

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

October 1, 2018

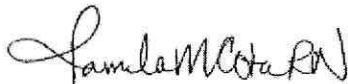
Mr. Dane Rank, Administrator
Thompson House Nursing Home
80 Maple Street
Brattleboro, VT 05301

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 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

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

PRINTED: 09/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/10/2018
NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301	
(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)

F 000 INITIAL COMMENTS

An unannounced on-site anonymous complaint was investigated on 9/10/18 by the Division of Licensing and Protection. While the facility was found to be in substantial compliance, the following issues were identified that require correction.

F 623 Notice Requirements Before Transfer/Discharge
SS=B CFR(s): 483.15(c)(3)-(6)(8)

§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-

(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.

(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and

(iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.

(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.

(ii) Notice must be made as soon as practicable before transfer or discharge when-

(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;

F 000

F 623 The policy for transfer and discharge notices was reviewed and updated. Social Services Designee inserviced on requirements of notice 9/11/18

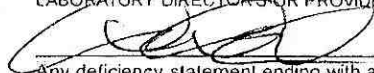
All transfers and discharges of any kind (self initiated or otherwise) were reviewed for the previous 30 days to identify other residents who were affected. 10/5/18

Transfer/Discharge rolls will be audited every month for a period of 90 days then quarterly thereafter for proper notification. 10/5/18 and ongoing

Results will be presented to QAPI committee quarterly for monitoring and/or modification to the process 10/5/18 and ongoing

POC aunts 9-25-18 BB/SL

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



TITLE

Administrator

(X6) DATE

9/25/18

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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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301	
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F 623 Continued From page 1

(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;

(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;

(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or

(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

- (i) The reason for transfer or discharge;
- (ii) The effective date of transfer or discharge;
- (iii) The location to which the resident is transferred or discharged;
- (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
- (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
- (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and

F 623

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F 623	<p>Continued From page 2</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice: If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide 2 of 2 residents, Resident #1 and 2, with the appropriate and complete notification of transfer. Findings include:</p> <p>1.) Review of transfer and bed hold notices on 9/10/18, Resident #1 was transferred to the hospital 8/7/18 and the social worker confirmed at 1:35 PM that a transfer notice had not been provided to the resident or the resident representative. Resident #1 was again transferred to the hospital on 9/4/18 and the</p>	F 623		

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F 623	Continued From page 3 facility presented the surveyor with a transfer notice that only included the resident name, where transferred to and date but was not signed by a facility representative and there was no evidence that it had been given to the resident or the resident representative. 2.) Resident #2 was transferred to the emergency room on 9/2/18 and the social worker confirmed on 9/8/18 at 1:35 PM that the facility did not provide a notice of transfer and stated that s/he thought that it wasn't required to provide a notice if a resident was going to return from the hospital in less than 24 hours.	F 623		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475050	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 9/10/2018
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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 625	<p>Notice of Bed Hold Policy Before/Upon Transfr CFR(s): 483.15(d)(1)(2)</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <ul style="list-style-type: none"> (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e) (1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to provide 1 of 2 residents, Resident #1 with the appropriate and complete bed hold notification when s/he was admitted to the hospital. Findings include:</p> <p>Review of transfer and bed hold notices on 9/10/18, Resident #1 was transferred to the hospital on 9/4/18 and the facility presented the surveyor with a bed hold notification that had been sent via certified mail to the resident representative. Review of the notice that was sent had the resident name, the date of the bed hold, financial representative and that it was signed by a facility representative. The notice stated, Please consider this as our request and authorization to: Cancel the bed hold or keep the bed hold. Confirmation was made by the administrator at 2:20 PM, that the notice was not specific per requirements. S/he stated that the form was sent and the family was to make a choice to hold the bed OR not and either to return the form (to cancel the bed hold) or not to send the form back if they want to keep the bed hold as outlined in the admission agreement. The notice also states that the rate will be the same as the published private daily rate. The name of the resident is not noted on the notice. Confirmation was made by the administrator at this time that the notice did not include all required elements.</p> <p><i>See attached</i></p> <p><i>POC amt 9-25-18 BB/SL</i></p>
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The above isolated deficiencies pose no actual harm to the residents

TAG F625

The policy for bed hold notices was reviewed and updated. The form was made compliant with Requirements of notice. Social Services Designee inserviced on requirements of notice

9/11/18

All transfers and discharges of any kind (self initiated or otherwise) were reviewed for the previous 30 days to identify other residents who were affected.

10/5/18

Transfer/Discharge rolls will be audited every month for a period of 90 days then quarterly thereafter for proper notification of bed hold.

10/5/18
and
ongoing

Results will be presented to QAPI committee quarterly for monitoring and/or modification to the process

10/5/18
and
ongoing

*Pocant 9-25-18
BB/SV*