



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

March 11, 2024

Juanita Salmon, Manager
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Dear Ms. Salmon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 15, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

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 02/15/2024
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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
R100	Initial Comments: An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protections on 2/15/24. Regulatory deficiencies were identified as a result of the survey. Findings include:	R100		
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Nurse failed to ensure medications ordered by a provider were administered as directed to 1 out of 3 residents of the applicable sample. Findings include: Per record review Resident #1 was to begin the medication Farxiga as ordered by a physician on 12/1/23. The progress notes indicates due to lab values of AIC 7.5 and decline in kidney function, will begin Farxiga once a day, and recheck lab values in three months. Per the medication administration record for December 2023, January 2024 and February 2023, the medication Farxiga was not transcribed to be administered. Per policy title Medication Administration, states " A separate MAR will be maintained for each resident receiving medication administration.." Per interview on 2/15/24 at 12:12 PM, the	R128		

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

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JM9111.

If continuation sheet 1 of 7



Manager

3-8-24

Division of Licensing and Protection

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R128	<p>Continued From page 1</p> <p>Registered Nurse confirmed the medication order was not transcribed on to the MAR to be started. The RN indicated the prescription was sent to the wrong pharmacy. However, confirmed the record does not include follow up actions with the provider for the medication order, or notification of mediation not administered. The RN acknowledged Resident #1 was experiencing a change in condition, two providers from the primary care office were involved in the care coordination, and referrals for specialists were made. The RN confirmed the medication was not processed on the Medication Administration Record per the policy, and an oversight occurred for the ordered medication.</p> <p>The deficient practices is a risk for more than minimal harm for facility residents, as physician provider orders are to be administered to manage related disease process or diagnosis, failure to ensure medications are administered as ordered, prevents proper management is resident's health related needs, and a delay in care.</p>	R128		
R148 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (5)</p> <p>Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Nurse failed to ensure medications orders included indications of use for residents for 3 out 3 residents (Residents #1, #2, # 3) of the</p>	R148		

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John J. Don

Manager

3-8-24

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R148	<p>Continued From page 2</p> <p>applicable sample. Findings include:</p> <p>Per record review of Medication Administration Records (MAR), 3 out 3 residents MARs did not include supporting diagnoses or indications of use for routine (scheduled) medications and as needed medications.</p> <p>Resident #1 routine medications without indication of use include: Famotidine, Donepezil, Losartan, Rosuvastatin, Olanzapine and as needed medications without indication include: Docusate Sodium, Bengay Topical,</p> <p>Resident #2 routine scheduled without indications of use include: Diphenhydramine, Escitalopram, Gabapentin, Magnesium, Omeprazole, Wellbutrin, Latuda, Acamprostate, Lunesta, Clonazepam, Tamsulosin.</p> <p>Resident #3 routine medications without an indication of use include: Pantoprazole, Incruse Elipta inhaler, Lisinopril, Potassium, Pulmicort inhaler, Lamotrigine, Lurasidone, Olanzapine and as needed medication without an indication of use include Lorazepam.</p> <p>Per facility policy titled Medication Documentation, a section of the policies identifies the minimum information to appear on the MAR. Per the facility policy, the identified minimums does not include the requirement to have an indication of use or supporting diagnosis with each medication order.</p> <p>Per interview on 2/15/23 at 12:00 PM the Manager confirmed the MARs do not include supporting diagnosis or indications of use for the identified medications prescribed. The manager acknowledged the requirement to ensure</p>	R148		

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R148	Continued From page 3 medications orders are complete. The deficient practice is a risk for more than minimal for the facility, as medication orders should include all necessary information to ensure medications are administered per the indication of use.	R148		
R160 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration.	R160		

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If continuation sheet 4 of 7

Justin [Signature] *M. Maguire* 3-8-24

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R160	<p>Continued From page 4</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Manager failed to ensure medication Management policies were developed to ensure compliance with regulatory requirements and are updated to reflect current practices identified within the facility. Findings include:</p> <p>Per record review of facility policies titled Medication Documenting the policy does not include medications orders to have supporting diagnosis or indications of use to be included on MARs or within the medication order when referenced in the record. The policy titled Disposal of Medications, the policy is not updated to reflect current practice performed for the disposal of medication including controlled substance by the facility and long with the management of discontinued medications.</p> <p>Per interview on 2/15/23 at 10:15 AM the Manager confirmed the policy for Medication Documentation does not include the requirement to have supporting diagnosis or indications of use as a part of procedures with medication orders. Additionally, the policy for the management of discontinued and expired medications is not updated to reflect the current procedures in practice by the facility.</p> <p>The deficient practice has a potential for more than minimal harm, as policy and procedures are to be referenced by staff to carry out the</p>	R160		

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If continuation sheet 5 of 7

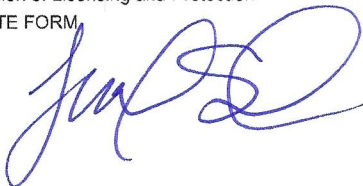
John D. Manager 3-8-24

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R160	Continued From page 5 expectations related to job descriptions as defined and ensure residents health and safety. Refer to Tag 148 and 176.	R160		
R176 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h (4)</p> <p>Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the Nurse failed to ensure medications that are expired or discontinued were not maintained on premise and disposed of per facility policy. Findings include:</p> <p>Per observation of storage cabinet of First Aid medications, medications were stored exceeding their expirations dates, the medications observed were Apsercreme 10 % trolomine salicylate pain relief cream expired on 1/23, Diphenhydrate 25 mg expired 3/2022 Nyquil liquid expired 7/2023, Iron tablets 27 mg, expired 8/23, Nicotine gum 4 mg- 11/2022. Discontinued medication observed stored within the secure cabinet were Controlled medications Clonazepam 1 mg tablet, 29 count ,Temazepam 30 mg, 30 count, Escitalopram 10 mg tablets, 15 count and Escitalopram 20 mg, 14 count.</p>	R176		



Manager 3-8-24

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R176	<p>Continued From page 6</p> <p>The facility policy titled Disposal of Medications, indicated Non-narcotic medications, "Nurse manager will destroy discontinued and expired medications on a weekly basis." A subsection titled Narcotic Medications, states "Discontinued and expired narcotic medications will be stored in the locked box in the medication cart. Discontinued and expired medications will be counted with each shift change. Within two weeks of discontinuation of a narcotic, the Nurse manager will count discontinued narcotics with a delegate and record inventory on a separate sheet that both will sign. Narcotics will be secured in an envelope with this sheet attached. The nurse manager will transport them to the Sheriff's Department to be disposed."</p> <p>Per interview on 2/15/24 the Manager confirmed expired and discontinued medications identified. The manager confirmed the policy was not followed as indicated, and noted the practice of discontinued medications has altered with the option to return medications to the dispensing pharmacy, and the policy of wasting medications and expired medications occurs on premise.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to potential negative impact on resident's health related care and maintenance and effectiveness of potential use of expired medications.</p>	R176		

John D. Mingo 3-8-24

WASHINGTON ELM'S PLAN OF CORRECTION

MARCH 6, 2024

R128: All new orders, MD visit sheets and any changes in medications will now go into a separate binder for RN to review. Each Medication Technician has been educated on this new policy via a staff meeting conducted on March 4, 2024. RN will then review the MD order and make sure the medication has arrived from the correct pharmacy and that Medication Administration Record (MAR) has been transcribed completely and correctly. Once this is done the order, MD visit sheet or medication change will be noted by the RN and filed in the correct section in the resident's chart.

R128 Accepted
Jenielle Shea, RN
3/11/24

R148: Medication administration record (MAR) will continue to have laminated sheets with each medication and indication for each resident. Each medication will have an indication of use including supporting diagnosis. Extended care pharmacy will be updating the MAR's on their end via phone call to pharmacist on March 4, 2024. RN will support the pharmacist with this transition by assisting with MD diagnosis, MD order and MD indication of usage for each medication. The anticipated completion date by pharmacy will be May 1, 2024.

R148 Accepted,
Jenielle Shea, RN
3/11/24

R160: A new policy for medication disposal has been implemented as of March 4, 2024. Please see attached policy. All Medication Technician's have been educated on new policy via staff meeting conducted on March 4, 2024, with RN and house manager. Medications left after time of death, discontinued, or changed to include narcotics will be pulled immediately from medication carts and disposed via new policy. If there are not two Medication Technician's in the house for disposal of narcotics. Narcotics will continue to be locked in the narcotic box in the medication cart. Narcotics will be counted each shift to match narcotic record until disposal takes place.

R160 Accepted
Jenielle Shea, RN
3/11/24

R176: No OTC medications will be stored in the first aid cupboard. All OTC medications will be marked with the resident's name, dated, and stored in medication cart to reflect MD order and or signed standing order. RN or house manager will continue to do weekly checks of all OTC medications to make sure dates are not out-dated. Resident's, Medication Technician's, and resident care aide's have been educated that no OTC medication can be purchased outside and brought into the home. Each resident's rooms

Jenielle Shea 3-6-24
manager

are checked daily and if an OTC medication such as Nyquil, Aspercream, Iron tablets, Nicotine gum are found it will be removed and disposed of immediately.

R176 Accepted
Jenielle Shea, RN
3/11/24

Juan Carlos 3-6-24
Manager