



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

April 24, 2019

Ms. Barbara Connor, Manager
The Residence At Shelburne Bay West
185 Pine Haven Shore Road
Shelburne, VT 05482-7805

Dear Ms. Connor:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 27, 2019**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2019
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NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT SHELBURNE BAY WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORE ROAD SHELBURNE, VT 05482
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(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: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 3/27/19. The following regulatory violations were identified:	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.	
R145 SS=E	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 the facility failed to revise care plans for 2 of 2 sampled residents, describing the care and services necessary to maintain the resident's independence and well-being, (Resident #1 and #2). The findings include the following: 1. Per record review of Resident #1's care plan has not been revised identifying the care and services needed, as follows: -Daily antibiotic therapy (Keflex 250 mg) related to recurrent urinary tract infections. Confirmation was made by the Director of Resident Care on 3/28/19 at approximately 9:22 AM that the resident has not received the antibiotic since November 2017 and the problem should have been removed;	R145	R145 5.9.c (2) The care plan for resident #1 has been revised to include the listed focus/problems/goals/interventions. -Antibiotic therapy was resolved in the care plan -Pain focus with notes to hallucinations, frequent med changes, and hospitalizations -Weights with parameters to notify MD -Monitoring of O2 saturations -Resident refusal of care and treatments The care plan for resident #2 has been updated to include the listed focus/problems/goals/interventions: -Cardiac problems -Respiratory virus Medication changes -Assistance with ADLs In order to ensure that the deficient practice does not recur, the RCD or designee will use an audit tool to review care plans for appropriate and current focus/goal/intervention. The RCD or designee will review 3 care plans per month for a period of 2 months until June 30, 2019. This will ensure monitoring so the deficient practice does not recur.	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: _____ (X6) DATE: 4/18/2019

STATE FORM 6899 4T0B11 If continuation sheet 1 of 5

R145 - R100 POCs accepted 4/24/19 mbertrand/AME

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R145	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Resident #1 developed uncontrollable shoulder pain that resulted in hospitalization for thirteen (13) days. Two days after his/her return to the facility, the resident voiced that s/he was hallucinating during the night and was talking to people that were not present. There is no notation of the care plan that the resident hallucinates or identifies interventions for staff to assist the resident through those times; - Care plan identifies left shoulder pain that was initiated on 10/18/18. The resident has been hospitalized, sent to the emergency room for evaluation due to uncontrollable pain, and has had numerous medication adjustments since the beginning of March 2019. The last update to the care plan is dated as 10/18/18; -On return from hospitalization the physician directed the staff to monitor weights daily and gave specific directions as to when to notify him/her of a specific weight gain. This has not been addressed on the care plan and was confirmed by the Director of Resident Care on 3/28/19; -On return from hospitalization the physician directed the staff to monitor oxygen saturation levels three times a day and maintain oxygen level at 92%. The care plan addresses oxygen therapy at bedtime and to remove in the AM, but doesn't address oxygen saturation levels and measures to maintain; -Per review of the Medication Administration Record for the month of March 2019, Resident #1 has refused inhalation treatments, incentive spirometer treatments, weight monitoring, and cardiac medications at various times throughout 	R145		
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R145	<p>Continued From page 2</p> <p>the month. There is no care plan focus identifying that the resident refuses care;</p> <p>Confirmation was made by the Director of Resident care on 3/27/19 at approximately 3 PM, that the resident's care plan does not address the above identified concerns.</p> <p>2. Per record review, Resident #2 was transferred to the emergency room on 3/2/19 for evaluation and returned. Later in the day on 3/2/19, family were notified by the hospital staff that the s/he needed to return to the hospital due to abnormal laboratory values. The resident was admitted and underwent a cardiac catheterization on 3/3/19. Resident #2 returned to the facility five (5) days after the exam. The resident was readmitted to the acute setting on 3/11/19, due to wheezing with shortness of breath. On 3/18/19 the resident returned to the facility. There is no notation on the care plan that the resident has had cardiac problems and a newly diagnosed virus.</p> <p>Confirmation was made by the Director of Resident Care on 3/27/19 at approximately 4 PM, that Resident #2 has been through multiple hospital admissions, has had medication changes, requires assistance with activities of daily living and requires monitoring all of which have not been identified on the care plan</p>	R145		
R188 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5 12.b.(2)</p> <p>A record for each resident which includes: resident's name; emergency notification</p>	R188	<p>R188 5.12.b.(2)</p> <p>Resident #3 has been discharged from the facility. In order to ensure that the deficient practice does not recur, the task of obtaining resident pictures for identification has been delegated to a designated person who will track new admissions and ensure that there is a current photo on file.</p>	

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R188	<p>Continued From page 3</p> <p>numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and confirmed by staff interview the facility failed to ensure that 1 out of 11 residents on the Meadows Unit had a recent photograph on file. Resident #3 was admitted in December 2018. The findings include the following:</p> <p>Per review of the Electronic Medical Records on the Meadows Unit, on 3/27/19 at approximately 3 PM, in the presence of the Director of Resident Care, it was discovered that Resident #3, did not have a current picture on file for identification.</p> <p>Confirmation was made by the Director of Resident Care at this time, that there is no picture on file. S/He also confirms, that it is the responsibility of the Medication Technicians, the Registered Nurses, the Licensed Practical Nurses and the Director of Resident Care to ensure that each resident's picture has been obtained and maintained. The admission overview check list does identify that a picture of the resident is to be taken and uploaded into the</p>	R188	<p>The RCD or designee will audit 3 resident charts per month, for a period of 2 months until June 30, 2019. This will ensure proper monitoring of the system, such that the deficient practice does not recur.</p> <p>All corrective actions for the listed deficiencies will be completed by May 1, 2019..</p>	
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R188	Continued From page 4 point-click-care (electronic medical record)	R188		
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