

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

May 29, 2014

Ms. Lisa Bohlman, Administrator
Derby Green Nursing Home
Po Box 24
Derby, VT 05829-0024

Dear Ms. Bohlman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 7, 2014**. 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

PC:jl

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 05/07/2014
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NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 24 DERBY, VT 05829
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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 An unannounced onsite recertification survey was conducted on 5/5-5/7/14 by the Division of Licensing & Protection. The following regulatory deficiencies were identified as a result of the survey:	F 000	***** Derby Green provides this plan of correction without admitting or denying validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by state and federal law. *****	
F 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during	F 156	F156 The displayed poster of Resident's Rights and Facility Grievance Procedure as well as the admission packet were immediately updated by the administrator with the correct telephone number to the Division of Licensing and Protection (802-871-3317) on 5/6/2014 at 10:40am. A notice of the changed phone number to DLP will be given to all residents or responsible parties by 6/6/2014. <i>F156 POC accepted 5/27/14 SDennis APR 11 PM</i>	5/6/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rita Kohlman</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/13/14</i>
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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.

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

PRINTED: 05/08/2014
FORM APPROVED
OMB NO. 0938-0391

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F 156	<p>Continued From page 1</p> <p>the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p>	F 156			

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F 156	<p>Continued From page 2</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record view and interview, the facility failed to provide residents an accurate contact number for the Division of Licensing and Protection. Findings include:</p> <p>1. During the initial tour at 6:30 AM on 5/5/14, the Resident Rights posting near the main entrance was observed to have an outdated, non-working number (802-241-2345) for contacting the Division of Licensing and Protection (DLP) by Voice/TTY. Upon review of the facility's Admission Packet as provided by the Administrator on 5/6/14, an outdated, non-working number (802-241-2345) for contacting the Division of Licensing and Protection by Voice/TTY was listed in the document. During an interview 5/6/14 at 10:40 AM, the Administrator confirmed that the facility's posting and the Admission Packet [provided on 5/6/14] contained the non-working DLP contact information (802-241-2345) for Voice/TTY.</p>	F 156		
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p>	F 371		

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F 371	<p>Continued From page 3</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store, prepare, distribute and serve food under sanitary conditions. Findings include:</p> <p>During the initial kitchen tour with the food services supervisor on 5/5/14 at approximately 6:35 AM, the following observations were made:</p> <p>1. There were 2 dented cans stored on the dry goods shelves. The food services supervisor confirmed that staff are to remove dented cans from use. In the same storage area, there was an open bag of potatoes stored directly under a soiled broom and dustpan.</p> <p>2. The thermometer in the large refrigerator was broken (the liquid component that is used to determine the temperature had separated). In the same refrigerator, there were 2 heads of lettuce that were rust colored and had started to liquefy stored in a plastic bin with other wrapped and unwrapped vegetables.</p> <p>On 5/6/14 at approximately 10:05 AM, the following observations were made with the food services supervisor:</p>	F 371	<p>F371 The food services supervisor removed the dented cans on 5/5/2014. The cook will monitor the dry storage area for dented cans weekly on Thursday's. Any dented cans will be removed for credit or discarded. This practice will be ongoing. The broom and dust pan have been relocated and are not placed on a hook on the wall to potentially have items placed underneath them. The potatoes are stored in a bin in the dry storage area and will be immediately placed in the bin once opened. The broken thermometer was replaced on 5/5/2014. The food services supervisor removed the bad heads of lettuce on 5/5/2014 and cleaned the vegetable bin on 5/5/2014. She added to clean the produce bin to the kitchen cleaning list for every Sunday evening. She re-cleaned the produce bin on 5/6/2014. A new window was ordered on 5/12/2014 and will be replaced with a new window sill when it arrives approximately 6/12/2014. The maintenance man will secure the loose tile and re-grout around the tile by 5/16/2014. The food services supervisor along with the administrator will have a dietary staff meeting on 5/27/2014 to review the statement of deficiencies, plan of correction and ongoing processes to prevent future deficient practice. The food services supervisor and/or administrator will monitor the kitchen for sanitary compliance monthly x 3 months and then quarterly. Both cited deficiencies will be brought to the next QAA meeting.</p>	6/12/2014	

F371 POC accepted 5/29/14
SDennis/APRN/PMC

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F 371	Continued From page 4 1. In the large refrigerator, the 2 rusted heads of lettuce had been removed (that were observed on the initial tour on 5/5/14); however, the rust colored liquid at the bottom of the vegetable bin had not been cleaned and two wrapped heads of lettuce and unwrapped tomatoes were stored in contact with the liquid. 2. In the kitchen, clean dishes were stacked in a plastic bin balanced on the sink unit, directly under a window sill that was spoiled with small black particles. There was missing grout between the floor tiles near the food preparation area; loose black debris and food particles had collected in the space created by the missing grout. The above observations were confirmed by the food services supervisor at the time of the two observations.	F 371			