

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 1, 2012

Ms. 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 and complaint investigation conducted on **April 9, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



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

APR 27 2012

PRINTED: 04/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2853 US ROUTE 5 DERBY, VT 05829
--	---

(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	INITIAL COMMENTS An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 4/9/12 Based on information gathered, regulatory violations were cited as follows.	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated	F 225	4/25/12 All new employees have a VT criminal background, Adult Abuse Registry and Child Abuse Registry checked by the DNS or Administrator. Findings are dealt with by either writing for a variance from DLP or termination of employment. On the first day of orientation the new employee reads the abuse policy & signs off that they have read the policy. After the reporting of this alleged abuse all employees working the shift on 11/21/11 were interviewed by the DNS & Administr. Once the factual information was documented by the DNS & Administr. the abuse policy was reviewed, with emphasis on immediacy of reporting. On 11/28/11 the Administrator held 1:1 and small group meetings with all employees & reviewed the abuse policy and the emphasis on the immediacy of reporting. The DNS created a button in ECS that alerts the charge nurse of all behaviors when they occur for all residents. The DNS & Administrator are both notified via ECS when behaviors are charted and the interventions. The DNS & Administrator visited and	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Paula [Signature]</i>	TITLE Administrator	(X6) DATE 4/25/12
---	------------------------	----------------------

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.

Am

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

PRINTED: 04/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/09/2012
NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2853 US ROUTE 5 DERBY, VT 05829		
(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 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the 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 record reviews and interviews, the facility failed to ensure that an alleged violation involving mistreatment of a resident (Resident #2) was reported immediately (within 24 hours) to the administrator of the facility and to other officials through established procedures. Findings include:</p> <p>1. Per record review on 4/9/12, Licensed Nurse Assistant (LNA) B witnessed on 11/21/11 an alleged slap to the hand of Resident #2 by LNA A. Per record review and staff interviews, Resident #2 has a diagnosis of dementia and is known to have resistant behaviors during personal care. According to 11/28/11 written interview notes by the Director of Nurses (DNS), LNA B did not report witnessing this alleged mistreatment of Resident #2 to him/her until 11/28/11. Per a written statement by LNA C, LNA B told him/her about the alleged incident on 11/23/11. LNA C further wrote that on 11/23/11 s/he informed the charge nurse of the alleged incident as it had been told to him/her by LNA B. Per written interview notes of 11/28/11, the nurse failed to report the information received on 11/23/11 to the administration until s/he was interviewed by the DNS on 11/28/11. In an interview on 4/9/12 at 12:20 PM, the DNS confirmed that LNA B, LNA C, and the nurse failed to immediately report to</p>	F 225	<p>assessed the resident the day the incident was reported and the residents behaviors are monitored daily by the nursing staff.</p> <p><i>F225 POC accepted 4/30/12 Jitosmeran/ @mccatarn</i></p>	

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

PRINTED: 04/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2012
NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2853 US ROUTE 5 DERBY, VT 05829	
(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 225	Continued From page 2	F 225		
F9999	<p>FINAL OBSERVATIONS</p> <p>Based on record reviews and interviews, the facility failed to comply with State Regulation 3.17 (3) (f) which states, "The facility must ensure that all alleged violations involving mistreatment, neglect, exploitation, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and the licensing agency and Adult Protective Services in accordance with 33 V. S. A. Chapter 69". The requirement was not met based on the following information gathered:</p> <p>1. Per record review on 4/9/12, Licensed Nurse Assistant (LNA) B witnessed on 11/21/11 an alleged slap to the hand of Resident #2 by LNA A. Per record review and staff interviews, Resident #2 has a diagnosis of dementia and is known to have resistant behaviors during personal care. According to 11/28/11 written interview notes by the Director of Nurses (DNS), LNA B did not report witnessing this alleged mistreatment of Resident #2 to him/her until 11/28/11. Per a written statement by LNA C, LNA B told him/her about the alleged incident on 11/23/11. LNA C further wrote that on 11/23/11 s/he informed the charge nurse of the alleged incident as it had been told to him/her by LNA B. Per written interview notes of 11/28/11, the nurse failed to report the information received on 11/23/11 to the administration until s/he was interviewed by the DNS on 11/28/11. In an interview on 4/9/12 at 12:20 PM, the DNS confirmed that LNA B, LNA C, and the nurse failed to immediately report to</p>	F9999	<p>4/25/12 All new employees have a VT criminal background, Adult Abuse Registry and Child Abuse Registry checked by the DNS or Administrator. Findings are dealt with by either writing for a variance from DLP or termination of employment. On the first day of orientation the new employee reads the abuse policy and signs off that they have read the policy. All employees were educated again on the abuse policy and emphasis on the immediacy of reporting on 11/28/11 by the Administrator. Yearly review of the abuse policy is completed by all staff in May.</p> <p><i>F9999 POC accepted 4/30/12 Jitmasur RN Prata RN</i></p>	

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

PRINTED: 04/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/09/2012
NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2853 US ROUTE 5 DERBY, VT 05829		
(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	
F9999	Continued From page 3 the administration a violation involving alleged mistreatment of Resident #2.	F9999			