

## 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

June 5, 2023

Mr. Steven Doe, Administrator 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 **April 19**, **2023.** 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

Lamela MCotaRN

Licensing Chief

	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE S	ETED
_		0197	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
OUR LAD	Y OF THE MEADOWS		RD, VT 05476			
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(R100)	Initial Comments:		{R100}			
	on 4/19/23 by the Div Protection to determine from an investigation conducted on 12/5/22					1
(R126) SS=G	V. RESIDENT CARE	AND HOME SERVICES	{R126}			
	or arranged to meet the	t's admission to a residential y services shall be provided ne resident's personal, and medical care needs.		(PLEASE SEE	ATTACHES)	
	Based on record reviewas a failure to provid to meet the needs of 3 (Residents #1, #2, #3)  1. There was a failure					
	a) For Resident #1: O provider called in an o oral tablet 1 tab by mo well tolerated increase copy of the order rece not contain an actual of	on 1/25/23 Resident #1's order for "Sertraline 25 mg byth every day for 2 weeks, if to 50 mg every day". The ived from the pharmacy did or electronic physician's				
DRATORY D	nsing and Protestion DIRECTOR'S ØR/PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
TE FORM	STEVEN A			leals	lu	

Tags R126 to R162 accepted on 6/5/2023 - J. Evans/C. Scott

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: R-C 0197 B. WING 04/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS **OUR LADY OF THE MEADOWS** RICHFORD, VT 05476 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (R126) Continued From page 1 (R126) signature and a supporting diagnosis or problem the medication is prescribed to treat. A planned two week follow up with Resident #1's provider did not occur until 2/13/23; and a Nursing note dated 2/14/23 states "Resident's sertraline increased to 50 mg dally as she has tolerated the 25 mg dosing for the last 3 weeks. Order was to increase to 50 mg if resident tolerated the 25 mg after 2 weeks". On 3/24/23 a verbal order was received by Nursing staff to discontinue administration of Sertraline. and his/her Medication Administration Record (MAR)indicates the order for Sertraline 50 mg tablets was discontinued on 3/24/23. At 4:11 PM on 4/19/23 the Nurse Manager confirmed a delay in the scheduled increase for Sertraline to 50 mg daily following a two week administration of 25 mg daily as ordered; and confirmed s/he was unable to provide documentation of a written signed order to discontinue Sertraline for Resident #1. On 4/7/23 Resident #1's Nurse Practitioner ordered Risperidone 0.25 mg at bedtime with instructions to monitor for effectiveness and increase to BID (twice daily) after one week if no adverse effect. There was a 3 day delay in administration of this medication, and the first dose was given on 4/10/23. The April 2023 MAR indicated the medication was still being given once daily as of 4/19/23, nine days after the first dose was given, and the MAR had not been updated to include the prescribed increase to twice daily one week after the medication was started as ordered. There is no documentation of monitoring for the effects of the new medication between 4/11/23 and 4/17/23. At 4:08 PM on 4/19/23 the Nurse Manager confirmed there was a delay in initiating the administration of Risperidone, and the fallure to increase to twice daily administration one week



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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		DATE SURVEY COMPLETED	
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(R126)	Continued From page	2	(R126)				
	after the medication v	vas initiated as ordered.					
	Dooldoot #41a Nivers 1	Description of the control of the co					
	and the second s	Practitioner ordered Docusate					
		ules 1-2 capsules by mouth onstipation in 2/2/23, however					
		for March and April 2023 list					
	The state of the s	ng tablet" with no further					
		the dose, route, schedule,					
	and condition the med	dication is intended to treat					
	as ordered.						
	b) For Resident #2: A	n electronically signed					
100	Telehealth Summary	written by Resident #2's	1 1				
2 10	Memory Care Provide	or dated 12/19/22 notes	1 1				
4		rtazapine 7.5 mg HS (at					
		too sedating" and lists	1				
	Mirtazapine 7.5 mg ta		1 1				
		#2's March and April 2023	1 1			.	
		for Mirtazapine 15 mg by					
		Continuity of Care Document ated to be authored by					
	The state of the s	are Provider (PCP), which					
	does not include an a		1 1				
	physician's signature,	indicates Mirtazapine 15 mg					
		ordered for Resident #2 since					
	10/20/22. There is no	evidence of a signed order	1 1				
		r clarification from Resident					
		ceipt of the signed document					
		Provider dated 12/19/22					
	indicating Mirtazapine		1 1				
	ordered for Resident	¥Z.					
	Please refer to tags 12	28 and 162.					
		to oversee development of					
		hat address the care and					
		maintain independence and					
	well-being for 3 applic	able residents (Residents #1,					



Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R-C 0197 B. WING 04/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS **OUR LADY OF THE MEADOWS** RICHFORD, VT 05476 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (R126) Continued From page 3 {R126} #2, and #3) as follows: a) Resident #1 has Alzheimer's Disease and displays signs of confusion and a decline in ability to communicate verbally as noted on 3/9/23. S/he has a cardiac pacemaker due to a Conduction Disorder of the heart, which is a blockage of the electrical impulses that contract the muscles of the heart. On 2/6/23 the facility was notified regarding a pacemaker report of an episode of ventricular tachycardia with a heart rate of 215 beats per minute. Resident #1 was assaulted by another resident in November of 2022 and sustained facial fractures. A Nursing Note on 1/19/23 states Resident #1's PCP feels s/he is experiencing PTSD from the assault, and subsequent Nursing Notes document changes in eating pattern with weight loss, gagging and vomiting, anxiety around other residents and not wanting to socialize or participate in activities on 2/21/23; multiple attempts to leave his/her room then retreating back inside, and continued nausea and vomiting on 3/23/23; and increased anxiety with paranoia and agitation was noted on 4/6/23 following the discontinuation of Sertraline on 3/24/23 due to decline observed while s/he was taking this antidepressant medication. Resident #1's plan of care falls to address care and services required related to Alzheimer's Disease; risk for a cardiovascular event; and the physical and psychological impact of trauma including emotional distress, anxiety, agitation, nausea/vomiting, and risk for weight loss. b) Resident #2 is diagnosed with Frontotemporal Dementia (FTD) including the behavioral and semantic (affecting speech and ability to Division of Licensing and Protection

STATE FORM



Division of	of Licensing and Protect	ction			FOR	M APPROVED
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE	
		0197	B. WING			-C 19/2023
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(R126)	Continued From page	4	(R126)			
	comprehend language degenerative brain distribution of communication of plan does not specific concerns related to waggressions towards behaviors documente 2/27/23, 3/6/23, 3/20/2 His/her plan of care in will not fall from bed of does not identify internaddress falls including which began on 3/16/2 the resident after falls staff injuries and risk if 3/31/23, 4/3/23, 4/4/23 bed rail issue is noted no plan for the safe us Resident #2's plan of does not address his/it transitions to the floor participate in lift assist crawling" or "army crato the floor. These behaves the floor. These behaves the floor and uses in the floor include goals urinary and fecal incor Nursing Notes on 3/31 c) Resident #3 is diaguitations.	e) variants of this sease. Progressive atrophy of with FTD causes increasing y, behaviors, cognitive ability eficits. Resident #2's care cally address behavioral erbal and physical other residents and intrusive d on 1/12/23, 1/19/23, 2/6/23, 23, and 3/28/23.  Jentifies the goal "Resident or chair", however the plan eventions to reduce and y the use of a lowered bed 23, and a plan to safely lift which was noted to result in for resident injuries on 3, 4/10/23, and 4/19/23. An and 4/17/23 however there is see of a bedrail included in care. Resident #2's care plan ther frequent intentional with refusal to get up or is; and episodes of "arm wiling" when s/he transitions als/her arms to crawl along viors pose safety risks for p/fall risks for other access to hallways and onally, his/her plan of care and interventions related to intinence documented in 1/23 and 4/17/23.				
		ascular conditions including istory of stroke and heart				



Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED R-C 0197 04/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS **OUR LADY OF THE MEADOWS** RICHFORD, VT 05476 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (R126) Continued From page 5 {R126} attack, Heart Failure, and Angina. His/her plan of care does not address risk for cardiovascular event. S/he is prescribed Nitroglycerine as needed for chest pain. Use of Nitroglycerin requires monitoring due to risk of rapid drop in blood pressure and pulse. Falls and injury may occur due to dizziness, lightheadedness and fainting; and it is important to ensure the Resident is not standing when the medication is administered and gets up slowly following administration. Nitroglycerine requires storage without exposure to heat, moisture, and light; and is ineffective when the bottle is not stored properly, opened frequently or expired. Resident #3's plan of care does not include a plan for Nitroglycerine administration and storage. Please refer to tag 145 3. There was a failure to ensure completion of a significant change of condition assessment for Resident #1 who began to display signs of PTSD following a physical assault by another resident in November of 2022 and demonstrated a significant change of condition following the assault including increasing anxiety and agitation; changes to eating pattern with weight loss, gagging and vomiting; anxiety around other residents and not wanting to socialize or participate in activities; and multiple attempts to leave his/her room then retreating back inside. A reassessment of Resident #1 was signed as completed by the Nurse Manager for Resident #1 on 1/24/23, however the first page of the Resident Assessment form does not indicate the reassessment was a significant change in status assessment. Section F5 Change in Behavioral Symptoms of the assessment form completed on 1/24/23 indicates



	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE : COMPL	
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(R126)	Continued From page	6	{R126}		*	
	Resident #1 had no c	hange in behavioral status in				
		On the afternoon of 4/19/23				
		onfirmed a significant change				
		ent was not completed in				
		in Resident #1's physical				
	and psychological cor					
	Please refer to tag 13	6				
(R128)	V. RESIDENT CARE	AND HOME SERVICES	{R128}			
SS=D				1		
				(MEASE SEE A	MACHE?	
	5.5 General Care					
	5.5.c Each resident's dietary services shall physician's orders.	medication, treatment, and be consistent with the			2	
000000000000000000000000000000000000000	This REQUIREMENT	is not met as evidenced by:				
	Per record review and	staff interview there was a				
13.5	failure to administer m	nedications as ordered for 2				
		Resident #1 and Resident	1 1		(49)	
	#2). Findings include:				, •	
	1 Administration of S	ertraline, Risperidone, and	1 1			
		e not consistent with the				
		Resident #1 as follows:				
	a) A Nursing Note for	Resident #1 dated 1/25/23				
		in an order for Sertraline 25				
		s, if tolerated MD would like	1			
		laily, we will administer this				
		(follow up) with MD in two	1 1			
	weeks to determine if	dose should increase". Per				
		staff did not contact the				
		ne Sertraline increase to 50	1 1			

STATE FORM







STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION  DENTIFICATION NUMBER 0197  NAME OF PROVIDER OR SUPPLIER OUR LADY OF THE MEADOWS  SUMMANY STATEMENT OF DEPICIENCIES (PACE) (PACE	Division (	of Licensing and Protect	ction			POR	MAPPROVED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZP CODE  1 PRINACLE MEADOWS  1 PRINACLE MEADOWS					ONSTRUCTION		
OUR LADY OF THE MEADOWS    SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LESS DEFICIENCY MUST BE PRECEDED BY PILL TAG			0197	B. WING			N. Contraction of the Contractio
OUR LADY OF THE MEADOWS  RICHFORD, VT e5478  O(4) ID PREPIX TAG  REGULATORY OR US DESTRICTION SHOULD BE (EACH DEFICIENCY MAST BE PRECEDED BY PRU. TAG  REGULATORY OR US DESTRICTION SHOULD BE (EACH DEFICIENCY MAST BE PRECEDED BY PRU. TAG  REGULATORY OR US DESTRICTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  TAG  CONTINUED FROM PAGE 7  IMPRILATED THE APPROPRIATE DATE  OMET THE MEADOWS  REGULATORY OR US DESTRICTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OMET TAG  (R128)  IMPRILATED THE APPROPRIATE DATE  OMET TAG  REGULATORY OR US DESTRICTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OMET THE APPROPRIATE DATE  OMET TAG  REGULATORY OR US DESTRICTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OMET THE APPROPRIATE  OMET THE APPROPRIATE DATE  OMET THE APPROPRI	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE		
(R4) ID PREPEX (RACH DEFICIENCY BUST SE PRECISION OF PRINCIPATE TO PROVIDERS MAN OF CORRECTION (RACH DEFICIENCY BUST SE PRECISION OF MAINT TAG (REGULATORY OR U.S. IDENTIFYING INFORMATION)  (R128)  (R128)  Continued From page 7 (R128)  mg until 2/13/23, and a Nursing note dated 2/14/23 states "Resident's sertraline increased to 50 mg daily as she has tolerated the 25 mg doing for the last 3 weeks. Order was to increase to 50 mg if resident tolerated the 25 mg after 2 weeks." At 4:11 PM on 4/16/23 the Nurse Manager confirmed lack of communication with the prescriber resulted in a delay in the scheduled increase for Sertraline to 50 mg daily following a two week administration of 25 mg daily as ordered.  b) On 4/7/23 Resident #1*s Nurse Practitioner ordered Risperidone 0.25 mg at bedtime with instructions to monitor for effectiveness and increase to BID (twice daily) after one week if no adverse effect. There was a 3 day delay in administration of this medication, and the first dose was given on 4/10/23. The April 20/23 Medication Administration Record (MAR) indicated the medication was still being given once daily as of 4/19/23, nine days after the first dose was given, and the MAR had not been updated to include the prescribed increase to twice daily one week after the medication was started as ordered. Per review of Nursing Notes, there is no documentation of monitoring for the effects of the new medication between 4/11/23 and 4/17/23. At 4.09 PM on 4/19/23 the Nurse Practitioner ordered. Occused Sodium 100 mg cepsules 1-2 capsules by mouth daily as needed for constipation one week after the medication was initiated as ordered.  c) Resident #1*s Nurse Practitioner ordered Docused Sodium 100 mg cepsules 1-2 capsules by mouth daily as needed for constipation in 2/2/23, however Resident #1*s Medication Administration and the fillume to increase to twice daily administration ordered (MAR) for March and	OURIAN	V OF THE MEADOWS	100				
PREFIX TAG (RECHENCY MUST BE PRECEDED BY FULL TAG (REGULATORY OR LISC IDENTIFYING INFORMATION)  (R128)  (R128)  Continued From page 7  mg until 2/13/23, and a Nursing note dated 2/14/23 states "Resident's sertraline increased to 50 mg dally as she has tolerated the 25 mg doing for the last 3 weeks. Order was to increase to 50 mg if resident tolerated the 25 mg after 2 weeks". At 4:11 PM on 4/19/23 the Nurse Manager confirmed lack of communication with the prescriber resulted in a delay in the scheduled increase for Sertraline to 50 mg dally following a two week administration of 25 mg delly as ordered.  b) On 4/7/23 Resident #1's Nurse Practitioner ordered Risperidone 0.25 mg at bedtime with instructions to monitor for effectiveness and increase to BID (twice dally) after one week if no adverse effect. There was a 3 day dalay in administration of this medication, and the first dose was given on 4/10/23. The April 2023 Medication Administration of (MAR) indicated the medication was still being given once dally as or 4/19/23, nine days after the first dose was given, and the MAR had not been updated to include the prescribed increase to twice daily one week after the medication was stated as ordered. Per review of Nursing Notes, there is no documentation of monitoring for the effects of the new medication between 4/11/23 and 4/17/23. At 4.09 PM on 4/19/23 the precitioner ordered.  c) Resident #1's Nurse Practitioner ordered Docusses Sodium 100 mg capsules 1-2 capsules by mouth daily as needed for constipation in 2/2/23, however Resident #1's Medication Administration Administration on days to March and	OOK LAD	TOF THE MEADOWS	RICHFOR	RD, VT 05476			
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Administration Records (MARs) for March and		mg until 2/13/23, and states "Resident's sei dally as she has tolen last 3 weeks. Order we resident tolerated the 4:11 PM on 4/19/23 thack of communication in a delay in the scheet to 50 mg daily following of 25 mg daily as ordered Risperidone (instructions to monitorincrease to BID (twice adverse effect. There administration of this indose was given on 4/19/23, nine days and the MAR had not prescribed increase to the medication was stof 1/19/23, nine days and the MAR had not prescribed increase to the medication was stof Nursing Notes, thermonitoring for the effe between 4/11/23 and 4/19/23 the Nurse Mainitiating the administrating the administrating the administration to increase to the week after the medication was stof Nursing Notes, thermonitoring for the effe between 4/11/23 and 4/19/23 the Nurse Mainitiating the administrating the administration to increase to the week after the medication was stof Nursing Notes, thermonitoring for the effe between 4/11/23 and 4/19/23 the Nurse Mainitiating the administration to increase to the week after the medication was stof Nursing Notes, thermonitoring for the effect of Nursing Notes and Nursing Nursin	a Nursing note dated 2/14/23 traline increased to 50 mg ated the 25 mg dosing for the ras to increase to 50 mg if 25 mg after 2 weeks". At the Nurse Manager confirmed in with the prescriber resulted duled increase for Sertraline ing a two week administration ared.  If #1's Nurse Practitioner 0.25 mg at bedtime with if for effectiveness and dially) after one week if no was a 3 day delay in medication, and the first 10/23. The April 2023 ation Record (MAR) indicated fill being given once daily as after the first dose was given, been updated to include the interview week after arted as ordered. Per review we is no documentation of cts of the new medication 4/17/23. At 4:08 PM on inager confirmed the delay in ation of Risperidone, and the wice daily administration one tion was initiated as ordered.  Practitioner ordered ing capsules 1-2 capsules ded for constipation in	(NIZO)			



Division	of Licensing and Protec	ction			FORM APPROVED
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0197	B. WING		R-C 04/19/2023
	PROVIDER OR SUPPLIER BY OF THE MEADOWS	1 PINNA	DORESS, CITY, ST		
(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 COMPLETE
(R128)	further instructions re- route, schedule, and a intended to treat as o  2. An electronically si with Resident #2's Me 12/19/22 notes Resid mg HS (at bedtime). 1 lists Mirtazapine 7.5 m medication. Resident Medication Administra for Mirtazapine 15 mg Continuity of Care Do stated to be authored Provider (PCP), which or electronic physician Resident #2 has been bedtime since 10/20/2 signed order or order #2's PCP following ref from the Memory Care which prescribes Mirta	garding the specific dose, condition the medication is	(R128)	JEFICIENCY)	
SS=D	5.7. Assessment	hall also be reassessed pint in which there is a		(SALFANE SE ATTAL	<b>作</b> 之)
hivision of Line		is not met as evidenced by:			
IVISION OF LICE	nsing and Protection				

STATE FORM

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Division of	of Licensing and Protect	ction				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE S	
		0197	B. WING			-C 19/2023
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NOWE OF F	NOVIDEN ON SOFFLIER		LE MEADOWS	e, zir cobe		
OUR LAD	Y OF THE MEADOWS		D, VT 05476	8		
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{R136}	Continued From page	9	{R136}			
s	was a failure to comp	ew and staff interview there lete a change in condition pplicable resident (Resident				
	PTSD following a phy resident in November indicate Resident #1 change following the change following the things in sleep patter Primary Care Provide experiencing Post Tra (PTSD) from the assa document changes to loss, gagging and vor residents and not war participate in activities attempts to leave his/back inside, continued	began to display signs of sical assault by another of 2022. Nursing Notes experienced a significant assault including a Nursing ocumenting anxiety and a m which indicates his/her or (PCP) feels Resident #1 is numatic Stress Disorder nult. Subsequent notes eating pattern with weight inting; anxiety around other niting to socialize or				
Division of Lice	completed by the Nur on 1/24/23, however to Assessment form doe reassessment. Section to assessment. Section to Symptoms of the asse 1/24/23 Indicates Res behavioral status in the On the afternoon of 4/2 confirmed a significant	significant change in status F5 Change in Behavioral essment form completed on ident #1 had no change in the previous 90 days.  19/23 the Nurse Manager				

STATE FORM





Division	of Licensing and Protec	ction				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	CONSTRUCTION	(X3) DATE S	URVEY
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				DEFICIENCY)		
{R136}	Continued From page	a 10	(R136)			
,,			(11.00)			
	changes in Resident	#1's physical and			1	
	psychological condition	on.				
(R145)	V. RESIDENT CARE	AND HOME SERVICES	(R145)			
SS=G				Λ Λ		1
				( PLEANE SEE ATTA	1-5	
	5.9.c (2)			( ACEANE SEE HILL	TIE.S	
	Oversee developmen	t of a written plan of care for				
		based on abilities and needs				
	A CONTRACTOR OF THE PARTY OF TH	sident assessment. A plan of				
. 1	care must describe th					
		ne resident to maintain			, and a	ter i na na na na
	independence and we					
	macpondoneo una m	on bonig,				
	1					
	This REQUIREMENT	is not met as evidenced by:			1	
		ew and staff interview there				
		e the written plan of care that				
	addresses care and s			(x)		
		ce and well-being for 3				- 1
	A STATE OF THE PARTY OF THE PAR	Resident #1, #2, and #3).				
	Findings include:	100,000,000,000,000,000,000,000,000,000				- 1
	· manage monage.					- 1
	1. Resident #1 is died	nosed with Alzheimer's				
- (	The state of the s	signs of confusion including				- 1
-		gh rise toilet seat as a				- 1
		ood dysregulation; and		***		
		munication noted as "word				- 1
		23, which is a term used to				- 1
		d unintelligible speech				- 1
	characterized by rand					- 1
	phrases.	om use of words and				- 1
	prir a 303.					
	S/he has a cardiac no	complex due to a				- 4
	S/he has a cardiac pa	of the heart, which is a		1 2		
	Conduction Disorder (	or the reart, which is a				

Division of Licensing and Protection

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Division of	of Licensing and Protect	ction			FORM AP	PPROVED
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(R145)	blockage of electrical heart to contract. On daughter notified the pacemaker report state an episode of ventricurate of 215 beats per Resident #1 was assa November of 2022 and Nursing Notes docum following the assault idated 1/19/23 docume in sleep pattern and in Care Provider (PCP) experiencing Post Tra (PTSD) from the assa indicate changes to eloss, gagging and von residents, and not was participate in activities attempts to leave his/back inside, continued 3/23/23; and increase agitation on 4/6/23 fol Sertraline on 3/24/23.  Resident #1's plan of and services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical and psychologicular participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk for a car physical participate in services required Disease; risk	signals that stimulate the 2/6/23 Resident #1's facility regarding receipt of a ting Resident #1 experienced ular tachycardia with a heart minute.  Builted by another resident in it is a sustained facial fractures, ent increasing anxiety including a Nursing Note enting anxiety with a change indicating his/her Primary feels Resident #1 is sumatic Stress Disorder suit. Subsequent notes ating pattern with weight initing, anxiety around other inting to socialize or a on 2/21/23; multiple her room then retreating it nausea and vomiting on it is anxiety with paranola and lowing the discontinuation of care falls to address care related to Alzheimer's diovascular event; and the indication, nausea/vomiting, and incosed with Frontotemporal ding both behavioral and eech and language ints of this degenerative brain	{R145}			



(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			R-C
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STREET AD	DRESS, CITY, STATE	E, ZIP CODE	
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RICHFOR	D, VT 05476		
Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
a 12	(R145)		
causes increasing changes iors, cognitive ability and			
es"; however does not behavioral concerns related to aggressions towards other we behaviors documented in 2/23, 1/19/23, 2/6/23,			
or chair", however the plan reventions to prevent falls and ury due to falls including the which began on 3/16/23, and a resident after falls. Fall lift \$2 are noted to result in staff esident injuries on 3/31/23, 23, and 4/19/23. A Nursing se "there is an issue with all" however there is no plan all included in Resident #2's at #2's care plan does not intional transitions to the floor or participate in lift assists; a crawling", also referred to as an s/he transitions to the floor is to crawl on the floor. These y risks for Resident #2, create residents, and impede and resident rooms.			
THE RESERVE OF THE PARTY OF THE	STREET AS 1 PINNAC RICHFOR  ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  e 12  causes increasing changes iors, cognitive ability and its.  lan lists "Dementia Resident es"; however does not behavioral concerns related to aggressions towards other we behaviors documented in 12/23, 1/19/23, 2/6/23, //23, and 3/28/23.  dentifies the goal "Resident or chair", however the plan reventions to prevent falls and ury due to falls including the 1 which began on 3/16/23, and a resident after falls. Fall lift #2 are noted to result in staff esident injuries on 3/31/23, 23, and 4/19/23. A Nursing es "there is an issue with all" however there is no plan all included in Resident #2's in t#2's care plan does not entional transitions to the floor or participate in lift assists; in crawling", also referred to as in s/he transitions to the floor is to crawl on the floor. These by risks for Resident #2, create ir residents, and impede and resident rooms.	STREET ADDRESS, CITY, STATE 1 PINNACLE MEADOWS RICHFORD, VT 95476  TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  10 12 (R145)  11 PREFIX TAG  12 (R145)  13 ID PREFIX TAG  14 (R145)  15 ID PREFIX TAG  16 12 (R145)  16 12 (R145)  17 ID PREFIX TAG  18 ID PREFIX TAG  19 ID PREFIX TAG  19 ID PREFIX TAG  10 PREFIX TAG  10 PREFIX TAG  10 PREFIX TAG  11 ID PREFIX TAG  12 (R145)  13 ID PREFIX TAG  14 ID PREFIX TAG  15 ID PREFIX TAG  16 ID PREFIX TAG  17 ID PREFIX TAG  18 ID PREFIX TAG  19 ID PREFIX TAG  10 PREFIX TAG  11 ID PREFIX TAG  12 ID PREFIX TAG  13 ID PREFIX TAG  14 ID PREFIX TAG  14 ID PREFIX TAG  15 ID PREFIX TAG  16 ID PREFIX TAG  16 ID PREFIX TAG  17 ID PREFIX TAG  18 ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZP CODE  1 PINNACLE MEADOWS RICHFORD, VT 05476  A SULDING:  1 PINNACLE MEADOWS RICHFORD, VT 05476  A SULDING:  1 PROVIDER'S PLAN OF CORRECTION PREFIX TAG  PREVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)  1 PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)  1 (R145)  1





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{R145}	Continued From page	13	{R145}	10000		
	Dementia; and cardio high blood pressure, attack, heart failure, a reduced blood flow to care does not addressevent. S/he is prescrit for chest pain. Use of pressure monitoring oblood pressure and photoglycerine presendue to dizziness, light resulting from rapid dis important to ensure when the medication slowly following admit requires storage with moisture, and light; at ineffective when the base of the cardio attack.	nd this medication is nottle is not stored properly, is expired. Resident #3's plan of for Nitroglycerine				
	acknowledged the pla	/19/23 the Nurse Manager ans of care for the sampled ress all resident's conditions				
(R162) SS=E	V. RESIDENT CARE	AND HOME SERVICES	{R162}	(REAVE SEE ATTACHE	6	
	5.10 Medication M	anagement				
	medication, prescripti	ssist with or administer any on or over-the-counter there is not a physician's				



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: R-C 0197 B. WING 04/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1 PINNACLE MEADOWS OUR LADY OF THE MEADOWS** RICHFORD, VT 05476 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (R162) Continued From page 14 {R162} written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview there was a failure to ensure all medication orders were signed by a physician for 2 applicable residents. (Resident #1 and Resident #2). Findings include: Nursing Notes for Resident #1 dated 1/25/23 states "MD has called in an order for Sertraline 25 mg daily for two weeks, if tolerated MD would like to increase to 50 mg daily, we will administer this at hs (bedtime) and f/u (follow up) with MD in two weeks to determine if dose should increase". The written order in Resident #1's record for "Sertraline 25 mg oral tablet 1 tab by mouth every day for 2 weeks, if well tolerated increase to 50 mg every day" does not contain an actual or electronic physician's signature. A Nursing Note for Resident #1 dated 3/24/23 indicates a verbal order was received to discontinue administration of Sertraline, and his/her Medication Administration Record indicates the order for Sertraline 50 mg tablets was discontinued on 3/24/23. At 4:11 PM on 4/19/23 the Nurse Manager confirmed s/he was unable to provide documentation of a written signed order to discontinue Sertraline for Resident #1.



## Deficiency Statement Plan of Correction (POC) for Survey Date: 04/19/23

Facility Name: Our Lady of the Meadows

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure
				compliance
R126 5.5a	A signed order was received on 5/24/23 to support starting resident on Sertraline 25mg daily beginning on 1/24/23.	05/24/23	The Nurse Manager met with the nursing team on 05/18/23 to instruct them on the expectation to begin utilizing the computer-generated automatic Stop Date function on the EMR effective 05/25/23.	Nurse Manager
	A signed order was received on 5/17/23 to support d/c Sertraline 50mg on 3/24/23.	05/17/23	The Nurse Manager will reconcile all Resident's medication orders and the Medication Administrative	
	Risperidone 0.25mg scheduled for HS was ordered on 4/7/23 but did not start until 4/10/23. This delay was due to the resident experiencing flu or cold-like symptoms, in addition to not wanting to start new medication over the weekend without nursing present in the building.	05/19/23	Record (MAR) on a regular basis to ensure that the orders are signed by the physician and that the MAR is accurate.	
	Docusate Sodium order from PCP corrected on MAR to reflect the complete order.	5/19/23		
	On 5/17/23 a signed order was obtained from PCP to continue Mirtazapine 15mg PO at HS.	05/17/23		

R126 5.5a 2.	All three resident's care plans were updated and are based on the abilities and needs as identified in the resident assessment.	06/02/23	The Nurse Manager met with the nursing team on 05/18/23 to review the expectations regarding developing a resident care plan. Additionally, going forward two nurses will review and sign off on all resident care plans before they are implemented by the Direct Care Staff.	Nurse Manager
			Also, a per diem registered nurse is actively reviewing all current residents' care plans to ensure accuracy and provide findings to the Nurse Manager for review and implementation.	
R126 5.5a 3.	Resident #1's assessment was updated to reflect a significant change in status vs reassessment and note changes in behavior status in the previous 90 days.	05/19/23	The Nurse Manager met with the nursing team on 05/18/23 to review the expectations that each resident will be reassessed annually and at any point when there is a significant change in the resident's physical or mental condition.	Nurse Manager
			Additionally, going forward two nurses will review and sign off on each resident assessment before it is part of the resident's clinical record.	
R128 5.5c	Upon entering new medication orders that are time sensitive and require follow-up with the ordering provider, computer generated automatic stop dates will be implemented.	05/24/23	The Nurse Manager has met with the nursing team on 05/18/23 to instruct them on the expectation to begin utilizing the computer-generated automatic Stop Date function on the EMR effective 05/25/23.	Nurse Manager
	Risperidone 0.25mg scheduled for HS was ordered on 4/7/23 but did not start until 4/10/23. This delay was due to the resident experiencing flu or cold-like symptoms, in addition to not wanting to start new medication over the weekend without		The Nurse Manager will reconcile all Resident's medication orders and the Medication Administrative Record (MAR) on a regular basis to ensure that the orders are signed by the physician and that the MAR is accurate.	
	nursing present in the building.  Reviewed order for Docusate Sodium. Order from PCP corrected on MAR to reflect the complete order.	05/19/23	Additionally, Resident's MARs will be evaluated by a nurse at the monthly medication cycle change to ensure medication orders are complete.	

	A signed order was then obtained from PCP to continue Mirtazapine 15mg PO at HS.	05/17/23		
R136 5.7c	Resident #1's assessment was updated to reflect a significant change in status and noted behavioral status had changed as compared to the status of the previous 90 days.	05/19/23	The Nurse Manager met with the nursing team on 05/18/23 to review the expectations that each resident will be reassessed annually and at any point when there is a significant change in the resident's physical or mental condition.  Additionally, going forward two nurses will review	Nurse Manager
			and sign off on each resident assessment before it is part of the resident's clinical record.	
R145 5.9c(2)	Residents 1, 2, and 3 care plans were updated and are based on the abilities and needs as identified in the resident assessment.	05/18/23	The Nurse Manager met with the entire nursing staff on 05/18/23 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.  Additionally, going forward two nurses will review and sign off on all resident care plans before they are implemented by the Direct Care Staff.  Also, a per diem registered nurse is actively reviewing all current residents' care plans to ensure accuracy and provide findings to the Nurse Manager for review and implementation.	Nurse Manager
R162 5.10c	A signed order was received to support starting resident on Sertraline 25mg daily beginning on 1/24/23.	05/24/23	The Nurse Manager will reconcile all Resident's medication orders and the Medication Administrative Record (MAR) on a regular basis to ensure that the orders are signed by the physician and that the MAR	Nurse Manager
	A signed order was received to support d/c Sertraline 50mg on 3/24/23.	05/17/23	is accurate.	