

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 5, 2021

Ms. Melissa Greason, Manager
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Dear Ms. Greason:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 1, 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

JAN 28 2021

PRINTED: 01/22/2021
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/01/2020
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NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMs	STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201
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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 onsite investigation of a facility reported incident was conducted on 11/30 - 12/1/2020 by the Division of Licensing and Protection. There were regulatory deficiencies identified as a result of this investigation.	R100		
R171 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to monitor one of three residents</p>	R171		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kick Krapp R.N.</i>	TITLE <i>Melissa Gleason/owner</i>	(X6) DATE <i>1-26-21</i>
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STATE FORM

6899 81WWW11

If continuation sheet 1 of 2

R171 POC accepted 2/3/21 S.Freeman, RN/PMC

Division of Licensing and Protection

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R171	<p>Continued From page 1</p> <p>(Resident #1) for side effects of a psychoactive medication. Findings include:</p> <p>Per record review, Resident #1 has a diagnoses of schizophrenia and has a physicians order for Lorazepam 1mg 1 tablet by mouth once daily as needed (PRN) for anxiety. Per review of Resident #1's Medication Administration Record s/he received 1mg of PRN Lorazepam on 10/1, 10/2, 10/5, 10/6, 10/7, 10/8, 10/10, 10/11, 10/13, 10/14, 10/15, 10/16, 10/17, 10/20, 10/21, 10/23, 10/24, 10/26, 10/27, 10/28, 10/29, 10/30, and 10/31 for increased anxiety.</p> <p>Per review of the facility's Medication Documentation policy, "Documentation will include at a minimum... A record of monitoring for undesirable side effects for residents receiving psychoactive medications".</p> <p>Per interview with a Med Tech on 11/30/2020 at 4:02 PM, staff had not been documenting the behaviors and side effects on the Psychoactive Medication Flow Sheet (PMFS) because s/he was not aware that a PMFS needed to be completed for the specific class of medication. The Med Tech confirmed that there was no evidence in the record that staff had been completing a PMFS for the administration of the PRN Lorazepam.</p> <p>Per interview with a Med Tech on 12/1/2020 at 8:36 AM the procedure for monitoring behaviors and side effects of psychoactive medications is that staff document any behaviors or side effects that occur during their shift on a Psychoactive Medication Flow Sheet.</p>	R171	<p>In-Service staff meeting was conducted by R.N. manager Vicki Knapp to review and educated delegated Med Tech's on medication administration to include scheduled and PRN medications.</p> <p>All delegated Med Tech's have been educated by R.N. Manager Vicki Knapp on usage of PMFS flow sheet to include documenting the following: Date, time of administration, drug, reason, response with time, initials of med tech administering medication.</p> <p>R.N. Manager Vicki Knapp will continue to monitor MAR for compliance by all med techs.</p>	