

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 28, 2018

Ms. Lynnette Smith, Administrator  
The Manor, Inc  
577 Washington Highway  
Morrisville, VT 05661-8972

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the re-certification survey conducted on **June 6, 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/06/2018
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NAME OF PROVIDER OR SUPPLIER  THE MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
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E 000	Initial Comments	E 000		
	An unannounced onsite Emergency Preparedness survey was completed by the Division of Licensing and Protection on 6/6/18. The facility was found in substantial compliance with requirements regarding Emergency Preparedness.		F584: Exhaust vents were cleaned on the day that they were found deficient. All remaining rooms were assessed and found to be clean.	
F 000	INITIAL COMMENTS	F 000		
	An unannounced onsite re-certification survey was completed by the Division of Licensing and Protection from 6/4-6/6/18. The following regulatory violations were identified.		To ensure that this does not reoccur, ceiling vent has been added to the Daily Housekeeping Task List for cleaning. It has also been added to the Discharge Room list and the quarterly PM task list for property maintenance.	
F 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584	Room list and the quarterly PM task list for property maintenance.	
	§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.		To be completed 7/6/18.	
	The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.			
	§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;			

*F584 POC accepted 6/28/18 JHamer/KEN/PM*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jay Smith* TITLE: *Executive Director/Administrator* (X6) DATE: *6.25.18*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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F 584	<p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to provide necessary housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior for 1 of 2 resident units. The findings include the following:</p> <p>Per tour of the Spruce Unit, in the presence of the Housekeeping and Maintenance Supervisors on 6/5/18 at approximately 12:58 PM, multiple exhaust vents located in shared resident bathrooms were visually coated with dust and grime.</p> <p>Confirmation was made by both supervisors during the tour, that the vents needed cleaning.</p>	F 584	<p>F756: For resident #12, the physician was contacted and clarification was received for the prn indication for the furosemide.</p> <p>Current as needed medications will be audited to ensure all orders are complete with indications for use.</p>	
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)	F 756		



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F 756	<p>Continued From page 2</p> <p>§483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p>	F-756	<p>Nurses will be educated on acceptable parameters for prn orders</p> <p>New orders will be reviewed during clinical rounds to ensure appropriateness of indications for prn orders.</p> <p>DNS/ADNS or designee will ensure that physicians have responded to requests for order clarifications in a timely manner. In the event that things are not responded to timely, the Medical Director may need to be consulted for assistance.</p> <p>Pharmacist is aware that she will be communicating outstanding order clarification needs in her consultation reports, even if nursing has already attempted to receive the clarification.</p> <p>For resident #28, the Pharmacist's Medication Regime Review was completed on 6/6/18 with a risk/benefit note written to explain why a Gradual Dose Reduction would be contraindicated for this resident.</p>	
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F 756	<p>Continued From page 3</p> <p>Based on record review and interview with the Registered Pharmacist, s/he failed to report a medication irregularity to the appropriate professional staff as required, for 1 of 6 sampled residents, (Resident #12). The physician also failed to document in 1 of 6 sampled resident's medical record (Resident # 28), that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. The findings include the following:</p> <p>1. Per medical record review, Resident #12 had a physician order dated 2/19/18 for furosemide (diuretic) 20 milligrams (mg) by mouth (po) daily in the AM. On 5/21/18 the physician changed the scheduled dose to as needed (PRN) without including administration parameters [such as indications for use or how often to give it]. The pharmacy consultation report conducted on 6/5/18, shows no recommendations for further administration parameters.</p> <p>Confirmation was made by the pharmacist on 6/6/18 at approximately 12:30 PM, that s/he was aware that there were no indications for PRN use of the furosemide, but that the nurse was in the process of contacting the physician to clarify the order. Confirmation was also made by the pharmacist, that no notation was made on the consultation report of his/her knowledge of the lack of indication for use.</p> <p>2. Per record review, Resident #28's physician did not address a Gradual Dose Reduction (GDR) recommendation by the consulting pharmacist. The consulting pharmacist recommended a GDR</p>	F 756	<p>Our pharmacist did a review of residents on 6/5/18. Any outstanding Medication Regime Reviews were addressed by the pharmacist in the consultations for June.</p> <p>Outstanding reviews were also brought to the attention of the Medical Director on 6/11/18 for him to address with physicians directly to ensure they are completed timely.</p> <p>Pharmacy Consults will be managed per policy to ensure the physicians are receiving the consults. Nursing staff will be educated on this process. Copies of completed consults will be placed in the Clinical Coordinator's box. These consults will be reviewed weekly for completion and follow up as needed.</p> <p><i>F756 POC accepted 6/28/18 JHsmarked/Prnc</i></p>	



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F 756	Continued From page 4 for 3 psychotropic medications on 2/6/18. There is no evidence in the clinical record that the physician acted on this recommendation as of 6/6/18. The Unit Clinical Coordinator confirmed the above on 6/6/18 at 9:22 AM.	F 756	F758: Unnecessary Psychotropic Drugs	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that---  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;  §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented	F 758	For resident #28, the Pharmacist's Medication Regime Review was completed by the physician on 6/6/18 with a risk/benefit note written to explain why a Gradual Dose Reduction would be contraindicated for this resident.  Our pharmacist did a review of residents on 6/5/18 and indicates anything needing to be addressed regarding psychotropic drugs, gradual dose reductions, etc.  Pharmacy Consults will be managed per policy to ensure the physicians are receiving the consults. Nursing staff will be educated on this process. Copies of completed consults will be placed in the Clinical Coordinator's box. These consults will be reviewed weekly for completion and follow up as needed.	



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F 758	<p>Continued From page 5 in the clinical record; and</p> <p>\$483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in \$483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>\$483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the physician failed to document in 1 of 6 applicable resident's medical record (Resident #28) that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. Findings include:</p> <p>Per record review, Resident #28's physician did not address a Gradual Dose Reduction (GDR) recommendation by the consulting pharmacist. The consulting pharmacist recommended a GDR for 3 psychotropic medications on 2/6/18. There is no evidence in the clinical record that the physician acted on this recommendation as of 6/6/18. Additionally, there is no evidence that the facility took actions to ensure follow-up by the physician. The Unit Clinical Coordinator confirmed the above on 6/6/18 at 9:22 AM.</p>	F 758	<p>Nursing staff will be educated on policies and procedures regarding the use of antipsychotic medications and psychotropic medications.</p> <p>New orders will be reviewed during clinical rounds to ensure appropriateness of orders; policies and procedures are being followed for psychotropic orders.</p> <p>Completion date: 7/6/18</p> <p><i>F758 POC accepted 6/28/18 JHosmer pd/fmc</i></p>	
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