VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 13, 2018

Ms. Allyson Sweeney, Manager
The Residence At Shelburne Bay East
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Ms. Sweeney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 14, 2018.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1009	A. BUILDING. _____ B. WING _____	C 11/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY EAST	185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted unannounced onsite investigations of 1 complaint and 5 facility reported incidents on 11/14/18. The following regulatory violations were cited as a result.	R100	R100 Initial comments: The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation to demonstrate our commitment to continued improvement in the quality of our residents' lives.	
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 2 of 5 sampled residents' (Residents # 2 and # 3) medication, treatment, and dietary services were consistent with the physician's orders. Findings include: 1. Per record review, staff failed to administer oxygen to Resident # 3 per physician order. Resident # 3 had a fall on 8/17/18. A nursing note on 8/17/18 at 9:37 PM indicated that Resident # 3 had an oxygen saturation level of 79%. A physician order dated 11/9/16 stated that oxygen should be given a 2 liters per minute via nasal cannula for oxygen saturation less than 92 %. On 11/13/18 at 2:38 PM, the Resident Care Director confirmed that the oxygen was not administered per the physician order. Additionally, on 11/13/18 at 2:45 PM, a staff nurse stated that Resident # 3 did not have oxygen on hand and that there was no backup in the facility.	R128	R128 1)The action taken to correct the deficiency and measures taken to ensure the deficient practice does not recur: Resident #3 no longer resides at the community. In order to ensure the deficient practice does not recur, a record review of all AL residents will be conducted to check and confirm resident treatment orders for oxygen. All nurses will receive education regarding the requirement listed in R128/5.5c, specifically as it relates to oxygen therapy. The corrective action will be monitored to ensure that the deficient practice does not recur. The RCD or designee will, randomly audit a sampling of resident charts at a minimum of twice yearly. The audits will include review of oxygen orders for any given resident, with particular focus on those orders with special instructions. R128 2)The action taken to correct the deficiency/and measures taken to ensure the deficient practice does not recur: Resident #2 no longer resides at the facility. In order to ensure that the deficient practice does not recur, a record review for all AL residents will be conducted to check and confirm code status. All Health Services staff and all dining staff will receive education on how to identify the code status of a resident. Additionally, the staff will be educated as to their responsibility, should a resident lose consciousness.	

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R128	Continued From page 1 2. Per record review, Resident # 2 was administered cardiopulmonary resuscitation (CPR) despite having a do not resuscitate (DNR) order. Resident # 2 collapsed in the dining room on 5/28/18. A staff note dated 5/29/18 at 11:48 AM indicated that abdominal thrusts were done and CPR was initiated. There is a physician order dated 5/15/18 for DNR. On 11/13/18 at 9:10 AM, the Resident Care Director confirmed that CPR had been initiated despite having a DNR order from the physician.	R128	The corrective action will be monitored to ensure that the deficient practice does not recur. The RCD or designee will randomly audit a sampling of charts, at a minimum of twice a year. The audit will focus on code status. R-128 POC accepted 12/10/18 R. Tremblay, RN / S. Lemay, RN	
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to provide and maintain a sanitary, homelike and comfortable environment for 1 applicable resident (Resident # 1). Findings include: Per observation of Resident # 1's room on 11/13/18 at 10:13 AM, the area surrounding and underneath the bed was heavily soiled with dust, dirt and debris. The Resident Care Director (RCD) confirmed this observation and stated that the room should be thoroughly cleaned weekly by housekeeping staff.	R266	R266 The action taken to correct the deficiency/and measures taken to ensure the deficient practice does not recur: Resident #1 had a thorough cleaning of her room on the day of the survey. Additionally, Shelburne Bay is working with the resident's POA to replace the carpet. In order to ensure that the deficient practice does not recur, all housekeeping staff will receive training on how to properly clean a resident room, and how to properly report major cleanliness issues in a timely manner. The corrective action will be monitored to ensure the deficient practice does not recur. The Maintenance Director or designee will randomly audit a sampling of resident rooms, at a minimum of 4 times per year. The audits will focus, specifically, on checking under and around the bed for debris, dirt, dust. The corrective action for the listed deficiencies will be completed by January 15, 2019. BMC 12/7/18 POC R-266 accepted 12/10/18 R. Tremblay, RN / S. Lemay, RN	