

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

May 19, 2015

Mr. William White, Administrator
Greensboro Nursing Home
47 Maggie's Pond Road
Greensboro, VT 05841-8800

Dear Mr. White:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 22, 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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2015
NAME OF PROVIDER OR SUPPLIER GREENSBORO NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 47 MAGGIE'S POND ROAD GREENSBORO, VT 05841	
(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 investigation of an entity self reported incident was completed by the Division of Licensing and Protection on 4/22/15. Related regulatory violations were cited as follows.	F 000		
F 282 SS=D	483.20(k)(3)(II) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to ensure that the staff provided care in accordance with the written plan of care for one of three residents in the sample (Resident #1). Findings include: 1. Per record review, Resident #1 is independently ambulatory and is care planned for staff supervision while awake. Resident #1 was found on the afternoon of 4/19/15 having accessed an unlocked storage room near the laundry. Staff redirected the resident; however, Resident #1 was found later having again accessed the same storage room and having wrapped the cord of a fan around the neck. During an interview at 1:30 PM on 4/22/15, the Director of Nursing confirmed that Resident #1 had on 4/19/15 been unsupervised long enough to twice access an unlocked storage room and manipulated the cord to a fan about the neck. There was no evidence of harm to the resident.	F 282	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	5/22/15
F 323	483.25(h) FREE OF ACCIDENT	F 323	F282 For all residents, staff will be in-serviced on the process to be used for supervised monitoring as part of a resident's plan of care. This process includes use of the interdisciplinary team to interact and monitor a resident assessed at risk as needed. This process has been implemented for Resident #1 on an ongoing basis. The Director of Nursing or designee will conduct three random audits per week of this process to include verifying tracking forms and observation of the resident in question. The Director of Nursing is responsible for this plan of correction F282 POC accepted 5/15/15 J Hasmer/AMC	

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

TITLE

(X5) DATE

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.

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F 323 SS=D	Continued From page 1 HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to ensure that the resident environment remained as free of accident hazards as is possible, and that one of three residents in the sample (Resident #1) received adequate supervision to prevent accidents. Findings include: 1. Per record review, Resident #1 [who is independently ambulatory and is care planned for staff supervision while awake] was found on the afternoon of 4/19/15 having accessed an unlocked storage room near the laundry. Staff redirected the resident; however, Resident #1 was found later having accessed the same storage room and having wrapped the cord of a fan around the neck. During an interview at 1:30 PM on 4/22/15, the Director of Nursing confirmed that Resident #1 had on 4/19/15 been unsupervised long enough to twice access an unlocked storage room and manipulated the cord to a fan about the neck. There was no evidence of harm to the resident.	F 323	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> F323 For all residents and for Resident #1, the facility has conducted an assessment of the building for potential risk areas for accidents. Locks and/or signage will be installed in identified areas. Staff will be inserviced on these changes. The Administrator or designee will conduct three random audits per week of the identified areas to verify these procedures are in place and functioning. The Administrator is responsible for this plan of correction. F323 POC accepted 5/15/15 JHpsmerR/mcl	5/22/15