VERMONT

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 2, 2019

Ms. Amy Russell, Administrator
Mountain View Center Genesis Healthcare
9 Haywood Avenue
Rutland, VT 05701-4832

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 14, 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,

Pamela M. Cota, RN
Licensing Chief

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 475012 | A. BUILDING _____ B. WING _____ | 02/14/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MOUNTAIN VIEW CENTER GENESIS HEALTHCARE | 9 HAYWOOD AVENUE 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) | (X5) COMPLETION DATE |
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| E 000 | Initial Comments<br><br>A review of the facility's Emergency Preparedness Program was conducted in conjunction with the annual recertification survey on 2/11-14/2019. There were no regulatory deficiencies as a result of the review. | E 000 | The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law. | |
| F 000 | INITIAL COMMENTS<br><br>An unannounced annual recertification survey was conducted by the Division of Licensing & Protection on 2/11-14/2019. The following regulatory deficiencies were identified as a result of the survey: | F 000 | | |
| F 658 SS=D | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, and interviews the facility failed to assure that services provided by the facility, are provided according to professional standards regarding reconciling & following physician orders for 1 of 30 residents in the sample (Resident #114). Findings include:<br><br>Per record review Resident #114 was admitted to the facility on 1/15/2018 with a Gastrostomy Tube (G-Tube). Signed physician's orders from 1/15/19 read "Glucerna (a high calorie nutrition) 1.2, special Instructions: H2O 160 ml (milliliters) flush with boluses, bolus amount (ml): 400, number of boluses/day: 3." On 1/16/2019, a clarification order was written by the Registered Dietician | F 658 | F658- There was no negative impact on Resident # 114.<br><br>The order was corrected on 2/14/19. No other residents were affected. An audit was completed on 3/1/19 and no errors were noted at that time.<br><br>Staff education regarding reconciliation of physician orders was completed on 3/6/19.<br><br>Will conduct weekly audits x4 to ensure compliance and then monthly x3 with results to be reviewed at QA meeting for further review and recommendations.<br><br>F658 POC accepted 4/1/19 MHrygmsRN/PMC | 3/15/19 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 658 | Continued From page 1 | F 658 | | |

(RD) for Glucerna 1.5 at 400 ml TID (three times a day) and signed by the Advanced Practice Registered Nurse (APRN). On 1/17/2019, another clarification order was written for Glucerna 1.5 at 400 ml TID PT (per tube). The APRN signed and dated the clarification order on 1/21/19. Resident #114's hand-written Enteral Protocol flow sheet (a form that the facility uses to document tube feeding administration) dated 1/16/19 reads "Glucerna 400 ml 3 times a day. Flush tube with 200 ml of water 6x's a day total volume flush 1200 ml/24 hrs and total volume of nutrient + flush + 2400 ml/24 hrs". The hand-written Enteral Protocol flow sheet for the month of February 2019 reads "Glucerna 1.5 cal/ml (calorie per milliliter) 400 ml 4 times daily" with the times documented as "0800, 1200, 1700" (only 3 times). There were 34 initialed opportunities to identify the incorrect documentation between 2/1/19- 2/12/19.

On 2/12/19 at 3:30 PM during an interview with the Unit Manager, s/he confirmed that the monthly Physician's orders for February 2019 read "1/17/19 Glucerna 1.5 cal/ML liquid give bolus 400 ml four time(s) a day" and was signed by the Provider on 2/7/19. The monthly orders are generated by the pharmacy. S/he also confirmed that the February hand-written Enteral Protocol flow sheet indicated that the Glucerna was to be administered 4 times a day, and that the documentation on the flow sheet was only 3 times a day. S/he confirmed that this was a transcription error and that regardless of the order and directions, the nurses were giving the Glucerna three times a day.

Ref: Lippincott Manual of Nursing Practice (9th Edition) Wolters, Kluwer Health/Lippincott,

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| F 658 | Continued From page 2<br>Williams, & Wilkens. | F 658 | | 3/15/19 |
| F 755 SS=D | Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.<br><br>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.<br><br>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-<br><br>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.<br><br>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the facility | F 755 | F755- There was no negative impact on Resident # 114. The order was corrected on 2/14/19. No other residents were affected. An audit was completed on 3/1/19 and no errors were noted at that time. Spoke with pharmacy and pharmacy consultant regarding the error, they assured the facility this was followed up on and orders are being entered by qualified individuals.<br><br>Staff education regarding reconciliation of pharmacy orders was completed on 3/6/19.<br><br>Will conduct weekly audits x4 to ensure compliance and then monthly x3 with results to be reviewed at QA meeting for further review and recommendations.<br><br>F755 POC accepted 4/1/19 MHiggins RN/PMC | |

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| F 755 | Continued From page 3 | F 755 | | |

failed to ensure that the pharmacy transcribed the correct Physician's order on the Physician's order form for 1 of 30 residents in the sample (Resident # 114). Findings include:

Per record review resident #114 was admitted to the facility on 1/15/2018 with a Gastrostomy Tube (G-Tube). Signed Physicians orders from 1/15/19 read "Glucerna (a high calorie nutrition) 1.2, special Instructions: H2O 160 ml (milliliters) flush with boluses, bolus amount (ml): 400, number of boluses/day: 3." On 1/16/19 the registered Dietician (RD) wrote a clarification order for Glucerna 1.5 at 400 ml TID (three times a day) the Advanced Practice Registered Nurse (APRN) also signed the clarification on 1/16/19. On 1/17/19, another clarification order was written for Glucerna 1.5 @ 400 ml TID PT (per tube). The APRN signed and dated the clarification on 1/21/19. Per the record the monthly Physician's orders, with a start date of February 1, 2019, the order stated Glucerna 1.5 cal/ml liquid give bolus 400 ml four times a day (with an ordered date of 1/17/19) signed and dated on Feb 7, 2019 by the Provider. These orders were also checked and signed by a nurse on 1/28/19. The monthly order forms are generated by the pharmacy.

Per interview on 2/13/19 at 3:30 PM the Registered Nurse confirmed that the printed monthly physicians order from the Pharmacy for February states four times per day and that it was signed by the Provider on 2/7/19. S/he also confirmed that the nurses who administer the Glucerna should have identified the Pharmacy's inaccurate transcription.

Per interview with the Registered Dietician, (RD) on 2/13/19 at 12:44 PM s/he reported that s/he is

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| F 755 | Continued From page 4<br>familiar with Resident #114 from previous admissions. When Resident #114 was admitted on 1/15/19 both the RDs recommendation and Physician's order for Glucerna was TID and that the order should not have been changed on the February Physician's order form.<br><br>During an interview on 2/14/19 at 10:30 AM with the Pharmacy's medical supplies/billing staff s/he stated that verbal confirmation of the order had been obtained on 1/17/19 when a staff nurse on the Dogwood Unit called the Pharmacy to re-order. S/he stated that the order relayed at that time was for administration four times a day. S/he confirmed that there was no evidence of an actual Physician's order stating 4 times a day on file. | F 755 | | |
| F 842 SS=D | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(i) Medical records.<br>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete;<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>(iv) Systematically organized | F 842 | F842- There was no negative impact on Resident # 92 or Resident #114. The medical record was corrected.No other residents were affected. An audit was completed on 3/1/19 and no errors were noted at that time.<br><br>Staff education regarding accuracy of the medical records was completed on 3/6/19.<br><br>Will conduct weekly audits x4 to ensure compliance and then monthly x3 with results to be reviewed at QA meeting for further review and recommendations.<br><br>F842 POC accepted 4/1/19 MHiggins RN/PMC | 03/15/19 |

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| F 842 | Continued From page 5 | F 842 | | |

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-
(i) The period of time required by State law; or
(ii) Five years from the date of discharge when there is no requirement in State law; or
(iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-
(i) Sufficient information to identify the resident;
(ii) A record of the resident's assessments;
(iii) The comprehensive plan of care and services provided;
(iv) The results of any preadmission screening

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| F 842 | Continued From page 6 | F 842 | | |

and resident review evaluations and determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to ensure that medical records were complete and accurately documented for 2 of 30 residents in the sample (Resident #92 and Resident #114). Findings include:

1. Resident #92 was admitted to the facility on 10/10/17 with an indwelling catheter. Signed Physician's orders from 2/1/19 read, "Foley (type of catheter) Cath (catheter) Protocol: Perform catheter care twice a day and as needed with no rinse perineal (bottom area) cleanser; cleanse the proximal third of the catheter with soap and water and rinse; change Foley catheter only if needed due to leakage or dislodged or clogged; change drainage bag with any catheter change or as needed; flush catheter w/50 cc (milliliters) of N.S. (normal saline) twice a day". Per review of a nursing progress note dated 6/12/18, new orders were received for, "lidocaine 2% urojet (pre-filled syringe with numbing medication)-squirt the 5 (milliliter) ml into urethra (duct by which urine is moved out of the body from the bladder) prior to foley re insertion with cath changes; Renacidin solution (irrigation solution) 30 ml-flush foley BID (twice a day) and PRN (as needed) foley clogging to maintain foley patency; d/c (discontinue) saline flushes". Per review of Resident #92's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for February 2019, there was no evidence that these

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| F 842 | Continued From page 7 | F 842 | | |

orders were being carried out to maintain Resident #92's catheter. Per interview on 2/12/19 at 3:31 PM with a staff nurse, s/he confirmed that there were no orders on the MAR and/or TAR for Resident #92's Foley catheter care. On 2/12/19 at 3:59 PM, during an interview with the Unit Manager, s/he also confirmed that there were no orders on the MAR and/or TAR for Resident #92's Foley catheter care.

2. Resident #114 was admitted to the facility on 1/15/2018 with a Gastrostomy Tube (G-Tube). Signed Physicians orders from 1/15/19 read "Glucerna (a high calorie nutrition) 1.2, special Instructions: H2O 160 ml (milliliters) flush with boluses, bolus amount (ml): 400, number of boluses/day: 3." On 1/16/2019, a clarification order was written for Glucerna 1.5 at 400 ml TID (three times a day) and signed by the Advanced Practice Registered Nurse (APRN). On 1/17/2019, another clarification order was written for Glucerna 1.5 @ 400 ml TID PT (per tube). The APRN signed and dated the clarification order on 1/21/19.

Per review of resident #114's Enteral Protocol flow sheet (a form that the facility uses to document tube feeding administration) for the month of February 2019, there was a hand-written entry for "Glucerna 1.5 cal/ml (calorie per milliliter) 400 ml 4 times daily" with the times documented as "0800, 1200, 1700" (only 3 times). There were 34 initialed opportunities to identify the incorrect documentation between 2/1/19- 2/12/19.

On 2/12/19 at 3:30 PM during an interview with the Unit Manager, s/he confirmed that the monthly Physician's orders for February 2019 read "1/17/19 Glucerna 1.5 cal/ML liquid give

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| F 842 | Continued From page 8<br>bolus 400 ml four time(s) a day" and were signed by the Provider on 2/7/19. S/he also confirmed that the hand-written Enteral Protocol flow sheet indicated that the Glucerna was to be administered 4 times a day, and that the documentation on the Enteral Protocol flow sheet was 3 times a day. | F 842 | | |