

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

February 12, 2020

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 **January 14, 2020**. 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: 01/29/2020
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 01/14/2020
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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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(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) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 000

An unannounced on site complaint investigation was conducted in conjunction with a facility reported incident investigation was conducted by the Division of Licensing and Protection on 1/13 - 1/14/2020. There were regulatory findings as a result of these investigations.

F 689 Free of Accident Hazards/Supervision/Devices
SS=G CFR(s): 483.25(d)(1)(2)

F 689

Review of all residents' transfer status completed. Any resident who is not independent requires a gait belt for both transfers and ambulation. 01/17/20

§483.25(d) Accidents.

The facility must ensure that -
§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and

DNS spoke with LNA responsible, provided an inservice and review of gait belt usage. 01/13/20

§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:

DNS or designee will observe LNA during care provision for correct use of gait belt and note for follow-up any practice issues. 01/17/20 to 02/07/20

Based on staff interview and record review the facility failed to ensure that appropriate assistive devices were used to prevent a fall that resulted in a major injury for one (1) of three (3) sampled residents, (Resident #1). Findings include:

Transfer status will be reviewed quarterly and with any change in condition. 01/17/20 and Ongoing

Per record review, on 12/27/2019 at 11:50 AM Resident #1 was "Lowered to the floor by a Licensed Nursing Assistant (LNA) on the way to the bathroom". Per Resident #1's care plan at the time of the fall s/he required an extensive assist from 1 staff with ambulation, toileting, and transferring. The care plan did not reflect the use of a gait-belt. A Post Fall Investigation & Review form completed by a Registered Nurse (RN) dated 12/27/19, indicated that "assistive devices assigned to the resident were a walker and gait-belt". Per Nurses Note dated 12/27/2019

Morse fall scale will be completed Ongoing upon admission and quarterly thereafter to ascertain risk for falls.

A functional maintenance program Ongoing designed and reviewed by a therapist for highest level of function will be completed upon admission, quarterly, and upon any change in condition.

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

TITLE

(X6) DATE



Administrator

2/17/20

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her 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 689 Continued From page 1

22:48 the nurse was "Called into res bathroom by LNA, the resident was complaining of left leg pain and only doing partial weight bearing. Pain to left femur on palpation". On 12/17/19 the nurse obtained an order for a mobile X-ray of left femur and knee. A Nurses Note dated 12/28/2019 11:44 stated "new order: transfer to BMH for xray of left leg". S/he was transported to the hospital for X-ray and returned with the diagnosis of a left hip fracture. S/he was placed on palliative (comfort) care and expired at the facility on 1/11/2020.

On 1/13/2020 at approximately 2:30 PM, during interview with the LNA, s/he stated that staff ambulated Resident #1 "with a walker almost every day, but some days (Resident #1) required a wheelchair because s/he was too unsteady". The LNA also stated that s/he "usually would use a gait-belt, but s/he has seen one both used and not used". According to the LNA s/he was ambulating the resident to her/his room with a walker. While entering the room the resident lost her/his balance and fell to the left, landing on her/his left side. The LNA confirmed that s/he had not used a gait-belt and that the resident fell, rather than being lowered to the floor as s/he had originally reported.

On 1/13/20 at 3:08 PM, during an interview with the RN, s/he stated that the LNA had "told him/her that the resident had become unsteady and was lowered to the floor". The RN confirmed that the resident had a gait-belt assigned to her/him however there was no gait-belt on her/him at the time of the fall. The RN stated that a gait-belt is "used to keep the resident from going to the left or right" and "a gait-belt can help lower a patient to the floor and prevent further injury".

F 689 All Staff inservice held to (1).review of care plans, (2) reporting changes, and (3) standards of care in gait belt usage. 02/06/20

Falls Report updated to include a witness statement and review by charge nurse. All Falls Reports will be reviewed by DNS or designee for a period of 3 months to determine accuracy of reporting and witness statements. 01/14/20

Falls report presented quarterly in QAPI meetings will include issues with proper use of the new form, and reporting or witness errors. Review and modification of form or process will be completed as needed. 01/14/20 and ongoing

F689 Pol accepted 2/12/20 SFreeman RN /Pme

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F 689 Continued From page 2

Per interview with the Director of Nursing on 1/14/20 at 1:20 PM, s/he had not been aware that the resident fell rather than being lowered to the floor. The DNS confirmed that staff are expected to use a gait-belt when assisting a resident who is extensive assistance with transfers or ambulation.

F 689