

Division of Licensing and Protection  
103 South Main Street  
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

April 27, 2015

Ms. Jennifer Combs-Wilber, Administrator  
Green Mountain Nursing And Rehabilitation  
475 Ethan Allen Avenue  
Colchester, VT 05446-3312

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 1, 2015. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/01/2015
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NAME OF PROVIDER OR SUPPLIER  GREEN MOUNTAIN NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446
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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 on-site complaint investigation concerning care and services was conducted on April 1, 2015 by the Division of Licensing and Protection. The following regulatory violation was identified:

F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  
SS=D

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.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, the facility failed to treat 1 of 20 residents residing on the second floor unit 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 (Resident #1). Findings include:

On 4/1/15 at 2:45 PM, two LNAs (licensed nursing assistants) were observed providing incontinence care and a brief change for Resident #1. The door to Resident #1's room was open and no curtain was pulled. The resident's uncovered buttocks and back were visible from the open doorway. LNA #1 confirmed that neither of the 2 LNAs had closed the door to Resident #1's room nor pulled the privacy curtain and confirmed that the resident's backside was visible to anyone passing the room. LNA #1 further agreed that this was a dignity issue and that a reasonable person would be upset with being exposed in this manner.

F 000

F241

F 241

Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction is as follows:

It is the policy of Green Mountain Nursing & Rehab to provide care to the residents in a manner and environment that maintains resident's dignity and respect in full recognition of his or her individuality.

All residents have the potential to be affected by this alleged deficient practice.

Reeducation and reminders to staff on the policy relating to dignity and respect are being done to assure that this alleged deficient practice does not reoccur.

*POC answer 4.23.5*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Janice Combs-Wreber NHA*

*4/16/2015*

*8/1/15*

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

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NAME OF PROVIDER OR SUPPLIER  GREEN MOUNTAIN NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 476 ETHAN ALLEN AVENUE COLCHESTER, VT 05448
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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 241	Continued From page 1  On 4/1/15 the facility administrator provided a copy of the facility's Residents Rights and Grievance Procedure. On page 2, the policy reads, "You have the right to privacy in treatment and in care for your personal needs."  *This is a repeat citation.	F 241	The Administrator, DON and or designee will conduct documented periodic rounds and audits to assure that staff maintain residents dignity and respect in full recognition of his or her individuality. Reminders will be done to staff if any situations should reveal that dignity or respect is being jeopardized. <b>Completion Date: 4/24/2015</b> <i>Joe accepted</i> <i>4/23/15</i>	
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