

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 1, 2013

Thomas Rice, Administrator
Brookside Health And Rehabilitation
1200 Christian Street
White River Junction, VT 05001-9267

Provider #: 475010

Dear Mr. Rice:

The Division of Licensing and Protection conducted an onsite complaint investigation on **October 9, 2013**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **October 9, 2013** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure

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

PRINTED: 10/21/2013
RECEIVED FORM APPROVED
Division of OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475010	(X2) MULTIPLE CONSTRUCTION	OCT 30 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 10/09/2013
		A. BUILDING _____		

NAME OF PROVIDER OR SUPPLIER BROOKSIDE HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001
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INITIAL COMMENTS

F 000

Disclaimer

The filling of this plan of correction is filed as the facility's does not constitute the fact that deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply the requirements and provide High quality care F279

F 279
SS=D

An unannounced on-site complaint investigation was completed by the Division of Licensing and Protection on 10/09/13 with findings as follows:
483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS

F 279

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe 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 §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to develop a care plan to meet the needs for 1 of 3 sampled residents (Resident # 1) for bladder incontinence. Findings include:

Per record review on 10/09/13, Resident #1 was

1. Resident #1 has been assessed, no negative outcome as a result of this alleged deficient practice. Care plan has been revised and catheter subsequently discontinued.
2. Residents with a foley catheters may be affected by this alleged deficient practice.
3. Resident whom have foley catheters evaluated and plan revised by 10/21/13
4. Nursing staff re-educated for process of care planning for residents who have foley catheters by 10/25/13

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

TITLE

(X6) DATE

Thomas E. Rico

Administrator

10/25/13

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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.

AME

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F 279 Continued From page 1
readmitted to the facility on 08/15/13 with a Foley catheter in place following hospitalization for a hip fracture. A catheter change date of 8/13/13 was listed on the facility readmission form. Per interview on 10/09/13 at 10:55 A.M., the C-wing unit manager (UM) reported that the resident had been incontinent prior to the hip fracture, wore incontinent briefs and had required staff assistance with toileting, but had not required a catheter for urination. Per review of the MDS (Minimum Data Set) quarterly review dated 4/4/13, the resident was listed as frequently incontinent but did not have a catheter. Per 10/09/13 record review, the resident's care plan related to bladder incontinence, states that Resident #1 "...is incontinent of bladder and requires use of Foley catheter secondary to Diabetes Mellitus, COPD, Activity Intolerance secondary to COPD, Hip Fracture, and body Habitus. Per 10/09/13 interview at 3:00 P.M., the UM confirmed that there was no diagnosis in the resident's medical record to justify use of a catheter and that the care plan does not include specific parameters for the catheter's use, including: catheter type and size, interval for catheter changes and type of drainage bag to be used. Additionally, the care plan does not address a plan for the catheter's removal and initiation of bladder retraining. On 10/09/13 at 3:10 P.M., the above information regarding the care plan was confirmed by the Assistant Director of Nursing.

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

F 279
5. Random weekly audits x4 to ensure continued compliance. Results to be reported to QAA x3 for determination of compliance and further surveillance.
6. Plan completed by 11/1/13. Director of Nursing or designee responsible for implementation

*F279 POC accepted 10/31/13
SDennis PN jpmc*

F281
Disclaimer
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F 281 Continued From page 2
This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview, the facility failed to provide services that meet professional standards for 1 of 3 sampled residents (Resident #1) regarding implementing physician's orders, catheter use and management. Findings include:
Per record review on 10/09/13, Resident #1 was readmitted to the facility on 08/15/13 with a Foley catheter in place following hospitalization for a hip fracture. A catheter change date of 8/13/13 was listed on the facility readmission form. Physician orders for the period 8/16/13-8/31/13 included an order to change the catheter monthly. Per 10/09/13 medical record and Treatment Administration Record (TAR) review, the C-wing unit manager at 3:00 P.M. confirmed there is no evidence that physician orders were followed to change the catheter at a 1 month interval or since the resident was readmitted to the facility on 8/15/13. He/she also confirmed a failure to clarify incomplete physician's orders that did not include clear parameters addressing catheter type or size and type of drainage bag to be used. Also at the 10/09/13 interview at 3:00 P.M., the UM confirmed that there was no diagnosis listed in the resident's medical record to justify use of a catheter and that the resident's care plan does not address a time frame for the catheter's removal and initiation of bladder retraining.
*Reference: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.

F 315 483.25(d) NO CATHETER, PREVENT UTI, SS=D RESTORE BLADDER
Based on the resident's comprehensive

- F 281
1. Resident #1 has been assessed, no negative outcome as a result of this alleged deficient practice. Proper orders obtained and catheter subsequently discontinued.
 2. Residents with a foley catheters may be affected by this alleged deficient practice.
 3. Resident whom have foley catheters evaluated and Physicians orders revised by 10/21/13
 4. Nursing staff re-educated for process for obtaining a physicians order for residents who have foley catheters by 10/25/13
 5. Random weekly audits x4 to ensure continued compliance. Results to be reported to QAA x3 for determination of compliance.
 6. Plan completed by 11/1/13. Director of
- F 315

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F 315 Continued From page 3
assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to ensure 1 of 3 sampled residents (Resident # 1) received appropriate treatment and services to restore as much bladder function as possible. Findings include:

Per record review on 10/09/13, Resident #1 was readmitted to the facility on 08/15/13 with a Foley catheter in place following hospitalization for a hip fracture. A catheter change date of 8/13/13 was listed on the facility readmission form. Per interview on 10/09/13 at 10:55 A.M., the C-wing unit manager (UM) reported that the resident had been incontinent prior to the hip fracture, wore incontinent briefs and had required staff assistance with toileting, but had not required a catheter for urination. Per review of the MDS (Minimum Data Set) quarterly review dated 4/4/13, the resident was listed as frequently incontinent but did not have a catheter. Physician orders for the period 8/16/13-8/31/13 included an order to change the catheter monthly. Per 10/09/13 medical record and Treatment Administration Record (TAR) review, the C-wing unit manager at 3:00 P.M. confirmed there is no evidence that physician orders were followed to

F 315

Nursing or designee responsible for implementation

F381 POC accepted 10/31/13
S Dennis RN / Pmc

Disclaimer

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F315

1. Resident #1 has been assessed, no negative outcome as a result of this alleged deficient practice. Foley catheter has been discontinued.
2. Residents with foley catheters may be affected by this alleged deficient practice.

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F 315 Continued From page 4
change the catheter at a 1 month interval or since the resident was readmitted to the facility on 8/15/13. He/she also confirmed a failure to clarify incomplete physician's orders that did not include clear parameters addressing catheter type or size and type of drainage bag to be used. Per 10/09/13 record review, the resident's care plan related to bladder incontinence, states that Resident #1 "... is incontinent of bladder and requires use of Foley catheter secondary to Diabetes Mellitus, COPD, Activity Intolerance secondary to COPD, Hip Fracture, and body Habitus." Per 10/09/13 interview at 3:00 P.M., the UM confirmed that there was no diagnosis in the resident's chart to justify use of a catheter and that the care plan does not address a plan for the catheter's removal and bladder retraining.

F 441 SS=D 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS
The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program

F 315
3. Residents who have foley catheters evaluated to ensure physican orders and plan of care is followed.
Implemented by 10/25/13
4. Nursing staff re-educated for process for use of foley catheters by 10/25/13
5. Random weekly audits x4 to ensure continued compliance. Results to be reported to QAA x3 for determination of compliance and further surveillance.
6. Plan completed by 11/1/13. Director of Nursing or designee responsible for implementation

F315 POC accepted 10/31/13
SDennis^{AP} RN/PMC

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F 441 Continued From page 5
determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and policy review, the facility failed to implement proper infection control measures/standard precautions while administering an insulin injection. This affected one (Resident #1) of four residents in the applicable medication administration sample. Finding include:

Per observation on 10/09/13 at 11:50 A.M., a staff nurse was observed to sanitize his/her hands and draw up insulin in a syringe for Resident #1. Without donning gloves, the nurse cleansed the resident's skin with an alcohol wipe and injected the insulin into the resident's right upper arm, then wiped the area with the alcohol pad with his/her non-gloved hand. On 10/09/13 at 11:55 A.M., the nurse confirmed he/she did not wear gloves while administering the injection or wiping

F 441
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F441
1. Resident #1 has been assessed, no negative outcome as a result of this alleged deficient practice. Staff nurse has been re-educated.
2. Residents who receive injections are at risk to be affected by this alleged deficient practice.
3. Resident whom receive injections have been evaluated and no negative outcome sustained by 10/25/13.

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F 441 Continued From page 6
the skin over the injection site.
Per 10/09/13 interview at 12:10 P.M., a second medication nurse, who was observed to administer an insulin injection while wearing gloves, stated she/he always wore gloves when giving injections due to the risk for contact with blood.
Per 10/09/13 review, the facility policy and procedure manual document for standard precautions states, "Wear gloves (clean, non-sterile) when you anticipate direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material." Per 10/09/13 12:35 P.M. interview with the facility Assistant Director of Nursing/Infection control nurse, he/she stated that when there is the risk for contact with blood; staff should wear gloves. He/she confirmed that there is a risk for blood exposure when giving injections and that staff are expected to wear gloves when administering injections.

F 441

4. Nursing staff re-educated for process standard precautions while administering an injection by 10/25/13
5. Random weekly audits x4 to ensure continued compliance. Results to be reported to QAA x3 for determination of compliance and further surveillance.
6. Plan completed by 11/1//13. Director of Nursing or designee responsible for implementation

F441 POC accepted 10/31/13
SDennis APRN/PMC