



AGENCY OF HUMAN SERVICES
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) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 4, 2010

Mr. James Sutton, Administrator
Cedar Hill Health Care Center
49 Cedar Hill Drive
Windsor, VT 05089

Dear Mr. Sutton:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on July 14, 2010. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



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

PRINTED: 07/20/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2010
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NAME OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089
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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
F 000 F 225 SS=D	<p>INITIAL COMMENTS</p> <p>An unannounced onsite complaint investigation was conducted on 7/14/10 by the Division of Licensing and Protection.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the</p>	F 000 F 225	<p>F225</p> <p>Investigate/Report Allegations/Individuals</p> <p>Resident #1 will not be subjected to verbal or any type of abuse. All staff will be in serviced on how to report suspected abuse to other than their immediate supervisor</p> <p>Other residents having the potential to be affected by the same practice will have the staff that cares for them in serviced on how to report any suspected abuse to other than their immediate supervisor</p>	<p>RECEIVED Division of AUG 02 10 Licensing and Protection</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James D. Aronson</i>	TITLE <i>Administrator</i>	(X6) DATE 7-30-2010
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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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F 225	<p>Continued From page 1 incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to provide adequate staff education and training programs in order to ensure that alleged violations involving mistreatment and/or verbal abuse of 1 resident was reported immediately to the Administrator of the facility and to other officials in accordance with State law. (Resident # 1) Findings include:</p> <p>1. Per staff interviews on 7/14/10, four Licensed Nursing Assistant (LNA) staff were unaware of facility and State procedures to report concerns regarding resident abuse beyond reporting to their direct supervisor. The LNAs had concerns regarding possible verbal abuse of Resident #1 by their direct supervisor for a period of months and reported their concerns to that supervisor. The LNAs stated in interview on 7/14/10 that they felt intimidated and threatened by the supervisor and had no knowledge of the process for reporting abuse anonymously. Per interview on 7/14/10 at 11:00 AM, the facility Administrator and the Assistant Director of Nursing stated that the alleged verbal abuse of the resident could have been ongoing "for months" or "for weeks," respectively.</p>	F 225	<p>Measures put in place to ensure that this deficient practice does not reoccur will include, all staff will be in serviced on abuse and how to contact the appropriate person or persons to report the alleged abuse. The staff will be given wallet size card with the appropriate telephone number to report suspected abuse anonymously. All new employees will receive this wallet size card during their orientation to the facility.</p> <p>Quality Assurance meeting will follow up with a review of the effectiveness of this practice.</p> <p>Corrective Action to be completed by August 14, 2010</p> <p>F225 PDC accepted 8/3/10 A. Knorr RN [Signature]</p>	
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