



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

March 15, 2010

Lisa Bohlman, Administrator  
Derby Green Nursing Home  
2853 Us Route 5  
Derby, VT 05829

Provider #: 475048

Dear Ms.. Bohlman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 23, 2010**. Please post this document in a prominent place in your facility.

We will 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 "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS  
Licensing Chief

Enclosure



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

PRINTED: 03/01/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  MAR 8 2010 02/23/2010
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NAME OF PROVIDER OR SUPPLIER  <b>DERBY GREEN NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2853 US ROUTE 5 DERBY, VT 05829</b>
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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		
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop an abuse /neglect training policy which includes volunteer workers providing services for residents. Findings include:</p> <p>Per record review on 2/23/2010, there was no documentation that a Volunteer housekeeper working 20 hours per week, had received orientation training specific to the reporting process / responsibilities related to abuse and neglect. During interview on 2/23/2010 at 9:50 AM, a Volunteer confirmed that s/he had received no formal training by the facility on these topics. The Director of Nursing confirmed, during interview on the afternoon of 2-23-10, there was no documentation indicating training had occurred and there was no policy specific to abuse / neglect training of volunteers.</p>	F 226	<p>3/11/10 The DON printed out the abuse policy and had the volunteer read the policy and sign off the acknowledgment sheet. This sheet was placed in the volunteer's file. The volunteer packet was updated on 3/4/10 by the Administrator, adding the Abuse Policy and acknowledgment sheet. Assessment per T.C. Adams on 3-15-10 - Admin will assure compliance &amp; share monitoring copy</p> <p>POC Accepted on 3-15-10, T. Adams</p> <p>Dany [Signature]</p>	
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p>	F 279		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 3/4/10
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/23/2010</b>
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F 279

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 record review and interview the facility failed to develop a comprehensive care plan that included all issues triggered in the RAP summary for 1 of 10 residents in the targeted sample. (Resident # 2 ) Findings include:

1. Per record review, Resident #2's RAP Summary dated 10-16-09 stated Resident # 2 "was at risk for falls related to antidepressants. Currently not having side effects from antidepressant therapy. Will continue to assess and care plan." Per review of the care plan and confirmed through interview on the afternoon of 2-23-10, Resident # 2 was not care planned for falls.

*2/23/10 the DON immediately added the problem of "potential for falls" to resident #2 total care plan. For all other residents considered at risk for falls, their total care plans were reviewed for "potential for falls" listed as a problem. The DON and/or Administrator will monitor for any resident found to have a new "potential for falls" problem, that it is added to their total care plan.*

*Agreement: Per T.C. & Admin on 2-15-10.*

*Monitoring results by Admin &/or DNS will be shared & CCFE.*

*PDC accepted & Agreement*

*Danny Tenney, RN*

*Lia Goldman Administrator 2/4/10*