



AGENCY OF HUMAN SERVICES

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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

October 1, 2019

Ms. Melissa Greenfield, Manager  
Meadows At East Mountain  
157 Heritage Hill Place  
Rutland, VT 05701-8811

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 12, 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 09/12/2019
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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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R100	Initial Comments:  An unannounced investigation of a complaint and a Facility Reported Incident was conducted by the Division of Licensing & Protection on 8/26/19. The survey was completed on 9/12/19 when final documents were received. The following deficiency was identified as a result of the investigation:	R100		
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(2)  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.  This REQUIREMENT is not met as evidenced by: Repeat Citation from 2/26/2019 Based on record review and staff interview the facility failed to assure that the resident record contains progress notes regarding any accident or incident and subsequent follow-up. Findings include:	R188	<b>Tag R188</b>  Any resident that has a fall will have a note placed in their chart. If the resident is not transferred from the facility, the notes will be entered into the resident's chart on the next 3 shifts. The day following the fall, an RN will do a head to toe skin assessment to assure that there is no new bruising, swelling, or abnormalities not noted at the time of the fall. If there are new findings, first contact (Family, POA, DPOAHC, or Guardian) will be notified as well as residents P.C.P.  Findings will be placed on the resident's treatment sheet to be monitored by nursing on a daily basis until findings are resolved.  An audit of all falls will be reviewed at morning clinical meeting assuring that 3 shifts of documentation are completed as per policy, with the RN skin assessment 24 hours after the fall documented.  Interventions and charting on these issues will be surveyed and reported at monthly QI meeting for 3 months and quarterly for one year.	

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

*Melissa Greenfield*

TITLE

*Executive Director*

(X6) DATE

*9/30/2019*

STATE FORM

6899

QHIR11

If continuation sheet 1 of 2

*R188 POC accepted 10/1/19 mtgiggins RN/PMU*

Division of Licensing and Protection

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R188	Continued From page 1  Per record review, Resident #1 was ambulating with the assistance of two staff on 6/26/2019. The resident lost his/her balance and was lowered to the floor with a gait belt. A nurse assessed the resident, who was then assisted, again by two staff, up from the floor with the use of the gait belt. In a review of the resident record there were no further nursing notes regarding continued assessments of the resident for injury until 6/29/2019. At that time a note describes the discovery of a 9 x 9 centimeter bruise on the Right Flank. There is no evidence that nursing assessments to monitor for injuries were conducted on the shifts immediately following the fall.	R188		