

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 <u>http://www.dail.vermont.gov</u> 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

February 8, 2023

Mr. Steven Doe, Manager Our Lady Of The Meadows 1 Pinnacle Meadows Richford, VT 05476-7637

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 12, 2022.** 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,

Jamela M Cota RN

Pamela M. Cota, RN Licensing Chief

	t of deficiencies of correction	0(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0107	A. BUILDING:		COMPLETED C 12/12/20	
	ROVIDER OR SUPPLIER Y OF THE MEADOWS	1 PDDU	ADORESS, CITY, STAT WOLE MEADOWO ORD, VT 05478	e, 20° code		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIER (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDERS PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T DEFICIENC		on Should Be He appropriate	DOP COMPLET
	Investigation of a fac Additional informatio facility's nursing staff 12/12/22. The follow were identified: V. RESIDENT CARE 5.5 General Care 5.5.5 General Care 5.5.5 Upon a reside residential care hom be provided or arran	d an unannounced on-site dity reported incident. In was provided by the f on 12/8/22, 12/7/22, and ing regulatory deficiencies	R100	FILENUS SEE ATTAC	48 <i>6</i>)	
	This REQUIREMEN	T is not met as evidenced				
STOTATION	Based on record ravi	lew and staff interview there	Y REAL TIME			RAENIA
-	was a failure to provi services to meet one personal and psycho Findings include:	de and errange necessary applicable resident's social needs. (Resident #1).				
	the facility in March of Including Dementia, Disorder (PTSD), Au Disorder, and a histo Disorder. On 11/18/2 emergently discharge hospital emergency of assault on another re other resident (Resid	isident #1 was admitted to if 2022 with diagnoses Post Traumatic Stress ditory Helfucinations, Anxiety ry of Major Depressive 2 Resident #1 was 24 from the facially to a lepartment failowing an sident the previous day. The ent the previous day. The				7
Division of Lice LABORATORY I	Insing and Protection RECTOR'S OR PROVIDED	E Pro En REPRESENTATIVE'S DIGNATUR	- 322	TITLE ATIM	1	1040 DATE

RIAL- RIGA POL'S accepted 2/1/23 JEVANARN/PML

PRINTED: 01/10/2023

12

1

Statement And Plan (011) PROVIDER/SUPPLIER/CLIA IDENTIFICATION HLMBER: 0197		(C2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(CD) DATE SURVEY COMPLETED C 12/12/2022		
NAME OF P	ROMDER OR SUPPLIER	STREET	DORESS, CITY, STATE	, ZIP CODE				
1000		1 PINILA	CLE MEADOWS					
OUR LAD	Y OF THE MEADOWS	RICHFO	RD, VT 08478					
()(4) ID PREFUC TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		KD PREFIX TAO	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROBS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETE DATE		
R128	Continued From pa	oe 1	R126					
		-						
		and sustained facial						
	the same of the second s	nt to a fall while trying to get	1 1					
		t #1. A note written by the on the morning 11/18/22				1		
		"has become unpredictable						
		ttant bouts of increased	1 1					
	egitation with poter							
		tod between Resident #1's	1 [1	
		of 2022 and his/her					1	
		ge on 11/18/22 s/he					1	
		wora posing significant risk of	1 1				h	
		ents, staff, and self. In						
	addition to the assa	uit on 11/17/22, Departmental Ident #1 threatened another					1	
		requiring staff to "keep a					1	
	close ave to preved	it him/her from pushing the					1	
	other resident"; "sta	mmed chairs against the wall	1 1					
	as though a/he was	in active combat" on 6/20/22;	1 1			1	L	
	and grabbed a sta	if member by the neck,		6			1	
	choking him/her, re	of thats lanoitibbs own gninup						
	remove his/her har	ds from the staff's twost, and				1	1	
	leaving visible wou	nds on staff's neck on 9/5/22.				1		
1	On 9/14/22 the Din	ctor of Nursing noted					1.0	
and the set	Resident #1'a Resi	dent Assessment was updated			11	10.00		
	owaned to behavio	r issues that could be a or other resident's safety".		the state of the second s			-	
			1 1				1200	
	Desoite discooses	of several mental health					1	
	conditions and sign	ificant indicators of						
	psychological deco	mpensation, Resident	1 1				Ł	
	Assessments for R	esident #1 completed on						
	admission in March	of 2022 and in September of				1		
	2022 due to change	a in behavioral status both						
	Indicate the date of	the last medication review by						
	a madical provider	was 1/9/22 and stated					1.	
	Resident #1 had no	t been evaluated/assessed by	1					
	a qualified mental h	ealth specialist.						
	At 2140 Did on 12/5	/22 the Administrative						
	AI 3:40 PM ON 12/3	TT UID PAULINABU GUTO				the second se		

ESC OV

PRINTED: 01/10/2023 FORM APPROVED Division of Licensing and Protection BTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CT) PROVIDER/SUPPLIER/CLIA IDENTIFICATION HUMBER: OCD MULTIPLE CONSTRUCTION (CS) DATE SURVEY COMPLETED A. BUILDING:_ С 0197 B. WING 12/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE **1 PINNACLE MEADOWS** OUR LADY OF THE MEADOWR. RICHFORD, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (04) ID PREFIX PROVIDER'S PLAN OF CORRECTION COMPLETE DATE 1D PREFIX EACH CORRECTIVE ACTION BHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY R126 Continued From page 2 R126 Manager in training and Finance Manager contirmed Resident #1's multiple mental health diagnoses and increasingly concerning behaviors, and acknowledged the Resident Assessments indicated she had not not been evaluated/assessed by a qualified mental health specialist. (TURNE SEE ATTACHET) R128 V. RESIDENT CARE AND HOME SERVICES R128 SS=D 5.5 General Care 5.5.c Each resident's medication, treatment, and distary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Per record review and staff interview there was a failure to administer medications as ordered for 2 applicable residents. (Resident #1 and Resident #2), Findings include: 1. Per record, review Resident #1 was ordered Tylenol Arthritis 650 mg caplets One tablet every 8 hours as needed for chronic pain. Per review of Resident #1's Medication Administration Record, Tylenol Arthritis Extended Release 650 mg tablets Two tablets scheduled once daily was administered. On the evening of 12/5/22 the Registered Nurse confirmed the administration of Tylenol Arthritis Extended Release 650 mg tableta to Resident #1 was not consistent with signed physician's orders provided on request. 2. Per record review Resident #2 was ordered Division of Licensing and Protection If centinuation abset 3 of 10 QU9711 STATE FORM

STATEMENT OF DERCIENCIES AND PLAN OF CORRECTION		CLIDI (X1) PROVIDERALIPPLIERICLIA IDENTIFICATION MAMBER: 0197	(C2) MULTIPLE CONSTRUCTION A. BUEDING; 8. VENG		C 12/12/2022	
	ROVIDER OR SUPPLIER Y OP THE MEADOWS	1 PINNA	ODRESS, CITY, STAT CLE MEADOWS RD, VT 95475	E, ZIP CODE	-	
(CLI) 1D PREPOR TAG	EACH DEFICIEN	KATEMENT OF DEFICIENCIES LY MUST DE PRECEDED BY FULL LSC IDENTIFYING INFORMATIONS	ID PRESPOX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THIS DEFICIENCY)	SHOULD BE	COMPLETE DATE
R128	Tylenol 650 mg as n mg scheduled three on 11/1/22 - 11/4/22 the evening of 12/5/2 confirmed the admin	eeded for pain. Tylenol 650 times daily was administered and 11/18/22 - 11/30/22. On 22 the Registered Nurse Istration of Tylenol to consistent with signed	R128	1		
R136 85=D	5.7. Assessment 6.7.c Each resident annually and at any	AND HOME SERVICES shall also be reassessed point in which there is a nt's physical or mental	R136	ILORE SER	(ed)	
n an	by: Based on record rev was a failure to com assessment for one #1). Findings includ Per record review th completed a Reside afternoon of 9/14/22 not have a unnary to days. A nots written the morning of 9/14/ urine spectmen test Infection that mornin on 9/14/22 also did mereiving Enhanced	applicable resident (Resident				32,201,32
Intelion of Lic TATE FORM	ansing and Protection		 	Kuorii SAJ) i cont	nualiza about 4 of 1

Other IL VINIO IL VINIO 12/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 1 1 1 1 12/12/2022 OUR LADY OF THE MEADOWS 1 PRIMACLE MEADOWS 1	STATEMEN	of Licensing and Protec T OF DERCENCIES OF CORRECTION	(C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()CZ) MULTIPLE A. BURLDING:	CONSTRUCTION	C	
I PRIMACLE MEADOWS RICHFORD, VT 64478 OUR LADY OF THE MEADOWS I PRIMACLE MEADOWS RICHFORD, VT 64478 OUR CADY OF THE MEADOWS Stamaarty Statement of DEFICIENCES (CAD DEFICIENCY MUST BE RECEIVED BY FULL TOD D PROMDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CADE CORRECTIVE ACTI	i		0187	a wing		12	/12/2022
WIND TAG EACH DEPICIENCY BUST BE PRECEDED BY FULL REGULATORY OR LSC DEMTRYING BENGEARTON) PRETX TAG CONSECUTIVE ACTION SHOLLS BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY CONTRE DATE R138 Continued From page 4 request on 8/10/22 indicating Resident #1 is receiving ERC services. R138 At 3:40 PM on 12/5/22 the Administrative Manager in training and Finance Manager acknowledged insccuracies in Resident #1's Resident Assessment. R145 R148 V. RESIDENT CARE AND HOME SERVICES R145 59.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 essist the resident to maintain R145	-1		1 PINKA	CLE MEADOWS	TE, ZIP CODE		
R148 Containade if form page 1 request on 8/10/22 indicating Resident #1 is receiving ERC services. At 3:40 PM on 12/5/22 the Administrative Manager in training and Finance Manager acknowledged inaccuracies in Resident #1's Resident Assessment. R148 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	PREFIX	(EACH DEFICIENCI	/ NUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI	LD BE	COMPLE
	R 145	request on 8/10/22 in receiving ERC service At 3:40 PM on 12/5/22 Manager in training at acknowledged inscou Resident Assessment V. RESIDENT CARE. 5.9.c (2) Oversee development each resident that is b as identified in the resi of care must describe necessary to assist th	dicating Resident #1 is as. 2 the Administrative nd Finance Manager racies in Resident #1's AND HOME SERVICES t of a written plan of care for reased on abilities and needs ident assessment. A plan the care and services a resident to maintain		ATTAL NED		

PRINTED: 01/10/2023

STATEMEN	of Licensing and Prote t of Deficiencies of Consection	(X1) PROVIDERUSUPPLIERICLIA IDENTIFICATION NUMBER: 0187	0.CO MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION	0.000	ELETED LETED C 12/2022
FUP ee	ROWDER OR SUPPLIER	STREET/ 1 PINIL	NODRESS, CITY, STATE	i, ZIP CODE		
OLO HD PREFUX TAG	BUNMARY S	RICHPC TATEMENT OF DEFICIENCIES SY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER & PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENC)	on should be Heappropriate	POID COMPLET DATE
R145	is ellergic to bee ver Epipen. Resident #1 demons assaultive behaviors following and threats 4/28/22; stamming of though a/he was in a choking a staff mem the staff a neck and to remove ha/her ha on 9/3/22; and enga ha/her roommate on 11/17/22 Resident #2 and enga ha/her roommate on 11/17/22 Resident #2 and sta attempted to back R doorway. Both resid mobility. Resident #2 and statempted to pay was blocking the do Resident #2 sustain fall. While Resident #11m addressed "history of his/her military servi to "ramove resident attractions" and to et is "in near area able residents goes after failed to update Res specific intervention residents including 1 redirecting Resident resident's rooma an residents, and repoil to nursing or admini approximately one to a decision to emerge	and is prescribed an strated aggressive and at the facility including oning another resident on hairs against a wall "as active combal" on 6/20/22; ber leaving visible wounds on requiring two additional staff ands from the staff's fitroat" ging in verbal conflict with 19/8/22 and 9/13/22. On 1 approached the doorway of pped his/her face as s/he resident #1 away from his/her ents require walkers for 2 fell over his/her walker. ed facial fractures due to the Care Plan dated 9/5/22 of behaviors relating back to ice" and included instructions from potentially dangerous squre a second staff member to intervene in the event this direct care staff"; the nurse ident #1's care plan to include a to ensure the safety of other 24/7 eyes on monitoring, t #1 away from other ting any behavior or concerns	R145			

	of deficiencies If confrection	(C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0197	OLD MULTIPLE CONSTRUCTION A. BUILDING: B. WING		COMP	ELRIVEY LETED C M12/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET /	DORESS, CITY, STATE	, ZP CODE		
OURLAD	Y OF THE MEADOWS		CLE MEADOWS			
	OF THE BOUNDING	RICHPO	RD, VT 06476			
(04) ID PREFDX TAQ	(EACH DEFICIE)	Itatement of Deficiencies Icy musit be preceded by pull R LSC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
R145	Continued From pa	ge 6	R145			
	resident the previou	(25)	10000000			
	IOSIOCIA UIO DIOVINA	to dely.				1
		ent #1's Care Plan falled to				
		for falls; frequent urinary tract				1
	infections; Diabeter) Melatulic, max for hts; and psychosocial needs				
	related to andety, i	TSD, auditory hallucinations,				
	and history of Majo Care Plan also faile	Depressive Disorder. His/her	1 1			1
		d to identify risk for an allergic he use of an Epipen, and to				
		and instructions for use of the				8
	Epipen.					
	2. Resident #2 was	admitted to the facility in				
		with diagnoses including				10
	Alzheimer's, Epilep	sy, Hypokalemia (low Leck of Coordination; Cerdiac				
		ers (irregutar heartbeat	1			
		cemaker), Syncope and				
	Collapse (fainting a	ssociated with inadequate sin), Edema; Infactious Colitis,				
		iona, Infactive Anide Synovitia				
	(pein and inflamma	tion inside the ankle joint),				
		back pain), Sciatica (nerve pain				
and the states		k down the leg), and Dysurts Resident #2's modications	Contract (10 - M - 10 - 24	Constant
	Include the anticoa	gutant medication Eliquis,				
		mation of blood clots and				ľ
	increases risk of bi	eacing.				
		plan tailed to address his/her				1
		vent; risk for esizures				
	management pain	ilepsy; risk for infections; and related to acute and chronic				
	infections, sciatica,	Joint inflammation, and				
	dysuria. His/her ca	re plan failed to address the				
	risk for bleeding as	sociated with the use of the ication Eliquis. A single entry in				
		at briefly mentioned bleeding				
		/18/22, the day after s/he fell as				

STATE FORM

QU9711

PRINTED: 01/10/2023

STATEMENT OF DEFICIENCIES (01) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(C2) MULTIPLE CONSTRUCTION A. BUILDING:			C
	0187			1_14	101011
WIDER OR SUPPLIER	•=.		e, ZP CODE		1
of the meadows					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	EACH CORRECTIVE ACTION	SHOULD BE	DOBATULETE DATE
Continued From pag	b 7	R145		unary and	
Austained facial fract staff to report any so bleeding, or edema a fractures. Similarly, f falls was not adequa initial care plan deter "Resident will not fail falls. Resident #12's F falls on 10/2/22, 10/6 Interventions related Identified until an up 11/18/22, following the assault by another re The facility Administo Finance Manager ac Resident #1's and R the afternoon of 12/5 V. RESIDENT CARE	urea, and simply instructed chymosis (brutsing), it the sites of the facial tesident #2's high risk for tely addressed in his/her 19/29/22 which stated only from bed or chair" and failed erventions related to risk for rogress Notes documented V/22, and 11/4/22. to fail prevention were not tate to his/her care plan on we fail sustained during isident the previous day. ative Manager in training and knowledged deficiencies in saident #2's Care Plans on V/22.	R162	(ILIMA Se ATTRENST		
medication, prescrip medications for whic written, signed order problem statement in This REQUIREMEN by: Based on observatio interview there was in medication orders w 2 applicable resident	tion or over-the-counter In there is not a physician's and supporting diagnosis or I the resident's record. I is not met as evidenced In, record review, and staff a failure to ensure all are signed by a physician for a. (Resident #1 and Resident				
	DF THE MEADOWS SUMMARY OF (EACH DEPORENC REQULATORY OF A result of an assault ustained facial fracts traff to report any eco- leading, or edema a rectures. Stmilarly, F alla was not adequat initial care plan dated Resident will not fall to identify specific inte alls on 10/2/22, 10/8 interventions related the facility Administr Finance Manager ac Resident #1's and Re the aflemoon of 12/5 V. RESIDENT CARE 5.10 Medication M 5.10.c. Staff will not a medication, prescription medications for which written, signed order problem statement in This REQUIREMENT by: Based on observatio interview there was a medicable residents applicable residents	VIDER OR SUPPLIER STREET A DF THE MEADOWS 1 PINIAL DF THE MEADOWS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST GE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Continued From page 7 a result of an assault by another resident and sustained facial fractures, and simply instructed staff to report any ecchymosis (brusing), skeeding, or edema at the sites of the facial fractures. Similarly, Resident #2's high risk for alls was not adequately addressed in his/her nitial care plan dated 9/29/22 which stated only Resident will not fail from bed or chair" and failed or identify specific interventions related to risk for alls Resident #2's Progress Notes documented alls on 10/2/22, 10/9/22, and 11/4/22. The facility Administrative Manager in training and Finance Manager actinowledged deficiencies in Resident #1's and Resident #2's Care Plans on the afterneon of 12/5/22. V. RESIDENT CARE AND HOME SERVICES	MIDER OR SUPPLER STREET ADDRESS, CITY, #WAT DP THE MEADOWS 1 PRIMACLE MEADOWS SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCENT OF DEFICIENCES (EACH DEFICIENCENT OF DEFICIENCES (EACH DEFICIENCENT OF DEFICIENCES (EACH DEFICIENCENT OF DEFICIENCES) ID PREFIX Image: Continued From page 7 R145 Image: Continue From page 7 R145 Image: Continue From page 7 R145 Image: Content From Page 7 R145 <td>WIDER OR SUPPLIER STREET ADRESS. CTV, SIVE, 2P CODE 1 PINIACLE MEADOWS 1 PINIACLE MEADOWS BCHPORD, VT 04478 RECHPORD, VT 04478 BLOW DEFINITION OF DEPICIENCES PRETX RECULTORY OR LISC DEFINITION DEPICIENCES PRETX Continued From page 7 R145 Continued facial fractures, and simply instructed facial fractures, and simply instructed facial fractures, and simply instructed facial fractures, Similarly, Resident #25 high risk for alls was not adequately addressed in high rest facial fractures resident table only reports rested to table for alls. Resident #25 Progress Notes documented alls on 102/22, 10/022, and 11/4/22. Reservertions related to table prevention were not definition frame resident table prevention were not definition table for alls. Resident #25 Progress Notes documented alls on 102/22, 10/022, and 11/4/22. Reservertion resident table prevention were not definition factor resident factor bials. Resident #25 Progress Notes documented alls on 102/22, 10/022, and 11/4/22. Reservertion resident file and Resident #25 Care Plans on the aftermoon of 12/5/22. M. RESIDENT CARE AND HOME SERVICES 3.10. Medication Management 5.10.c., Staff will not assist with or</td> <td>WIDER OR SUPPLEX STREET ADDRESS, CTV, STATE, 2P CODE DP THE MEADOWS 1 PRINACLE BIEADOWS PC-ON DEPORTOR WATE REPRECEDED OF FALL PREDVALTORY OR LSC DEPARTMENT OF DEPORTORING PACH DEPORTOR WATE REPRECEDED OF FALL PREDVALTORY OR LSC DEPARTMENT INFORMATION Deport Deport of the precedure of the</td>	WIDER OR SUPPLIER STREET ADRESS. CTV, SIVE, 2P CODE 1 PINIACLE MEADOWS 1 PINIACLE MEADOWS BCHPORD, VT 04478 RECHPORD, VT 04478 BLOW DEFINITION OF DEPICIENCES PRETX RECULTORY OR LISC DEFINITION DEPICIENCES PRETX Continued From page 7 R145 Continued facial fractures, and simply instructed facial fractures, and simply instructed facial fractures, and simply instructed facial fractures, Similarly, Resident #25 high risk for alls was not adequately addressed in high rest facial fractures resident table only reports rested to table for alls. Resident #25 Progress Notes documented alls on 102/22, 10/022, and 11/4/22. Reservertions related to table prevention were not definition frame resident table prevention were not definition table for alls. Resident #25 Progress Notes documented alls on 102/22, 10/022, and 11/4/22. Reservertion resident table prevention were not definition factor resident factor bials. Resident #25 Progress Notes documented alls on 102/22, 10/022, and 11/4/22. Reservertion resident file and Resident #25 Care Plans on the aftermoon of 12/5/22. M. RESIDENT CARE AND HOME SERVICES 3.10. Medication Management 5.10.c., Staff will not assist with or	WIDER OR SUPPLEX STREET ADDRESS, CTV, STATE, 2P CODE DP THE MEADOWS 1 PRINACLE BIEADOWS PC-ON DEPORTOR WATE REPRECEDED OF FALL PREDVALTORY OR LSC DEPARTMENT OF DEPORTORING PACH DEPORTOR WATE REPRECEDED OF FALL PREDVALTORY OR LSC DEPARTMENT INFORMATION Deport Deport of the precedure of the

1000

	TATEMENT OF DEPICIENCIES ND PLAN OF CORRECTION 0197		02) MULTIPLE C A. BUILDING; B. WING	DNSTRUCTION		BURVEY LETED C 12/2022
	NOVIDER OR SUPPLIER	t PINNA	DORESS, CITY, STATE CLE MEADOWS RD, VT 06476	ZIP CODE		
(0(4) HD PREEFDX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MINT BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDENTI PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEPICIENCY)	SHOULD BE	(24) COMPLETE EATE
R162	Nurse was requests medications listed of 2022 MAR. Per revi provided, the Regist provide signed order supplement) 325 m tablet One tablet at Extended Release of every morning. On 12/5/22 the Registing signed orders for Fe Olanzapine 5 mg ta Extended Release of 2. On the afternoon Nurse was request medications administ Registered Nurse w orders during the st day Resident #22a to located and provide	of 12/5/22 the Registered id to provide signed orders for n Resident #1's November ew of the documentation tered Nurse was unable to rs for Ferrous Suifate (Iron g daily, Olanzapine 5 mg bedtime, and Tylenol Arthritis ISO mg tablets Two tablets istered Nurse confirmed shous Suifate 325 mg tablets, bists, and Tylenol Arthritis tablets were not present. of 12/5/22 the Registered of to provide signed orders for stered to Resident #2. The ras unable to locate the signed te visit, however the following ligned admission orders were id, The documentation tade signed orders for the	R162			
	 Amodellän/C mg One tablet twice Cyanocabala meg/mi viai injecter monthly Tylenol 325 in three times daily PreserVision twice daily for eye h While signed order Tylenol as needed in 	tavutanate (antibiotic) 876/125 e daily for 7 days min (Vitamin B 12) 1,000 d subcutaneously once mg Two tablets scheduled Areds 2 Softgels One softgel				

(20) A

	ED PLAN OF CORRECTION BUENTIFICATION NUMBER: A BUILD		0(2) MULTIPLE CC A. BUILDING: B. WING	LDING:		c	
		1 PDIM	CLE MEADOWS	, ZIP CODE		4	
(X4) ID PREFix TAQ	(EACH DEFICIEN	CATEMENT OF DEFICIENCIES	F DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE		non Should Be The Appropriate	COMPLETE DATE	
R162	administered three to for pain following a of 325 mg Two caplets after fall and facial fi 11/18/22 - 11/30/22 muttple requests. On 12/5/22 the Reg signed medication of request for Residem and 12/12/2 email staff confirmed the is medications including	imea daily 11/1/22 - 11/4/22 Jantal extraction, and Tylenol three times daily for pain actures administered were not provided after istered Nurse confirmed refers were not available on t #2; and on 12/6/22, 12/7/22, communications with Nursing ack of signed orders for g Amodicillin/Clavulanate,	R162				
1110-00		n ang kabula sa	un esticio in i		NUM PERMI	10 10111-1012	200.02
	AND PLANC NAME OF PI OUR LAD (X4) ID PREFIX TAO R152	AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER OUR LADY OF THE MEADOWS (24) ID PREPRX 7A0 R162 Continued From pag administered three to for pain following a c 325 mg Two caplets after fall and facial fi 11/16/22 - 11/30/22 the multiple requests. On 12/5/22 the Regi signed medication o request for Resident and 12/12/2 email o staff confirmed the to medications includin Cyanocobalamin, Ty 2.	AND PLAN OF CORRECTION DENTIFICATION HUMBER: 0197 0197 NAME OF PROVIDER OR SUPPLIER STREET/ OUR LADY OF THE MEADOWS 1 PINIM PREPX RECH DEFICIENCY MUST BE PRECEDED BY FULL PREPX RECULATORY OF LISC IDENTFYING INFORMATION R162 Continued From page 9 administered three times daily 11/1/22 - 11/4/22 for pain following a dental extraction, and Tylenol 325 mg Two caplets three times daily for pain after fall and facial fractures administered 11/18/22 - 11/30/22 were not provided after muttiple requests. On 12/5/22 the Registered Nurse confirmed signed medication orders were not available on request for Resident #2; and on 12/6/22, 12/7/22, and 12/12/2 email communications with Nursing staff confirmed the tack of signed orders for medications including Amodicillin/Clavulanate, Cyanocobalamin, Tylenol, and Preserviston Areds 2.	AND PLAN OF CORRECTION DEPATIFICATION NUMBER: A BUILDING:	AND PLAN OF CORRECTION DEMTRICATION HEARBER: A BULDRO: 0187 B. VINO 0187 STREET ADDRESS, CTV, STATE, 2P CODE 0181 LADY OF THE MEADOWS 1 PURMACLE MEADOWS 0010 CALADY OF THE MEADOWS 1 PURMACLE MEADOWS 00110 RECOLLATORY OF DEFICIENCIES 10 PREFX (EACH DEFICIENCY MUST BE PROCEEDD BY FULL PREFX 7A0 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A1 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A2 STREET ADDRESS 7A3 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A4 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A5 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A6 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A7 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A8 RECOLLATORY OR LOC DEMTRYNAS INFORMATION 7A9 RECOLATORY OR LOC DEMTRYNAS INFORMATION 74 </td <td>BIO SECH OF DEPENDENCES (CI) PROVIDER SUBJECT CONTRACT CONTRACT CONTRACT CONTRACT INVERTIGATION MARKER BUDROW A BUDROW 12 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CTTV. STATE, 2P CODE 12 OUR LADY OF THE MEADOWS I PRIMACE MEADOWS 12 OUR LADY OF THE MEADOWS I PRIMACE MEADOWS RECHFORD, VT 68478 OUR LADY OF THE MEADOWS I PRIMACE MEADOWS RECHFORD, VT 68478 OUR LADY OF THE MEADOWS RECHFORD, VT 68478 RECHFORD, VT 68478 OW ID BUBMAY STATEMENT OF DEFORMENTION PRESK RECHFORD, VT 68478 OW ID BUBMAY STATEMENT OF DEFORMENTION PRESK RECHFORD, VT 68478 OW ID BUBMAY STATEMENT OF DEFORMING NOT DEFORMENTION PRESK RECHFORD, VT 68478 RECHFORD, VT 68478 RECHFORD, VT 68478 RECHFORD, VT 68478 RECHFORD, VT 68478 R182 Continued From page 9 R182 R182 DEFICIENCY OF THE AMPROPRIATE DEFICIENCE OF THE APPROPRIATE DEFICIENCE OF THE APPROPRIME DEFICIENCE OF THE APPROPRIATE DEFICIENCE OF THE APPROPRIM</td> <td>AND BLENT OF DEPRENDER (II) PROVIDE REQUERT OUTPERFORM OUTPERFORM NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CTT, STATE, 2P CODE C NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CTT, STATE, 2P CODE C OUR LADY OF THE MEADOWS IPERSEX PROVIDER RAN OF CORRECTION OVER LADY OF THE MEADOWS IPERSEX PROVIDER RAN OF CORRECTION PREST BLEARMY STATEMENT OF DEFICIENCIES PROVIDER RAN OF CORRECTION PREST REQUESTORY USE THE PRECEDED DY TALL PREST PREST REQUESTORY USE THE STREET ADDRESS OF THE APPOPRIATE OWENT THE STREET ADDRESS OF THE APPOPRATE PREST REQUESTORY USE THE STREET ADDRESS OF THE APPOPRATE OWENT THE STREET ADDRESS OF THE APPOPRATE PREST REQUESTORY USE THE STREET ADDRESS OF THE APPOPRIATE OWENT THE STREET ADDRESS OF THE APPOPRATE PREST REST THE ADDRESS OF THE APPOPRATE OWENT THE APPOPRATE Continued From page 9 R182 R182 R182 administored three times daily 11/1/22 - 11/4/22 For pain attent for and provided after multiple requests. Con 12/5/22 were not provided after multiple requests. Con 12/5/22 the Registered Nurse confirmed signed orders for medication orders were not available on request for Resident #2/2 and on 12/6/22, 12/7/22, and 12/12/2 enail communication with Nursing staff confirmed the lack of signed orders for medication for medication addinul/Lavainatan, Cyanoco</td>	BIO SECH OF DEPENDENCES (CI) PROVIDER SUBJECT CONTRACT CONTRACT CONTRACT CONTRACT INVERTIGATION MARKER BUDROW A BUDROW 12 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CTTV. STATE, 2P CODE 12 OUR LADY OF THE MEADOWS I PRIMACE MEADOWS 12 OUR LADY OF THE MEADOWS I PRIMACE MEADOWS RECHFORD, VT 68478 OUR LADY OF THE MEADOWS I PRIMACE MEADOWS RECHFORD, VT 68478 OUR LADY OF THE MEADOWS RECHFORD, VT 68478 RECHFORD, VT 68478 OW ID BUBMAY STATEMENT OF DEFORMENTION PRESK RECHFORD, VT 68478 OW ID BUBMAY STATEMENT OF DEFORMENTION PRESK RECHFORD, VT 68478 OW ID BUBMAY STATEMENT OF DEFORMING NOT DEFORMENTION PRESK RECHFORD, VT 68478 RECHFORD, VT 68478 RECHFORD, VT 68478 RECHFORD, VT 68478 RECHFORD, VT 68478 R182 Continued From page 9 R182 R182 DEFICIENCY OF THE AMPROPRIATE DEFICIENCE OF THE APPROPRIATE DEFICIENCE OF THE APPROPRIME DEFICIENCE OF THE APPROPRIATE DEFICIENCE OF THE APPROPRIM	AND BLENT OF DEPRENDER (II) PROVIDE REQUERT OUTPERFORM OUTPERFORM NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CTT, STATE, 2P CODE C NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CTT, STATE, 2P CODE C OUR LADY OF THE MEADOWS IPERSEX PROVIDER RAN OF CORRECTION OVER LADY OF THE MEADOWS IPERSEX PROVIDER RAN OF CORRECTION PREST BLEARMY STATEMENT OF DEFICIENCIES PROVIDER RAN OF CORRECTION PREST REQUESTORY USE THE PRECEDED DY TALL PREST PREST REQUESTORY USE THE STREET ADDRESS OF THE APPOPRIATE OWENT THE STREET ADDRESS OF THE APPOPRATE PREST REQUESTORY USE THE STREET ADDRESS OF THE APPOPRATE OWENT THE STREET ADDRESS OF THE APPOPRATE PREST REQUESTORY USE THE STREET ADDRESS OF THE APPOPRIATE OWENT THE STREET ADDRESS OF THE APPOPRATE PREST REST THE ADDRESS OF THE APPOPRATE OWENT THE APPOPRATE Continued From page 9 R182 R182 R182 administored three times daily 11/1/22 - 11/4/22 For pain attent for and provided after multiple requests. Con 12/5/22 were not provided after multiple requests. Con 12/5/22 the Registered Nurse confirmed signed orders for medication orders were not available on request for Resident #2/2 and on 12/6/22, 12/7/22, and 12/12/2 enail communication with Nursing staff confirmed the lack of signed orders for medication for medication addinul/Lavainatan, Cyanoco

Our Lady of the Meadows Plan of Correction Residential Care Home State Survey December 12, 2022

R126

5.5.a

Action:

Resident #1 previously was living at St. Joseph's Home, a Residential Care Home in Burlington, and seeing Amelia Gennari MD as a PCP. During Resident #1's 7/14/2021 appointment with Gennari MD, it was stated that Resident #1 had completely resolved his depressed mood after the initiation of Escitalopram. It was then recommended during an appointment on 1/19/22 by Amelia Gennari MD that Resident #1 be moved to a facility with a locked unit/memory care unit due to his worsening auditory hallucinations and elopement history. Additionally, during this appointment on 1/19/22, it was noted that Resident #1 had been recently prescribed Olanzapine for his progressive neurocognitive deficits and worsening auditory hallucinations and was tolerating it well per Gennari MD. (Please see Attachments A-B).

Resident #1 was assessed, and his medical record was reviewed by the Admission Coordinator prior to his admission to Our Lady of the Meadows. It was concluded, with nursing expertise, that he was appropriate for our level of care at the time of admission. Resident #1 was then admitted to Our Lady of the Meadows on 3/1/22. At this time, Resident #1 had diagnoses of Major neurocognitive disorder/dementia, major depression in remission, and auditory hallucinations, all managed with medication. (Please see attachment C for Resident #1's Problem List prior to admission to Our Lady of the Meadows).

On 4/28/22, it was reported Resident #1 was following another resident around the unit and threatening her to let him out of the building. Resident #1 was not physical with this resident and was able to be redirected by staff. On 6/20/22, it was reported Resident #1 was slamming chairs against the wall but did not harm himself, another resident, or staff and was quickly redirected by staff. On 9/3/22, it was reported Resident #1 grabbed a staff member by the neck requiring two other staff members to remove his hands. This was his first reported episode of being physically aggressive. Due to this event, staff were instructed to be aware of resident #1's whereabouts, always have another staff member outside the room Page 1 of 6 when caring for the resident, always have the call light within reach, and additional dementia training was offered to staff throughout the month of October. On 11/3/22, Resident #1 had an appointment to be evaluated as a new patient of Jonathan Speer, PA with the Richford Health Center. It was during this appointment that Resident #1 was diagnosed with PTSD and anxiety. At this time, it was not recommended by Speer, PA to make any changes to resident #1's plan of care. (Please see attachment D).

Resident #1's mental health conditions were managed initially during his stay at Our Lady of the Meadows and did not require mental health services. It had been previously communicated to the nursing staff at Our Lady of the Meadows that Northwestern Medical Center no longer provides consultation for geriatric psychiatric patients, therefore, Northwestern Medical Center was not consulted when Resident #1 began to have behavioral episodes. With all reported behaviors, Resident #1 was redirected or validated during the time behavior took place, urine was tested for a UTI if this was suspected, the PCP was notified, and any recommendations were followed. Additionally, Resident #1's Olanzapine was increased per PCP orders on two occasions during his stay at Our Lady of the Meadows to try and manage his behaviors.

On 11/17/22, Resident #1 approached the doorway of Resident #2 and slapped her as she attempted to back Resident #1 away from her doorway. Resident #2 fell over her walker as she attempted to push past Resident #1 who was blocking the doorway with his walker. Resident #2 sustained facial fractures due to the fall. It was decided by the administration and nursing team that Resident #1's behavior had become unpredictable with the potential for violence and therefore he could not live in a community setting. Speer, PA was also consulted and deemed Resident #1 was above the level of care Our Lady of the Meadows could provide. On 11/18/22 Resident #1 was emergently discharged from the facility due to being harmful to himself or others.

Measures:

The Nurse Manager and The Admission Coordinator will take extra precautions during the pre-admission process by carefully screening potential residents, especially those with a diagnosis of PTSD, before they are admitted to Our Lady of the Meadows to ensure all personal, psychosocial, nursing, and medical needs can be met.

Monitors:

The Nurse Manager and the entire Nursing Staff will monitor this practice to ensure that this deficiency does not reoccur.

Date Completed:

1/24/23

R128

5.5.c (2)

Actions:

Resident #1 was given scheduled Tylenol consistent with the order from the previous PCP, Tylenol Arthritis 650mg tablet, Take 2 Tabs by mouth daily. When Jonathan Speer, PA assumed care of resident #1 on 11/3/22, Speer wrote a Tylenol order as a PRN, Tylenol 650mg tablet, and Take 1 every 8 hours as needed for arthritis pain. This change was not communicated to nursing staff and was written under the medication list from the visit summary as "Continue", therefore, missed as a change by nursing staff.

For Resident #2, the Nurse Manager initially scheduled Tylenol per the standing orders on 11/1/22-11/4/22 for pain control after dental extraction. Standing orders give approval for medications listed to be scheduled for three days. The two additional doses of Tylenol given should have been ordered from the PCP. The Tylenol order was then discontinued on 11/4/22. From 11/18/22-11/30/22, Tylenol was initially scheduled per the standing orders for the first three days post-fall. Per nursing judgment, Resident #2's pain was controlled well with the Tylenol regimen and it was reported by the physician at NMC that her facial fractures would take 6-8 weeks to heal, therefore, Tylenol was continued despite obtaining a written order by PCP. The scheduled Tylenol order was then discontinued and could be given PRN if the pain persisted.

Measures:

The Nurse Manager and the entire nursing team will ensure paperwork received pertaining to residents is read carefully and with attention to detail.

The Nurse Manager and the entire nursing team will ensure that Residents taking scheduled medications per standing orders shall have a physician's order after 3 days.

Monitors:

The Nurse Manager and the entire nursing team will monitor this practice to ensure that this deficiency will not reoccur.

Date Completed:

01/24/23

R136

5.7.c

Actions:

Action for Resident #1 was not possible as he/she was emergently discharged on 11/18/2022. When the Nurse Manager was updating Resident #1's assessment due to behavioral changes, Resident #1 being positive for a UTI was overlooked.

Resident #2 is not receiving Enhanced Residential Care (ERC), this resident is Private Pay.

Measures:

The Nurse Manager and the entire nursing team will ensure that each resident shall be reassessed annually and at any point when there is a change in the resident's physical or mental condition with attention to detail.

Monitors:

The Nurse Manager and the entire nursing team will monitor this practice to ensure that this deficiency will not reoccur.

Date Completed:

01/24/23

R145

5.9.c

Action:

Action for Resident #1 was not possible as he was emergently discharged on 11/18/2022.

The Nurse Manager updated Resident #2's Care Plan on 1/23/23 to include a plan of care that addresses these diagnoses, Seizures, Falls Risk, Bleeding Potential, Pain, and UTI. (Please see attachment E).

Measures:

The Nurse Manager met with the entire nursing staff to review the requirement to oversee the development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. She also reviewed that the plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being.

Monitors:

The Nurse Manager will monitor this practice to ensure that this deficiency does not reoccur.

Date Completed:

01/24/22

R162

5.10.c

Actions:

Resident #1

The Nurse Manager has located the physician's order for Ferrous Sulfate 325mg tablet given PO every other day. (Please see attachment F).

The Nurse Manager has located the physician's order for Olanzapine 5mg tablet one tablet PO at bedtime. (Please see attachment G).

Resident #2

The Nurse Manager has located the physician's order for Amoxicillin/Clavulanate 875/125mg one tablet PO BID for 7 days. (Please see attachment H).

Nursing confirmed with Resident #2's PCP on 1/19/23 Cyanocobalamin 1000mcg/mL SC monthly injection is not ordered for resident #2 and was never entered on MAR.

Nursing scheduled Tylenol 325mg tabs, Two tabs PO TID, initially intended to be scheduled per the standing orders for the first three days post-fall. Per nursing judgment, Resident #2's pain was controlled well with the Tylenol regimen and it was reported by the physician at NMC that her facial fractures would take 6-8 weeks to heal, therefore, Tylenol was continued despite obtaining a written order by PCP. The scheduled Tylenol order was then discontinued and could be given PRN if the pain persisted.

Nursing confirmed frequency with PCP for PreserVision Areds 2 Soft gels, One soft gel PO BID, order obtained 01/24/23. (Please see attachment I).

Nursing reviewed the chart for Resident #2 to obtain signed medication orders for Tylenol and PreserVision Areds requested by the surveyor via email on 12/6/22. Standing orders for Resident #2 were emailed to the surveyor on 12/7/22. At the time, these were the only two medications nursing was asked to locate by the surveyor. The request for signed orders for Amoxicillin/Clavulanate and Cyanocobalamin was not made known until the survey statement was received.

Measures:

The Nurse Manager and entire nursing team will ensure that staff will not assist with or administer any medication, prescription, or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.

Monitors:

The Nurse Manger and entire nursing team will monitor this practice to ensure that this deficiency will not reoccur.

Date Completed:

1/24/23