

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

September 8, 2021

Ms. Ursula Margazano, Administrator  
Menig Nursing Home  
215 Tom Wicker Lane  
Randolph Center, VT 05061

Dear Ms. Margazano:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 26, 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: 09/02/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/26/2021
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NAME OF PROVIDER OR SUPPLIER  MENIG NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 TOM WICKER LANE RANDOLPH CENTER, VT 05061
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 656 SS=E	<p>The Division of Licensing and protection conducted an onsite, unannounced investigation of a facility reported event on 8/25/2021, with the investigation concluding on 8/26/2021. The following regulatory deficiencies were identified:</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and</p>	F 656	<p><b>Preparation and/or execution of this plan of correction does not constitute the providers admission of/or agreement with the alleged violations or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed as required by State and Federal law.</b></p> <p>F656</p> <ol style="list-style-type: none"> <li>1. Resident #1 and #3 had no negative effects as a result of the alleged deficient practice.</li> <li>2. All residents that receive anticoagulant medications have the potential to be affected by the alleged deficient practice.</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *LNHA - VP Senior Svcs* (X6) DATE *9/7/21*

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 656	<p>Continued From page 1 desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a comprehensive, person-centered care plan that meets the medical and nursing needs identified in the comprehensive assessment and that attains or maintains residents' highest practicable physical, mental, and psychosocial well-being for two of four sampled residents (Resident #3 and #1). Findings include:</p> <p>1. Per review of Resident #3's physician orders, Resident #3 is taking Coumadin (a blood thinner medication) for Atrial Fibrillation (an irregular heartbeat condition that can cause blood clots). The orders read, "[Coumadin] Warfarin Sodium 5 mg Tablet Dose: 1 tablet by mouth 4 times a week on Monday, Tuesday, Thursday, and Saturday" and "[Coumadin] Warfarin 2.5 mg Tablet Dose: 1 tablet by mouth 3 times a week on Wednesday, Friday, and Sunday."</p> <p>Per review of Resident #3's most recent Minimum Data Set (a component of the Comprehensive Assessment) from 6/4/2021, Resident #3 receives an anticoagulant 7 days a week. Per review of Resident #3's active care plan, Resident</p>	F 656	<p>3. Re-education will be provided to Nurses and LNAs re the risks associated with the use of anticoagulant medications and the increased risk of a bleed in the event of a fall. Care Plan was modified, developed and implemented to include the risks related to the utilization of this medication for Resident #1. Care Plan for Resident #3 was reviewed. It was confirmed that the Care Plan for Resident #3 did contain a section that stated to monitor for signs or symptoms of complications of being on a blood thinner.</p> <p>4. Audits will be conducted weekly X 12 wks by the DNS &amp;/or designee to monitor Care Plan development and implementation for new residents and/or changes to current residents related to utilization of anticoagulant medications and the risks associated with those medications.</p>	
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F 656	<p>Continued From page 2</p> <p>#3 is care planned for "I have the potential to fall down and hurt myself because I have dementia/Alzheimer's Disease [and I am] unable to always stand up straight. I have a diagnosis of low back pain with sciatica (nerve pain down the back of the legs), and psoriasis with psoriatic arthritis (an autoimmune skin condition that can also result in joint pain)." Resident #3 is also care planned for "I have sensitive skin [and I have] the potential to have a skin injury because I have psoriasis, at times I pick at my skin." There is no evidence in the care plan, or anywhere else in Resident #3's medical record, that staff are to monitor for signs or symptoms of complications of being on a blood thinner (such as uncontrolled bleeding), despite being at risk for falls and open areas on the skin.</p> <p>Per review of the Gifford Health Care policy for the Anticoagulation Program, the section of "clinic visits" reads, "Patients will be immediately referred to the primary care provider or Emergency Department for any of the following: signs/symptoms of thrombosis, signs/symptoms of bleeding complications."</p> <p>Per interview at approximately 2:00 PM on 8/25/2021, the Director of Nursing (DON) confirmed that Resident #3 receives Coumadin therapy at the facility and there is medical oversight of their anticoagulation therapy through Gifford Health Care, which the facility is associated with. The DON confirmed that they refer to the Gifford Health Care policies and procedures in lieu of the facility's own anticoagulation therapy policy and procedure. The DON also confirmed that there is no evidence of staff monitoring Resident #3 for complications of anticoagulation therapy in the</p>	F 656	<p>5. Results of the audits will be reported to the QAPI committee at which time the committee will evaluate and make recommendations as needed.</p> <p>6. Corrective action to be completed by 9/14/2021</p> <p><b>TAG F 656 POC Accepted on 9/7/21 by K. Ruffe/P. Cota</b></p>	
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F 656	<p>Continued From page 3 care plan or the medical record.</p> <p>2. Per review of Resident #1's physician orders, Resident #1 is taking Eliquis (a blood thinner medication) for Atrial Fibrillation. Eliquis is a medication that does not require the same level of medical oversight as Coumadin but has the same potential complications related to bleeding. The order reads, "[Eliquis] Apixaban 5 mg tablet Dose: 1 tablet by mouth twice per day."</p> <p>Per review of Resident #1's diagnoses list, Resident #1 is diagnosed with narcolepsy (a condition that causes someone to fall asleep at random times, even while standing), cataplexy (a condition that causes someone to collapse from large expressions of emotion), and restless leg syndrome. Per review of Resident #1's active care plan, Resident #1 is care planned for "I have the potential to fall down and hurt myself because I have narcolepsy and fall asleep while sitting in chairs, have an unsteady gait." The record shows 7 incidents of falls/being lowered to the floor by staff without injury in the last 3 months. Resident #1 is also care planned for "I have sensitive skin, have skin injury currently on my arms and legs from picking them because I am often scratching my skin and picking at my skin. I show this by having skin injuries in the past, I have a history of picking at my skin and [having] bruises on my arms." There is no evidence in the care plan, or anywhere else in Resident #1's medical record, that staff are to monitor for signs or symptoms of complications of being on a blood thinner (such as uncontrolled bleeding), despite being at risk for falls, open areas on the skin and having sustained falls in the past.</p> <p>At approximately 2:00 PM on 8/25/2021, the DON</p>	F 656		
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F 656	Continued From page 4 confirmed that there is no evidence of staff monitoring Resident #1 for complications of anticoagulation therapy in the care plan or the medical record.  Per interview at approximately 2:00 PM on 8/25/2021, the DON confirmed that there is no facility process for special consideration of residents on anticoagulation therapy and for monitoring them for signs and symptoms of complications. The DON confirmed that this practice currently effects 5 residents in the facility who are on anticoagulation therapy.	F 656		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs	F 657	F657  1. Resident #1 and #2 had no negative effects as a result of the alleged deficient practice. 2. All residents that have had falls and need care plan intervention review and/or updates have the potential to be affected by the alleged deficient practice. 3. Re-education will be provided to Nurses re Care Plan fall intervention modifications. Care Plan intervention review and modifications were implemented for Resident #1 and #2.	

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F 657	<p>Continued From page 5 or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to review and revise the comprehensive care plan for two of four sampled residents (Resident #1 and #2). Findings include:</p> <p>1. Per record review, Resident #1 is diagnosed with altered mental status, narcolepsy (a condition that causes someone to fall asleep at random times, even while standing), and restless leg syndrome. Record review also shows that Resident #1 has a large history of falls, including 7 in the last three months. These falls occurred on 6/3/2021, 6/7/2021, 6/19/2021, 6/29/2021, 7/23/2021, 7/25/2021, and 8/23/2021. None of these falls resulted in injury to the resident.</p> <p>Review of Resident #1's active care plan shows that Resident #1 is care planned for "I have the potential to fall down and hurt myself because I have narcolepsy." Interventions listed under this care plan include, "I need my nurses to remind me to ask for help; Order PT, OT consults when needed; falling star on door casing; report changes to my Dr. and family; encourage me to allow staff to walk with me; at times I like to sit on the floor and will try to remember to let a staff member know. I need my aides to use assistive devices to be able to better help me; when going on longer walks than to the dining room, I need one person assistance and gait belt and my 4 wheeled walker; my PM walk will not occur between 2200-2230; make sure my important</p>	F 657	<p>4. Audits will be conducted weekly X 12 wks by the DNS &amp;/or designee to monitor Care Plan fall intervention modifications.</p> <p>5. Results of the audits will be reported to the QAPI committee at which time the committee will evaluate and make recommendations as needed.</p> <p>6. Corrective action to be completed by 9/17/2021</p> <p><b>TAG F 657 POC Accepted on 9/7/21 by K. Ruffe/P. Cota</b></p>	
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F 657	<p>Continued From page 6</p> <p>things are within my reach; give me nonskid footwear; remind me to get up and move slowly; keep my room well lit when I am up; encourage me to use assistance; report signs of pain to my nurse; assist me with transfers when I walk; remind me to ask for help. I need everyone to encourage me to put my shoes on when walking; encourage me to lay on my bed when I am feeling sleepy; encourage me to get to a safe place so I can rest; ask if I need to go lie down if I am falling asleep in a chair; encourage participation in activities to keep me stimulated; I have a soft helmet encourage me to use at least when I am ambulating." This care plan was last updated on 8/23/2021.</p> <p>Review of Resident #1's care plan revision history shows that the fall care plan was updated on 6/16/2021, 6/22/2021, 7/8/2021, and 8/23/2021 within the past 3 months. All interventions under the fall care plan have been the same throughout all 4 revisions with the exception of one intervention. The Fall care plan from 6/16/2021 included an intervention regarding a blue recliner and to encourage Resident #1 to use this chair for sleep if they were falling asleep in a chair. The revision on 6/22/2021 no longer included this intervention. No new fall prevention interventions have been placed in the last 3 months for Resident #1 despite frequent, regular falls.</p> <p>Per interview on 8/25/2021 at approximately 1730, the Director of Nursing and the Administrator confirmed that interventions in the care plan do not appear to have been revised at the appropriate intervals and requested an additional day to procure evidence of compliance that they believed their Clinical Coordinator (who was not available) had on hand. This was request</p>	F 657		
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F 657	<p>Continued From page 7</p> <p>was granted, but no additional evidence was received.</p> <p>2. Per record review, Resident #2 was admitted to the facility in June of 2021 with diagnoses of Alzheimer's Disease and Macular Degeneration (an eye disease that results in vision loss). Record review also shows that Resident #2 fell five times since admission. These falls occurred on 6/12/2021, 7/3/2021, 7/23/2021, 7/27/2021, and 8/6/2021. Following the fall on 8/6/2021, Resident #2 was sent to the emergency room for evaluation after hitting their head and complaining of pain to the right hip, knee, and shoulder, both sides of the neck, the right side of the head, the sacrum, and the area between the shoulder blades. Injury was ruled out in the emergency room.</p> <p>Review of Resident #2's active care plan shows that Resident #2 is care planned for "I have the potential to fall down and hurt myself because I have dementia/Alzheimer's disease, transfer on my own, use an assistive device and often need to be reminded to use it. I show this by hav[ing] a history of falls before moving to Menig." Interventions listed under this care plan include, "I need my nurses to keep my bed low to the ground and keep my wheels locked; request a therapy screen for me if needed; remind me to ask for help; remind me to use my 4 wheeled walker; walk with me if you see me walking alone; report changes to my provider and family. I need my aides to keep my bed low to the ground and keep the wheels locked; use the following assistive devices to better help me: 4 wheeled walker; frequently check on me; make sure my items are within my reach; give me non-skid footwear so I don't slip; keep my room well lit</p>	F 657		
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F 657	<p>Continued From page 8</p> <p>when I am up; report signs that I am in pain to my nurse; remind me to ask for help; report changes to my nurse. I need everyone to report changes in my abilities to my nurse." This care plan was last updated on 8/6/2021.</p> <p>Review of Resident #2's care plan revision history shows that the fall care plan was initiated on 6/14/2021 and updated on 6/23/2021, 7/3/2021, 7/27/2021, and 8/6/2021. All interventions under the fall care plan have been the same since the care plan was initiated on 6/14/2021 up to the present. No new fall prevention interventions have been placed for Resident #2 despite frequent, regular falls.</p> <p>Per interview on 8/25/2021 at approximately 1730, the Director of Nursing and the Administrator confirmed that interventions in the care plan do not appear to have been revised at the appropriate intervals and requested an additional day to procure evidence of compliance that they believed their Clinical Coordinator (who was not available) had on hand. This was request was granted, but no additional evidence was received.</p>	F 657		
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## Gifford Retirement Community

215 Tom Wicker Lane, Randolph Center, Vermont 05061  
802-728-7887 • fax 802-728-7886

9/7/2021

Pamela Cota, RN – Licensing Chief  
HC 2 South, 280 State Drive  
Waterbury, VT 05671-2060

Dear Mrs Cota:

Enclosed is the signed 2567 related to the Complaint Survey completed on August 26, 2021 with the attached plan of correction.

I will be away for some time off from September 8th returning September 20, 2021.

Please contact Dana Kievit, DNS with any questions or concerns regarding the plan of correction.

Dana Kievit, DNS  
[dkievit@giffordhealthcare.org](mailto:dkievit@giffordhealthcare.org)  
Direct phone: 802.728.7815

Sincerely,

Ursula Margazano, LNHA  
Vice President of Senior Services

**215 Tom Wicker Lane**  
**Randolph Center, VT 05061**  
**Email: [umargazano@giffordmed.org](mailto:umargazano@giffordmed.org)**  
**Direct Phone: 802.728.7887 | Fax: 802.728.7886**  
**[giffordhealthcare.org](http://giffordhealthcare.org)**