 7 RN (a stated protocol). The RCD further confirmed that there were not policies for Spinal Precautions and other direct care interventions and procedures for unlicensed direct care staff and Licensed Nursing Assistants (LNAs).	R200	created as needed to insure compliance.	
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure the provision and maintenance of a safe environment. Findings include: Per record review of three residents (Residents #1, #2 & #3) assessed as High Risk for Falls there are no fall prevention interventions found in the initial plan of care and limited additional interventions included as a response to falls. Resident #1 had a fall on 3/5/18 and the note stated "Resident noted to have slipped out of chair in dining room p [after] supper. Alarm did not go off- faulty connector found." There is no information in notes or the care Plan regarding checking alarms for function prior to or after the fall. In an interview at 11 am on 2/26/19 the RCD stated that the maintenance man used to check the alarms and there was a record but s/he is unsure if that was still the case. At 2 pm on 2/26/19 the RCD confirmed that there was no	R266	The RCD and Administrator will be responsible for the implementation of this plan. This plan will be implemented by 5/15/19. <i>R-200 POC accepted 4/11/19 M. Higgins, RN / S. Berry, RCD</i>	

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R200	Continued From page 7 RN (a stated protocol). The RCD further confirmed that there were not policies for Spinal Precautions and other direct care interventions and procedures for unlicensed direct care staff and Licensed Nursing Assistants (LNAs).	R200		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1 a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure the provision and maintenance of a safe environment. Findings include: Per record review of three residents (Residents #1, #2 & #3) assessed as High Risk for Falls there are no fall prevention interventions found in the initial plan of care and limited additional interventions included as a response to falls. Resident #1 had a fall on 3/5/18 and the note stated "Resident noted to have slipped out of chair in dining room p [after] supper. Alarm did not go off- faulty connector found." There is no information in notes or the care Plan regarding checking alarms for function prior to or after the fall. In an interview at 11 am on 2/26/19 the RCD stated that the maintenance man used to check the alarms and there was a record but s/he is unsure if that was still the case. At 2 pm on 2/26/19 the RCD confirmed that there was no	R266	R 266 Staff currently do shift to shift rounds for resident care items. The inspection of alarms and other fall prevention devices will be added to this check list. If an item is found to be damaged or inoperable it will be replaced or corrected. These items will also be added to environmental rounds that are completed by the Administrator weekly. Any discovered issues will be corrected. Findings of these rounds will continue to be summarized for the QI committee monthly.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2019
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NAME OF PROVIDER OR SUPPLIER MEADOWS AT EAST MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 157 HERITAGE HILL PLACE RUTLAND, VT 05701
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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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R266	Continued From page 8 documentation of alarm checks available. There is no evidence that, after identifying a problem with alarm function, action was taken to assure that alarms remain functional.	R266	<p>The RCD and Administrator will be responsible for completing this plan.</p> <p>This plan will be implemented by 5/15/19.</p> <p><i>R-266 POC accepted 4/11/19 M. Higgins, ew / S. King, ed</i></p>	
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