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

July 19, 2018

Mr. Dane Rank, Administrator
Thompson House Nursing Home
80 Maple Street
Brattleboro, VT 05301

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 20, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475050	A. BUILDING _____ B. WING _____	06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMPSON HOUSE NURSING HOME	80 MAPLE STREET BRATTLEBORO, VT 05301

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E 000	Initial Comments An unannounced onsite Emergency Preparedness review was conducted on 6/20/18, during the annual re-certification survey by the Division of Licensing an Protection. There were no concerns identified related to Emergency Preparedness planning.	E 000		
F 000	INITIAL COMMENTS An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection between 6/18-20/2018. There were regulatory findings.	F 000		
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not	F 582	Facility will conduct a full audit of patients ending their Medicare stay within the past 3 months. The results will be submitted to QAPI committee andanalyzed for causality. A review of procedure for issuing Medicare stay letters was done with the Business Office Manager, Bookkeeper, Business Office Consultant, and Social Services Designee. Tming of the l;etters will be reveiwed monthly for three months by an audit performed by the Administrator or designee. Following that, the audit will be completed quarterly. Results of these audits will be presented in quarterly QAPI meetings for continued compliance. F582 POC accepted 7/12/18 B. Bartell CW / S. Perry CW	7/12/18 6/21/18 7/12/18 and ongoing 7/23/18 and ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/11/18

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 582	Continued From page 1 covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to provide 2 of 3 residents in the sample, Resident #30 and 36, with proper notification of changes of discontinuation of coverage at the time of discontinuation. Findings include: On 6/18/18 at 4:15 PM during a review of a selection of 3 residents that were discharged	F 582		

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F 582	Continued From page 2 from services, there was no evidence that Residents #30 and 36 were issued an Advanced Beneficiary Notice, a Federally mandated notification that alerts the resident that skilled services are being discontinued and that the resident has an option to appeal. According to the medical record, both residents were discharged from services and did not receive written notification of their rights. The administrator confirmed at this time that the social worker had verbally notified the residents, but had not provided written notification to the residents.	F 582		
F 641 SS=B	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure the accuracy of the resident assessment to reflect the accurate status for 2 (two) of 18 residents, regarding the use of anticoagulants for Resident #16 and 36 and for 1 (one) resident, Resident #36, regarding accurate staging of a wound. Findings include: 1.) Per record review, Resident #16's Minimum Data Set (MDS), a comprehensive assessment tool, the quarterly MDS's dated 1/25/18 and 4/26/18 indicate that the resident was taking an anticoagulant for 7 days prior to the assessment date. The resident has diagnoses that include adult failure to thrive, cerebral infarction and vascular dementia with behavioral disturbance. The resident's medications include Aspirin and Plavix (an anti-platelet medication that prevents	F 641	MDS corrections submitted immediately following identification of medication classification and wound staging errors. Education of staff coding MDS for medication classifications and wound staging completed. DNS or designee to review MDS data prior to submission, and noting accuracy in these areas. Errors will be noted monthly for a period of three months, then quarterly thereafter. Any findings from this review in these areas will be reported in QAPI meetings monthly for 3 months, quarterly thereafter for correction F641 POC accepted 7/12/18 B. Berkell RN / S. Perry RN	6/19/17 7/6/18 6/21/18 and ongoing 7/23/18 and ongoing

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F 641	Continued From page 3 blood cells from forming blood clots). Per interview with the Licensed Practical Nurse (LPN), the resident does not take anticoagulants and stated s/he takes Plavix. The LPN MDS coordinator confirmed at 2:31 PM that s/he thought Plavix was an anticoagulant and that is why the MDS was coded to indicate the resident was on an anticoagulant. S/he further stated that a review of the medication list is completed when the MDS is completed and after reviewing the classification of Plavix, confirmed that the resident does not take an anticoagulant and an error had been made in coding the MDS. 2.) Per review of the MDS from 5/31/18 for Resident #36, the facility coded that the resident had received an anticoagulant for 7 days prior to the assessment date. Per review of the resident's medications, the resident was ordered Plavix to be administered daily. Per interview on 6/19/18 at 1:41 PM with the MDS coordinator, s/he confirmed that the MDS was coded incorrectly for Resident #36. Upon further review of the MDS from 5/31/18 for Resident #36, the facility coded that the Resident had a Stage 4 pressure ulcer. Per review of the nursing progress notes and wound assessment documentation from 5/30/18, the resident had an unstageable pressure ulcer on his/her left heel. Per interview on 6/20/18 at 10:27 AM with the Director of Nursing (DNS), s/he confirmed that the above information was correct; and that the MDS was coded incorrectly for Resident #36.	F 641		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and	F 656	Careplan updated at time of identification to include psychotropic medication.	6/20/18

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F 656	Continued From page 4 implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.	F 656	All careplans reviewed for inclusion of psychotropic medications. Education of all Nursing staff in careplan development and maintenance completed. DNS or designee to monitor care plans for completeness and monitor accuracy, including that of medication - related care planning, and report any omissions monthly for three months, then quarterly thereafter. Results will be reported in QAPI meetings monthly for three months, then quarterly thereafter to be monitored for completeness. F656 POC accepted 7/13/18 B. Bartell RN/s. Lemyre	6/20/18 7/18/18 6/21/18 and ongoing 7/23/18 and ongoing

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F 656	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to develop a comprehensive care plan for the use of a psychotropic medication for 1 of 18 residents in the applicable sample (Resident #14). Findings include: Per review of Resident #14's medications prescribed, Resident #14 was ordered Seroquel (antipsychotic medication) 25 milligrams (mg) by mouth daily. There was no evidence in the medical record that a care plan was developed for the use of the medication. Per interview on 6/20/18 at 11:03 AM with the DNS, s/he confirmed that a care plan was not developed for the use of the medication for Resident #14.	F 656		