

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 15, 2016

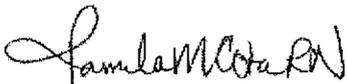
Ms.. Lisa Bohlman, Administrator
Derby Green Nursing Home
Po Box 24
Derby, VT 05829-0024

Dear Ms. Bohlman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 24, 2016**. 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

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

SEP 12 2016 PRINTED: 09/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 24 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 CDRRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced onsite re-certification survey was completed by the Division of Licensing and Protection from 8/22-24/16. While the facility was found to be in substantial compliance, the following issue was identified that requires correction.	F 000			

*acc Janet Hosmer MD
9/15/16*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Paula Kohlman* TITLE *Administrator* (X6) DATE *9/8/16*

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 ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475048	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 8/24/2016
NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 24 DERBY, VT	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 241	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This <u>REQUIREMENT</u> is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure care is provided to residents in a manner and in an environment that enhances each resident's dignity and respect for 1 of 11 residents in the stage 2 sample (Resident #10). Findings include:</p> <p>Per observation and interview, the facility failed to provide care in a manner that enhances each resident's dignity by not providing a working bedside curtain that afforded full privacy to the resident when treatment or care was being provided in bed. On the morning of 8/22/16, the ceiling track for Resident #10's bedside curtain was observed to be duct-taped closed preventing the curtain from being pulled across the end of the bed and around the footboard; this gap in coverage left the resident vulnerable to being seen (while in the bed) by anyone who entered the room and approached the footboard. On 8/22/16 at approximately 10:50 AM, the facility maintenance staff member (MM) stated that s/he was working on getting a "metal diverter" for the curtain track; s/he confirmed that the track had not been working for all of the time that the resident resided in the room. On 08/23/2016 at 4:03:15 PM, the facility Director of Nursing reported that Resident #10 moved to this room on 6/24/16. By the date of the survey, the resident had resided in the room for a 2 month period without a functioning bedside curtain.</p> <p>Per interviews with Resident #10 over the course of the survey, s/he reported needing to have ointments applied to the groin area while in bed and was not comfortable because the bedside curtain could not be fully closed stating that it made him/her feel exposed and was a dignity issue for him/her. Per review of the medical record, Resident #10 has orders for a prescription topical cream to be applied daily as needed to the groin area.</p> <p>On 8/23/16 at 2:53 PM, a staff nurse reported that a topical cream is applied to the resident's groin while s/he is lying in bed to ensure that the [affected skin] gets good coverage. S/he reported being aware that the bedside curtain did not fully close around the bed and confirmed that this could be a dignity issue for the resident.</p> <p>On 8/23/16 at 4:22 PM, the facility administrator confirmed awareness of the nonfunctioning bedside curtain and reported difficulty finding the needed part rather than replace the entire track.</p> <p><i>*** On 8/26/16 the part in question arrived at the facility and was installed. The curtain goes around the bed. **** Lisa Bohlman, Administrator</i></p>		

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The above isolated deficiencies pose no actual harm to the residents