



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

June 25, 2024

Lee Ann Goodrich, Manager
Shard Villa
1177 Shard Villa Road
Salisbury, VT 05769-9588

Dear Ms. Goodrich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 30, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER SHARD VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 1177 SHARD VILLA ROAD SALISBURY, VT 05769		
(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: On 4/30/24 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following regulatory deficiencies were identified:	R100		
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 there was a failure to ensure medications listed on the April 2024 Medication Administration Record (MAR) were consistent with the physician's signed orders on file for 1 applicable resident (Resident #2). Findings include: On the afternoon of 4/30/24 the Executive Director confirmed policies and procedures to ensure medication orders listed in the Medication Administration Record are consistent with the physician's written signed orders had not been developed. Per record review on 4/30/24, medications listed on Resident #2 's April 2024 MAR were not consistent with the Physician's written signed orders on file as follows: a. On 3/8/24 Resident #2's hospice physician signed a written order for Haloperidol 2 mg/ml concentrate Administer 0.5 mg orally every hour	R128		

Division of Licensing and Protection

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

Lee A. Goodrich, RW/Director

TITLE

de-07-24

(X6) DATE

Division of Licensing and Protection

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R128	<p>Continued From page 1</p> <p>(0.25 ml) as needed for anxiety/ agitation. Resident #2's April 2024 MAR listed an order for Haloperidol Resident #2's April 2024 MAR listed an order for "Haloperidol 2 mg/ml Take 0.5 ml (1 mg) by mouth every 6 hours as needed (Hospice) DX: Agitation." The order listed in the MAR had an originating date of 3/11/24. This order was not consistent with the physician's signed order on 3/8/24, and there was no written signed physician's order on file for this order.</p> <p>b. On 3/8/24 Resident #2's hospice physician signed a written order for Advil (Ibuprofen) 200 mg tablet Take 2 tablets every 6 hours as needed for pain/fever. Resident #2's April 2024 MAR was not updated to include this order, and 2 previous orders for Ibuprofen remained on the MAR including "Ibuprofen tab 200 mg Take one tab by mouth every 4-6 hours as needed for pain 1-5/10, and "Ibuprofen tab 200 mg Take two tabs by mouth every 4-6 hours as needed for pain 6-10/10", both with originating dates of 1/24/23.</p> <p>c. On 3/8/24 Resident #2's hospice physician signed a written order for Morphine 20 mg/ml concentrate Administer 5 milligrams orally every 30 minutes (0.25 ml) as needed for pain, shortness of breath. Resident #2's April 2024 MAR listed an order for "Morphine Sul Sol 100/5 ml Take 0.25 ml (5 mg) by mouth every hour as needed for Dyspnea/pain (Hospice)." with an originating date of 3/11/24. This order was not consistent with the physician's signed order on 3/8/24, and there was no written signed physician's order on file for this order. Additionally this order in the MAR does not clearly indicate 100 milligrams / 5 ml, as the symbol for milligrams (ml) is not included in the order.</p> <p>These findings were confirmed by the Executive</p>	R128		

Division of Licensing and Protection

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R128	Continued From page 2 Director at approximately 3:30 PM on 4/30/24. In conclusion this deficient practice is a potential risk for more than minimal harm to Residents because physician's written, signed orders ensure the medication, dose, route, and frequency of administration are communicated as the prescriber intended.	R128		
R145 SS=D	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 independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop plans of care which describes the care and services necessary to maintain well-being for 1 applicable resident (Residents #2). Findings include: On the afternoon of 4/30/24 the Executive Director confirmed policies and procedures for development of resident plans of care had not been developed. Per record review Resident #2 is diagnosed with Atrial Fibrillation and is prescribed the anticoagulant medication Eliquis. His/her plan of	R145		

Division of Licensing and Protection

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R145	Continued From page 3 care does not identify the risk for bleeding associated with administration of anticoagulant medication; and interventions related to this risk such as precautions to minimize the risk of bleeding, signs and symptoms of internal bleeding, and when to seek medical help for uncontrolled bleeding. Additionally, Resident #2 was admitted into Hospice Care on 2/8/24. His/her plan of care does not address care and services related to hospice care such as when and how to contact Hospice providers, and use of comfort care medications. These findings were confirmed by the Executive Director on the afternoon of 4/30/24. In conclusion this deficient practice is a potential risk for more than minimal harm to all residents resulting from unidentified residents needs and interventions.	R145		
R147 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure prescriber's orders include a specific dose and frequency of administration	R147		

Division of Licensing and Protection

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R147	<p>Continued From page 4</p> <p>including the amount of time required between doses of PRN (as needed) medications for 3 out of 3 sampled residents (Residents #1, #2, and #3). Findings include:</p> <p>Per review of the April 2024 Medication Administration Records (MARs) and Prescriber's Orders for a sample of 3 residents, the MARs for 3 out of 3 residents listed orders for medications which did not include a specific dose and/or frequency of administration as follows:</p> <ol style="list-style-type: none"> 1. Resident #1's MAR included orders without a specific amount of time between doses. <ol style="list-style-type: none"> a. "Acetaminophen 325 mg tab one tab by mouth every 4-6 hours as needed for pain 1-5/10." b. "Acetaminophen 325 mg tab two tabs by mouth every 4-6 hours as needed for pain 6-10/10." c. "Hydrocort Oin 1% [Hydrocortisone Ointment 1%] Apply topically to the affected area four times as needed DX [diagnosis] skin irritation " 2. Resident #2's MAR included: <ol style="list-style-type: none"> a. "Acetaminophen 325 mg tab one tab by mouth every 4-6 hours as needed for pain 1-5/10." This order does not have a specific frequency of administration. b. "Acetaminophen 325 mg tab two tabs by mouth every 4-6 hours as needed for pain 6-10/10." This order does not have a specific frequency of administration. c. "Ibuprofen tab 200 mg Take one tab by mouth every 4-6 hours as needed for pain 1-5/10." This order does not have a specific frequency of administration. d. "Ibuprofen tab 200 mg Take two tabs by mouth every 4-6 hours as needed for pain 6-10/10." This order does not have a specific frequency of administration. e. "Milk of Magnesia Sus 400/5 ml Take 2 to 4 	R147		
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R147	<p>Continued From page 5</p> <p>tablespoons by mouth at bedtime as needed for constipation." This order does not include a specific dose.</p> <p>f. "Triamcinolone Oin 0.05% Apply topically to affected areas 1-2 times daily as needed." This orders does not include a specific frequency of administration or the indication for use.</p> <p>g. "Tussin DM 100-10 mg/5 ml Take 5 ml by mouth three times daily for cough as needed. " This order does not have a specific frequency of administration. Additionally, this order appears as a duplicate order on the MAR, with the another order for this medication listed on the MAR as a brand name for this generic medication. The brand name order states the medication is to be given every 6 hours. This is a risk for overdose of this medication.</p> <p>h. "Calcium Antacid CHW 500 mg Chew one tablet by mouth as needed for mild indigestion/heartburn (May repeat x3)" This order does not have a specific frequency of administration.</p> <p>i. "Calcium Antacid CHW 500 mg Chew (2) tabs by mouth as needed for moderate to severe indigestion/heartburn." This order does not have a specific frequency of administration.</p> <p>3. Resident #3's MAR included:</p> <p>a. "Acetaminophen 325 mg tab one tab by mouth every 4-6 hours as needed for pain 1-5/10." This order does not have a specific frequency of administration.</p> <p>b. "Acetaminophen 325 mg tab two tabs by mouth every 4-6 hours as needed for pain 6-10/10." This order does not have a specific frequency of administration.</p> <p>c. "Ibuprofen tab 200 mg Take one tab by mouth every 4-6 hours as needed for pain 1-5/10." This order does not have a specific frequency of</p>	R147		

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R147	<p>Continued From page 6</p> <p>administration.</p> <p>d. "Ibuprofen tab 200 mg Take two tabs by mouth every 4-6 hours as needed for pain 6-10/10." This order does not have a specific frequency of administration.</p> <p>e. "Nystatin Pow 100000 Apply to yeast rash as needed." This order does not accurately list the strength of the medication which is 100,000 unit/gram, and does not include a specific dose or frequency of administration.</p> <p>f. "Lidocaine CRE 4% Apply Blueberry sized amount topically to neck area as needed for pain." This order does not have a specific frequency of administration.</p> <p>g. "Calcium Antacid CHW 500 mg Chew one tablet by mouth as needed for mild indigestion/heartburn (May repeat x3)" This order does not have a specific frequency of administration.</p> <p>h. "Calcium Antacid CHW 500 mg Chew (2) tabs by mouth as needed for moderate to severe indigestion/heartburn." This order does not have a specific frequency of administration.</p> <p>These findings were confirmed by the Executive Director on the afternoon of 4/30/24.</p> <p>In conclusion this deficient practice is a risk for more than minimal harm for all residents due to administration of PRN medications at an incorrect dose and/or frequency to address the symptoms the medication is intended to treat.</p>	R147		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff</p>	R179		

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R179	<p>Continued From page 7</p> <p>demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 1 out of 5 sampled staff completed the required yearly trainings. Findings include:</p> <p>On the afternoon of 4/30/24 the Executive Director was requested to provide copies of the home's policies and procedures related to staff trainings. Upon request of the facility policy regarding staff trainings, a copy of a document entitled Receipt of Policies and Agreements, which staff is requested to initial to acknowledge they have read, understand, and agree to a list of</p>	R179		
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R179	Continued From page 8 policies and procedures was provided for review. The list of policies and procedures included in the document provided is consistent with the list of yearly trainings required by the licensing agency. On the afternoon of 4/30/24 the Executive Director was requested to provide documentation of trainings completed by a sample of 5 staff during the previous year. Per review of the documentation provided on request, 1 out of 5 sample staff had not completed any of the required yearly trainings during the previous year. This finding was confirmed by the Executive Director at 1:10 PM on 4/30/24. This deficient practice is a potential risk for more than minimal harm for all facility residents due to inadequate staff education and training to safely and effectively provide resident care.	R179		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop policies and procedures that govern all services provided by the home. Findings include: During the course of the survey on 4/30/24 the Executive Director was requested to provide	R200		

Division of Licensing and Protection

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R200	<p>Continued From page 9</p> <p>copies of policies and procedures related to resident care planning; ensuring the medications are administered as ordered; and ensuring all medication orders include a specific dose and frequency of administration including the amount of time between doses of medications given PRN (as needed). On the afternoon of 4/30/24 the Executive Director confirmed policies and procedures related to these areas of service had not been developed.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to provide accessible information and clear instructions related to tasks staff are required to perform.</p>	R200		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items were labeled with the dates the items were opened; and a failure to ensure all perishable beverages are refrigerated at or below 40 degrees Fahrenheit. Findings include:</p> <p>The home's Nutrition and Food Services policy and procedures includes a section entitled Food</p>	R247		

10

Division of Licensing and Protection

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R247	<p>Continued From page 10</p> <p>Safety and Sanitation which states, " All perishable food and rink shall be labeled, dates, and held at proper temperatures: 1) At or below 40 degrees Fahrenheit...". The home's Policy and Procedures for Food Safety states, " Label and date all leftovers."; however the procedures identified in this policy do not include instructions to label and date all perishable items.</p> <p>During a tour of the home's kitchen and food storage areas commencing at 10:35 AM on 4/30/24 perishable food items in the kitchen refrigerator including half and half, coffee creamer, parmesan cheese, ricotta cheese, sour cream, a jar of olives and two jars of jam were observed to be without labels indicating the dates the items were opened. Chopped onions, zucchini, and melon were observed without the dates these perishable items were prepared. In a freezer 3 containers of ice cream and a bag of dumplings were observed to be without labels indicating the dates they were opened.</p> <p>During the tour of the kitchen the drinks in the refrigerated drink dispensers were observed to be stored and dispensed at temperatures above 40 degrees Fahrenheit including: Milk 42.4 degrees Lemonade 54.7 degrees Cranberry drink 42.4 degrees Apple juice 42.4 degrees Orange juice 46.6 degrees</p> <p>These findings were confirmed by the Executive Director during the tour of the kitchen and food storage areas conducted on 4/30/24.</p> <p>In conclusion, this deficient practice is a potential risk for more than minimal harm due to food borne illness for all facility residents.</p>	R247		

Division of Licensing and Protection

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Shard Villa Residential Care Home

Plan of Correction

R128 V. RESIDENT CARE AND HOME SERVICES

5.5 General Care

Resident #2

A: Haloperidol- In the MAR for April 2024 the Haloperidol order read Haloperidol 2mg/ml, take 0.5ml (1mg) by mouth every 6 hours as needed (Hospice) with a diagnosis for agitation. The original date for the Haloperidol is 03/11/24, and the date written is 03/11/24. At the time of the survey the written signed order for the Haloperidol was not in the chart. After the survey, the pharmacy was contacted and requested the signed order be faxed to Shard Villa to add to the chart, which was done.

B. Ibuprofen- all multiple orders removed. Shard Villa's Standing Orders are revised 05/21/24.

C. Morphine- In the MAR for April 2024 the Morphine order read Morphine Sul Sol 100/5mg take 0.25ml (5mg) by mouth every 1 hour as needed for dyspnea/pain (hospice). At the survey, the signed order for the Morphine was not in the chart. After the survey, High Mountain Health Care Pharmacy was contacted and requested the signed order be faxed to Shard Villa to add to the chart, which was done. The written order date is 3/11/24 on the physician order and March 11th on the MAR for original date and written date.

A request was made to Addison County Home Health and Hospice to send all new orders to Shard Villa for placement in the chart, along with sending the new order to the pharmacy.

This RN/Director and staff RN will do quarterly chart reviews to ensure all orders are signed and in the chart.

Completed on May 13, 2024 R128 Plan of Correction .Accepted by Jo A Evans RN on 6/24/24

R145 V. RESIDENT CARE HOME SERVICES

5.9c (2) Anticoagulant Care Plan – added to resident chart. Completed on May 20,2024

5.9c (2) Hospice Care Plan -added to resident chart. Completed on May 20, 2024

Resident #1-

A& B: New Standing Orders revised for Acetaminophen. Shard Villa's Standing Orders revised 05/21/24.

C: Hydrocort oint: Order has been D/Ced. The resident no longer requires this medication.

R145 Plan of Correction accepted by Jo A. Evans RN on 6/24/24.

Completed on May 20, 2024

R147 V. RESIDENTIAL CARE and HOME SERVICES

5.9.c (4)

Resident #2

A&B: Acetaminophen- Shard Villa Standing Orders revised 05/21/24.

C&D: Ibuprofen- Shard Villa Standing Orders revised 05/21/24.

E: Milk of Magnesia- Shard Villa Standing Orders revised 05/21/24.

F&G: Triamcinolone Oin & Robitussin- The order for the Triamcinolone Oin states apply topically to affected area 1-2 as needed was D/Ced and removed from the MAR as the resident has not required the ointment since admission to Shard Villa several years ago. A duplicate order for Robafen was D/Ced and removed from the MAR. Robitussin standing order reads take 10ml by mouth every 6 hours as needed for cough. Completed 05/21/24.

H&I: Calcium Antacid-Shard Villa Standing Orders revised 05/21/24.

Resident #3

A,B,C,D, G, H-Shard Villa Standing orders revised 05/21/24.

E&F: The orders for the Nystatin Powder and the Lidocaine Cream have been D/Ced and removed from the MAR as the resident no longer requires these medications. Completed 05/21/24

Shard Villa's revised Standing Orders were sent to all Shard Villa's residents' providers on 05/21/24 signature.

R147 Plan of Correction accepted by Jo A Evans RN on 6/24/24.

R179 V. RESIDENTIAL CARE and HOME SERVICES

5.11.b Staff Education: The Shard Villa Receipt of Policies and Agreements form signed by the staff member was not able to be located on the day of the survey. After the survey the form was found in the staff personal file by error. Shard Villa's Receipt of Policies and Agreements was signed by the staff member on 01/30/24. A new policy and procedure on Mandatory Vermont State Training and Education for Health Care Workers was completed on 06/04/24.

R 179 Plan of Correction accepted by Jo A Evans RN on 6/24/24

R200 SS=F RESIDENT CARE and HOME SERVICES

5.15 New Policy and Procedure for Medication and Treatment Orders was completed on 05/20/24.

New Policy and Procedure Medication Management was completed on 06/05/24.

New Policy and Procedure for Resident Admission Process for the RN completed on 06/06/24.

R200 Plan of Corection accepted by Jo A Evans RN on 6/24/24

R247 VII NUTRITION and FOOD SERVICES

7.2 Food and Safety

7.2 Milk Machine: The daily monitoring and recording of the temperature on the milk machine temperature gauge will continue.

The juice machine company technician assessed the machine and temperatures of the juice on May 28th. The technician did not find a problem with the machine. Will monitor temperature of juices periodically.

Correction for dates and Labels of food: A reminder note of Shard Villa's Policy and Procedure for dating and labeling foods has been placed on the refrigerators and freezers. This Policy and Procedure will also be discussed/educated with staff at the next staff meeting on 06/25/24.

LG Goodrich, R/Director
06-07-24

R247 Plan of Correction accepted by Jo A. Evans RN on 6/24/24