

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

March 20, 2014

Ms. Lynnette Smith, Administrator
The Manor, Inc
577 Washington Highway
Morrisville, VT 05661-8972

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 25, 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

RECEIVED
Division of

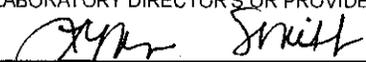
PRINTED: 03/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	MAR 14 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 02/25/2014
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NAME OF PROVIDER OR SUPPLIER THE MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
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F 000	INITIAL COMMENTS	F 000		
F 250 SS=D	<p>An unannounced on-site investigation of self-reported incidents was conducted by the Division of Licensing and Protection on February 25, 2014. Regulatory findings were cited for one of the two self-reports. The findings include:</p> <p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, lack of facility documentation and staff interviews for 1 of 3 sampled residents, (Resident #1) the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being. The findings include the following:</p> <p>Per record review, Resident #1 was initially admitted on 10/26/09 followed by multiple hospitalizations and readmissions to the facility with diagnoses to include CVA (stroke) with Contractures, Diabetes, Depression, Arteriosclerotic Heart Disease, COPD, Urinary Retention with Indwelling Foley Catheter, Chronic Kidney Disease and Major Depression.</p> <p>Per medical record review dated 10/26/09, Resident #1 has a documented advanced directive, that notes his/her son as the appointed</p>	F 250	<p>F-250 All residents have the potential to be affected by this deficient practice</p> <p>Immediate steps were taken by the Resident Care and Services Director to implement corrective actions by providing more extensive documentation following communication between family and residents.</p> <p>To monitor that the deficient practice does not recur periodic chart audits will be completed.</p> <p>Completed audits will be submitted to Quality Assessment and Assurance for quarterly review.</p> <p>To be completed by 3/18/14.</p> <p>Per phone call with Administrator on 3/20/14, DNS or designee is responsible for overseeing corrections.</p> <p>F250 POC accepted 3/20/14 MBent and RN/PMC</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3.12.14
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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.

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F 250	<p>Continued From page 1</p> <p>health care agent. The document identifies that Resident #1 does not want CPR or Tube Feedings. Documentation shows that the resident requests treatment with pain medication for comfort, and oxygen, but not a breathing machine. He also identifies that he does not want antibiotics or other medication to fight infection.</p> <p>Per interview with the Social Service Director on 2/25/14 at 10 AM s/he identifies that the the family of Resident #1 had ongoing problems with the Advanced Directives as written. The Health Care Agent would request that the resident be hospitalized at any time of a condition change. Physician had been working with the family regarding the advanced directives as it relates to hospitalization.</p> <p>There is no evidence in the medical record (Physician Progress notes and/or Social Service progress notes), demonstrating that any conversation regarding change in advance directives occurred.</p> <p>Social Services is identified on Resident #1's Interdisciplinary Care Plan (ICP) as being one of the responsible providers related to problems listed as Cognitive Impairment and Difficult Communication as it relates to Cerebral Vascular Accident (CVA).</p> <p>There is no evidence in the medical record that identifies that Social Service Director has assisted Resident #1 with any of the above ICP problems.</p> <p>Per interview with Social Service Director on 2/25/14 at 10 AM s/he confirms that s/he has not documented any communication related to family</p>	F 250	<p>This page intentionally left blank</p>		

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F 250	Continued From page 2 problems, changes that have been discussed as it relates to advance directives, review and/or updates to care plans, nor has there been any documentation regarding physician communication with resident and/or family as it relates to changes in condition and general health decline.	F 250	F309 All residents in the facility are potentially at risk.		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review, Licensing and Protection Intake, facility documentation and staff interview for 1 of 3 sampled residents (Resident #1), the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care related to a delay in the transfer of the resident to an acute care center when the resident had a change in condition. The findings include: Resident #1 was initially admitted on 10/26/09 followed by multiple hospitalizations and readmissions to the facility, with diagnoses to include CVA with Contractures, Diabetes, Depression, Arteriosclerotic Heart Disease,	F 309	Nursing and Social Services will work together to identify resident/family Advance Care planning needs for all residents and document them in the Resident record. In reference to resident #1 who is deceased there is no identified corrective action possible. However, to prevent further incidents deemed deficient in regards to F309, this situation will be utilized to inform facility practice going forward. In order to prevent a recurrence of the situation experienced by Resident #1, the staff will be instructed that in the absence of an Advanced Directive, Physicians order, or competent resident/DPOA for		

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F 309	<p>Continued From page 3</p> <p>COPD, Urinary Retention with Indwelling Foley Catheter, Chronic Kidney Disease and Major Depression.</p> <p>Per medical record review dated 10/26/09 Resident #1 has a documented advanced directives that evidences his/her son as the appointed health care agent. The document identifies that Resident #1 does not want CPR or Tube Feedings. Documentation notes that the resident requests treatment with pain medication for comfort, and oxygen, but not a breathing machine. It also identifies that he does not want antibiotics or other medication to fight infection.</p> <p>Per Intake information and nurses notes dated 10/16/13 at 2:15 AM, Resident #1 was observed on the floor on his left side of the bed between the bed and the wall. The resident was lying face down on the mattress hanging onto the left side rail. With his/her trunk and lower extremities hanging over the left side to the bed. The resident's left leg was stretched out and his right leg was bent at the knee under him/her. Resident sustained bruising and abrasions to his/her knees, tops of toes and left shoulder. Resident #1 was assisted back to bed and on review was found to have a mental status change, to have an oxygen saturation level of 62% on room air (90-100% is considered within normal limits), blood pressure (B/P) of 120/58 and a pulse of 127 (tachycardia). The physician was notified and ordered the nurse to increase the liter flow of oxygen to 3-4 liters for poor oxygen saturation and blood pressure and contact family to advise transport. A nurse called family and left an urgent message on an answering machine to call facility regarding his/her Dad.</p>	F 309	<p>healthcare verbal directive indicating "do not hospitalize" a resident meeting the criteria for acute healthcare services will be transferred to Hospital within 2 Hours of precipitating event (or when condition requiring emergency care becomes evident). In addition, the facility will continue to address Advanced Care Planning with residents and families during the admission and care planning processes and document these activities in the medical record.</p> <p>Monitoring to assure compliance will include continued audit of all resident admissions, hospital transfers, and annual audit of all resident records for completeness of Advanced Directives and /or COLST forms (completed for calendar year 2014).</p>	

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F 309	<p>Continued From page 4</p> <p>Per nurses notes dated 10/16/13, the Director of Nurses (DNS) was notified of the incident after call to the family. Per interview with DNS on 2/25/14 at 1 PM, she confirms that she agreed with the physician's order to keep resident on oxygen, monitor and medicate for pain as necessary. Staff were to wait for the return call from family as to how to proceed. DNS confirms at this time that Resident #1 had been sick for a long time, the family was having difficulty with condition changes as they were occurring and were very involved with the plan of treatment.</p> <p>Per nurses notes on 10/16/13, vital signs were monitored B/P was slowly decreasing with pulse increasing and a high temperature at 101 degrees Fahrenheit.</p> <p>Per nurses notes dated 10/16/13 at 5 AM family returned urgent call to facility and advised to transfer to Copley Hospital. Per nurses notes resident was transferred to hospital on 10/16/13 at 6:50 AM.</p> <p>Resident fall occurred at 2:15 AM, family notified facility to transport to acute care hospital and EMS transported Resident #1 at 6:50 AM. This equates to a 4.5 hours without emergency services. Per nurses notes dated 10/16/13 Resident #1 was transferred to Copley early that morning where he passed away.</p>	F 309	<p>Completed audits will be submitted to Quality Assessment and Assurance for quarterly review as part of the facilities QAPI Plan.</p> <p>To be completed by 3/24/14.</p> <p><i>Per phone call with Administrator on 3/20/14, DNS or designee is responsible for overseeing corrections.</i></p> <p><i>F309 POC accepted 3/20/14 mBedron RN/pmc</i></p>	