

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

March 26, 2018

Ms. Angela Pelletier, Manager
Spring Village At Essex
6 Freeman Woods
Essex, VT 05451

Dear Ms. Pelletier:

Enclosed is a copy of your acceptable plans of correction for the survey that began on August 30, 2017 and concluded on **January 10, 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: 0653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/10/2018
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NAME OF PROVIDER OR SUPPLIER
SPRING VILLAGE AT ESSEX

STREET ADDRESS, CITY, STATE, ZIP CODE
**6 FREEMAN WOODS
ESSEX, VT 05451**

(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
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(R100) Initial Comments: (R100)

An unannounced onsite follow-up survey to the visit completed on 8/30/17 was conducted by the Division of Licensing & Protection on Jan. 8-10, 2018. The following deficiency remains uncorrected from this survey:

(R101) V. RESIDENT CARE AND HOME SERVICES SS=E (R101)

5.1. Eligibility

5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide.

This REQUIREMENT is not met as evidenced by:

Based on observation, interviews and record review the facility failed to assure that no individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide was retained without a level of care variance approval. Findings include:

Per interview with the Executive Director (ED) and the Director of Nursing Services (DNS) on the afternoon of 1/8/18 there are no residents, presently in the facility, who have Level of Care variances. During observations, residents are observed lifted by a Hoyer lift, having the assistance of 2 staff, and exhibiting behaviors of agitation and anxiety, including screaming and pacing. Per record review the following was identified:

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE

(X6) DATE

STATE FORM

A. Pelletier 3/8/18

VT 1412

If continuation sheet 1 of 3

R101 POC accepted pmoctern 3/21/18

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/10/2018
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NAME OF PROVIDER OR SUPPLIER SPRING VILLAGE AT ESSEX	STREET ADDRESS, CITY, STATE, ZIP CODE 6 FREEMAN WOODS ESSEX, VT 05451
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{R101}	Continued From page 1 1). Resident #1 is transferred via Hoyer lift due to her inability/unwillingness to transfer by standing. In a review of the caregiver assignment sheet she also requires full assistance with all ADLs. 2). Resident #3 has early onset Alzheimer's Dementia and has recently experienced a decline. S/he has had episodes of agitation and the facility used a weighted blanket as a calming device. Presently s/he is more somnolent. His/Her last assessment, which was a Significant change assessment dated 1/2/18, codes him/her an Extensive assist for Transfers, Mobility, Eating, Toileting, Personal Hygiene, and Bathing. S/he has also experienced a significant weight loss with an admission weight of 117.6 on 9/13/17 and a weight of 91.5 on 12/17/17; a loss of 26 pounds. In observation s/he is observed at lunch the 3 days of survey and staff was feeding him/her and providing fluids and during that time s/he had to be cued to open his/her mouth, chew, and swallow her food. S/he was admitted to Hospice services as of 12/21/17. 3). Resident #5 is observed during the three days of survey to have periods of agitation and screaming out. S/he has a history of upsetting other residents due to his/her hollering. S/he was admitted to the facility on 2/16/17 and had a fall on 6/5/17 which resulted in a Hip fracture. S/he returned to the facility on 7/11/17. S/he was to have PT (Physical Therapy) services but the record states that his/her Daughter canceled PT. Between 8/18 and 12/11/2017 s/he fell 8 times. His/Her last Significant change assessment rates him/her a Limited Assist for Bed Mobility. Extensive Assistance for Transfers, Dressing, Toileting, Personal Hygiene and Bathing. His/Her information on the Assignment sheet states s/he	{R101}		
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Division of Licensing and Protection

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{R101} Continued From page 2

{R101}

can become verbally aggressive. S/he has a doll that s/he believes to be real and at times care needs to be done on the doll. The resident is not to be left in the dining room alone after the meal.

4). Resident #6 has some level of anxiety and can become agitated. S/he suffers from night time hallucinations which increase the agitation. The resident wanders about the facility at times but often has family visitors. A Significant Change assessment on 12/5/17 reflects a decline in ADL function. The resident is rated as an Extensive Assist for Transfers, Mobility, Toileting, Hygiene, and Bathing and a Total Assist for Dressing. S/he has a shuffling gait and is a high risk for falls. The spouse has signed a consent for the bedroom to be locked at all times whether the resident is in or out of the room to assist the resident to feel secure.

3/8/18

Ms. Pamela M. Cota, RN
Licensing Chief
Vermont Agency of Human Services
Department of Disabilities, Agency and Independent Living
Division of Licensing and Protection
HC2 South, 280 State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota,

In response to your revised letter dated March 8, 2018 as to the follow-up survey completed by the Division of Licensing and Protection on January 10, 2018, I respectfully submit our Plan of Correction. Submitting this Plan of Correction does not constitute any admission to the accuracy of the findings or the conclusions drawn from the alleged deficiencies. Any changes to the Community's admission, retention, or discharge processes, shall be considered subsequent remedial measures as employed in the state rules of evidence before any court of law or administrative tribunal.

R101 SS=E

The corrective action taken to resolve this alleged deficiency is the submission of a request for a variance for the residents identified as #1 and 6. Resident #3 and 4 have passed away. Resident #5 has been given a discharge notice.

The measure put in place to ensure this alleged deficiency does not reoccur is to provide additional training for all staff members involved in the admission, retention, and discharge process. This training shall include an intensive round table discussion wherein the regulations shall be discussed. Scenarios will be brought to the table for review and determination for purposes of understanding the requirements of state law and regulation so as not to admit or retain a resident without a level of care variance when a resident meets the nursing home admission requirements or the community cannot safely provide for any resident's needs as required under the law.

The Executive Director shall monitor all admissions and decisions to retain a resident during the admission process, when there is a change of condition, or when a retention review presents itself during any assessment and care planning development.

This corrective action will be complete by 3/15/18.

If you have any questions, please feel free to contact me. Thank you for the opportunity to present this place of correction.

Respectfully Submitted,



Angela Pelletier

Acting Executive Director/Director of Operations