

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

November 5, 2024

Jamie Goodwin, Manager North End Ranch 2 Westview Court Rutland, VT 05701

Dear Ms. Goodwin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 9, 2024.** 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS State Long Term Care Manager Division of Licensing & Protection Division of Licensing and Protection

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		0667	B. WING		C 10/09	9/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
NORTH E	ND RANCH	2 WESTVIE RUTLAND,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
R100	Initial Comments:		R100			
	was conducted by the Protection on 10/9/24 were identified. Finding					
R104 SS=D	V. RESIDENT CARE	AND HOME SERVICES	R104			
	5.1 Admission					
	resident, and the resident, shall be provided agreement which desmonthly rate to be chaservices that are cover applicable financial is explanation of the hordischarge or transfer status changes from point with SSI or ACCS beragreement shall specified services will be provided charges there will be, services; nursing	me's policy regarding when a resident's financial privately paying to paying nefits. This admission ify at least how the following led, and what additional if any: all personal care rices; medication y; transportation; toiletries; rvices provided under ACCS program. If applicable, the ify the amount and purpose agreement must also specify and discharge rights, or refunds, and must include ome's personal needs				
	requirements, agreen participants	eral resident agreement nents for all ACCS shall include: the pecific room and board rate,				

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM Morth End Rench 56, John unager

PRINTED: 10/25/2024 **FORM APPROVED** Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING 0667 10/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 WESTVIEW COURT NORTH END RANCH RUTLAND, VT 05701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R104 Continued From page 1 R104 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to ensure the admission agreement utilized for all admissions included necessary information within the admission agreement. Per record review of the admission agreement utilized for all admissions, the agreement did not include, the daily, weekly, monthly rate to be charged to residents of the home, an explanation of the home's policy for discharge or transfer when a resident's financial status changes from privately paying with SSI or ACCS benefits. The admission agreement fails to identify the nursing services that will be provided by the RCH. Per interview on 10/9/24 at 12: 45 PM the Manager, confirmed the agreement does not identify a rate to be charged to residents, how nursing services and does not identify the home's policy of discharge or transfer when a financial status changes from SSI to ACCS. The admission agreement provided for review is the current agreement utilized for all current facility residents.

Division of Licensing and Protection

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R141 V. RESIDENT CARE AND HOME SERVICES

5.9 Level of Care and Nursing Services

5.9.a Residents who require more than nursing overview or medication management shall not be

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If continuation sheet 2 of 6

PRINTED: 10/25/2024 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: С B. WING 0667 10/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 WESTVIEW COURT** NORTH END RANCH RUTLAND, VT 05701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R141 R141 Continued From page 2 retained in a residential care home unless the provisions of the following subsections (I)-(5) are all met: (1) The nursing services required are either: i. Provided fewer than three times per week; or ii. Provided for up to seven days a week for no more than 60 days and the resident's condition is improving during that time and the nursing service provided is limited in nature; or iii. Provided by a Medicare-certified Hospice program; and (2) The home has a registered nurse on staff, or a written agreement with a registered nurse or home health agency, to provide the necessary nursing services and to delegate related appropriate nursing care to qualified staff; and (3) The home is able to meet the resident's needs without detracting from services to other residents; and (4) The home has a written policy, explained to prospective residents before or at the time of admission, which explains what nursing care the home provides or arranges for, how it is paid for and under what circumstances the resident will be required to move to another level of care; and (5) Residents receiving such care are fully informed of their options and agree to such care in the residential care home.

Division of Licensing and Protection

by:

This REQUIREMENT is not met as evidenced

Based on record review and staff interview, the RCH failed to ensure a written policy is developed to explain to resident's what nursing care the homes provides or arranges for, how it is paid for

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If continuation sheet 3 of 6

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF B	DOMED OF CHERMIER	0667	B. WING	TE TID CODE	10/09/2	2024	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 WESTVIEW COURT						
NORTHE	ND RANCH	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	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE DATE	
R141 R145 SS=E	Per record review, Rehospitalization on 3/1: from the hospital a prindicated the resident to the RCH due to had The Resident #1 return a progress note writter resident required 2 as Per interview on 10/9. Manager confirmed d within the home, the hophysical assistance wambulation. The Manawill provide assistance wambulation. The Manawill provide assistance showering, however to provided extensive as Additionally, the Manaprogress note indicaticate for a Foley cather not within their level of provides. The Managereturned as the foley of need of approximately skilled nursing provided the monitoring of the confirmed a policy is mursing care provided circumstances to requanother level of care.	ces the resident will be nother level of care. esident #1 returned from a 2/24, a prior to discharging rogress note written would be unable to return we a Foley catheter in place. The dot to the RCH on 3/12/24, an upon return indicated the esist with ambulation. Even at 11:00 AM, the use to the RN oversight mome does not provide with transfers and ager explained, the home with care such as the residents are not esistance from the staff. The ager acknowledged the nother, and confirmed that is finursing servcies the RCH er indicated, the resident catheter was a temporary of 2 weeks and third party er would be responsible for catheter. The manager not available to identify the	R141				
	noing and Protection						

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PRINTED: 10/25/2024 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING 0667 10/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 WESTVIEW COURT NORTH END RANCH RUTLAND, VT 05701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R145 Continued From page 4 R145 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 Based on record review and staff interview, the RN failed to ensure the plan of care for Resident #1 was updated to identify the necessary car and services to aide in well being. Per record review Resident #1 was admitted to the home on 2/29/24. On 3/4/24 the resident was admitted to the hospital for symptoms of UTI. Upon return to the facility, on 3/12/24, the Resident #1 required continued care with a Foley catheter that was in place for approximately a 2 weeks period. On 3/13/24, staff were provided education by a third party health provider of how to care for the catheter. However the plan of care updated on 3/12/24, did not identify the care needs to direct staff in monitoring and providing the care assistance of a Foley catheter. Per interview on 10/9/24 at 12:30 PM, the

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5.8 Records/Reports

Manager confirmed the plan of of care was last updated on and was not updated to identify Resident #1 care needs for a Foley catheter.

R185 V. RESIDENT CARE AND HOME SERVICES

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If continuation sheet 5 of 6

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С B. WING_ 0667 10/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 WESTVIEW COURT **NORTH END RANCH** RUTLAND, VT 05701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R185 R185 Continued From page 5 5.12.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available for review at any time by authorized representatives of the licensing agency. This REQUIREMENT is not met as evidenced Based on staff interview the RCH failed to maintain records requested for review for 1 out of 2 residents. Findings include: Per interview on 10/9/24 at 10:45 AM, the Manager confirmed the home maintains a physical client chart within the home and an electronic health record. Upon request to review the client physical chart, the Manager confirmed the chart was sent to "Records" and unavailable to review. The manager confirmed Resident #1 admission agreement is within the physical chart and not available to review through the electronic health record.

Division of Licensing and Protection

fancie Hoom North and ranch manager

If continuation sheet 6 of 6

(x4) ID Prefix Tag	Summary statement of deficiencies (Each Deficiency must be preceded by full regulatory or LSC identifying information)	ID Prefix Tag	Providers Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)	(x5) complete date
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries;	R104	Admission agreement will be updated to include: rates, policy on discharge/transfer, services provided, financial provisions, home's personal needs allowance, and ACCS participation agreement. Admission agreements will be updated for all residents, included in paper chart, scanned into financial section in Client's EMR record, and sent to Finance Department. R104 Accepted Jenielle Shea, RN 11/4/24	12/6/24
	and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a			

North End Rinch manager Ince Spain 11/1/24

description of the home's personal needs allowance policy.

(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview the RCH failed to ensure the admission agreement utilized for all admissions included necessary information within the admission agreement. Per record review of the admission agreement utilized for all admissions, the agreement did not include, the daily, weekly, monthly rate to be charged to residents of the home, an explanation of the home's policy for discharge or transfer when a resident's financial status changes from privately paying with SSI or ACCS benefits. The admission agreement fails to identify the nursing services that will be provided by the RCH. Per interview on 10/9/24 at 12: 45 PM the Manager, confirmed the agreement does not identify a rate to be charged to residents, how nursing services and does not identify the home's policy of discharge or transfer when a financial status changes from SSI to ACCS. The admission agreement provided for

Jame Hourin

North End RANCH Manager

	review is the current agreement utilized for all current facility residents.			
R141 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9 Level of Care and Nursing Services 5.9.a Residents who require more than nursing overview or medication management shall not be retained in a residential care home unless the provisions of the following subsections (I)-(5) are all met: (1) The nursing services required are either: i. Provided fewer than three times per week; or ii. Provided for up to seven days a week for no more than 60 days and the resident's condition is improving during that time and the nursing service provided is limited in nature; or iii. Provided by a Medicare-certified Hospice program; and (2) The home has a registered nurse on staff, or a written agreement with a registered nurse or home health agency, to provide the necessary nursing services and to delegate related appropriate nursing care to qualified staff; and (3) The home is able to meet the resident's needs without detracting from services to other residents; and (4) The home has a written policy, explained to prospective residents before or at the time of admission, which explains what nursing care the	R141	Medical Director, CCBHC Medical Director/Nursing Supervisor, and Residential Nurse will write a formal policy to direct facility admissions and re- admissions from hospitals and skilled living sites to include what nursing care can be provided on-site, what care requires contracted arrangements, and what medical circumstances require individuals to move to another level of care. R141 Accepted Jenielle Shea, RN 11/4/24	12/6/24

Page | 3 Janua Sor wa

North End RAICH manager 11/4/24

home provides or arranges for, how it is paid for and under what circumstances the resident will be required to move to another level of care; and

(5) Residents receiving such care are fully informed of their options and agree to such care in the residential care home.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the RCH failed to ensure a written policy is developed to explain to resident's what nursing care the homes provides or arranges for, how it is paid for and what circumstances the resident will be required to move to another level of care.

Per record review, Resident #1 returned from a hospitalization on 3/12/24, a prior to discharging from the hospital a progress note written indicated the resident would be unable to return to the RCH due to have a Foley catheter in place. The Resident #1 returned to the RCH on 3/12/24, a progress note written upon return indicated the resident required 2 assist with ambulation. Per interview on 10/9/24 at 11:00 AM, the Manager confirmed due to the RN oversight within the home, the home does not provide physical assistance with transfers and ambulation. The Manager explained, the home will provide assistance with care such as showering, however the residents are not provided extensive

North End Ranch munager

R145	assistance from the staff. Additionally, the Manager acknowledged the progress note indicating the facility was unable to care for a Foley catheter, and confirmed that is not within their level of nursing services the RCH provides. The Manager indicated, the resident returned as the Foley catheter was a temporary need of approximately 2 weeks and third- party skilled nursing provider would be responsible for the monitoring of the catheter. The manager confirmed a policy is not available to identify the nursing care provided within the home, or circumstances to require a resident to move to another level of care. V. RESIDENT CARE AND HOME	R145	Supervision of Residential Nurse	11/1/24
SS=E	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	K143	has been moved to CCBHC Medical Director/Nursing Supervisor APRN, who will provide Residential Nurse with weekly clinical supervision. Weekly supervision will include review of current residents, care plans, status changes, medication orders, medical needs, and nursing duties.	11/1/24
	evidenced by: Based on record review and staff interview, the RN failed to ensure the plan of care for Resident #1 was updated to identify the necessary car and services to aide in wellbeing.		All current resident documentation; assessments, care plans will be reviewed and updated as necessary. R145 Accepted Jenielle Shea, RN 11/4/24	12/6/24
Page 5	nie Doblain north	End	PAn Ch Mahayer	11/4/

	Per record review Resident #1 was admitted to the home on 2/29/24. On 3/4/24 the resident was admitted to the hospital for symptoms of UTI. Upon return to the facility, on 3/12/24, the Resident #1 required continued care with a Foley catheter that was in place for approximately a 2 weeks period. On 3/13/24, staff were provided education by a third-party health provider of how to care for the catheter. However, the plan of care updated on 3/12/24, did not identify the care needs to direct staff in monitoring and providing the care assistance of a Foley catheter. Per interview on 10/9/24 at 12:30 PM, the Manager confirmed the plan of care was last updated on and was not updated to identify Resident #1 care needs for a Foley catheter			
R185 SS=D	V. RESIDENT CARE AND HOME SERVICES	R185	North End Ranch will purchase on site Scanner, Supervisor and	12/6/24
	5.8 Records/Reports 5.12.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available for review at any time by authorized representatives of the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview the RCH failed to maintain records requested		Nurse will be trained in Scanning necessary documents to go into the EMR. Records will not leave physical location. R185 Accepted Jenielle Shea, RN 11/4/24	

Janie Berdin North End RAVEN manager

for review for 1 out of 2 residents. Findings include: Per interview on 10/9/24 at 10:45 AM, the Manager confirmed the home maintains a physical client chart within the home and an electronic health record. Upon request to review the client physical chart, the Manager confirmed the chart was sent to "Records" and unavailable to review. The manager confirmed Resident #1 admission agreement is within the physical chart and not available to review

through the electronic health record.

Julie Dordie North End Ranen manager