

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

March 2, 2015

Ms. Christine Scott, Administrator  
Mayo Healthcare Inc.  
71 Richardson Ave  
Northfield, VT 05663-5644

Dear Ms. Scott:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 10, 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: 02/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAYO HEALTHCARE INC.</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>71 RICHARDSON AVE NORTHFIELD, VT 05663</b>		
(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 280	<p>Continued From page 1</p> <p>as being at 'high-risk' for falls and for having a recent fall. Per review of the MDS [minimum data set] for the last two quarters, from September 2014 through February 2015, the resident had four (4) falls per quarter. Of the total eight falls, four were with injuries sustained and four were without injuries. Per review of the care plan initiated on 05/06/14 has as a goal 'will sustain no serious injury related to fall... will benefit from assistance with mobility'. The interventions are noted as the bed against wall, use of half rails for repositioning, assist with transfer using wheeled walker as needed, full weight bearing and unsteady on [his/her] feet, make sure [s/ he] wears proper footwear and walkways are clear so [s/ he] can ambulate on own, can use wheel-chair for long distance, check pain each shift, has code alert for exit seeking, provide call bell within reach and instruct its use.</p> <p>The Resident Incident Log on 12/12/14 notes 'try and make sure area is free of clutter and roommate belongings are put away.' This information was not revised on the care plan. In addition, although on 07/28/14 the care plan notes 'needs frequent cueing', it is not specific as to what kind of cueing. Per observation on 02/10/15 at 2:30 PM staff stated to the resident, who was sitting near the nursing station, "come along with us", however, no further assistance or verbal cueing for a upright position was presented. Per interview on 02/10/15 at 3:37 PM the Physical Therapist confirmed that four falls a quarter is a lot and there should've been re-evaluation before that.</p> <p>2. Per review of the facility's 'Falls: Post-Fall Policy', procedures in the policy include</p>	F 280	<p>All residents have the potential to be affected by the same deficient practice. Documentation of fall prevention interventions will be updated and recorded on all Resident Incident logs and each individual care plan. When no further interventions are indicated the care plan will include the date and a written notation indicating that it has been reviewed and remains current. All licensed RN/LPNs will attend a Mandatory In-Service education session to review our current policies and procedures pertaining to this issue conducted by our Staff Development Coordinator or designee.</p> <p>All Resident Incident logs will be audited by the DNS or designee to assure that each individual care plan has been reviewed and/or revised. Any omissions will be corrected. Further education will be provided to any RN/LPN involved.</p>		

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F 280	<p>Continued From page 2</p> <p>"document incident and interventions in the medical record" and "review and revise the Care Plan as necessary after each fall to develop strategies to minimize the likelihood of additional falls". Per record review Nursing Notes for Resident #21, they record falls on 12/30/14, 1/2/15, and two falls on 1/5/15. There are no fall prevention interventions listed in the Nursing Notes.</p> <p>Per interview with the Unit Manager [UM] on 2/10/15 at 1:30 P.M. Care Plan interventions are reviewed after each fall at a clinical meeting, with the information passed on verbally and in a shift report. The UM confirmed that Resident #21's Care Plan does not specifically address falls and there is no documentation that any interventions in the care plan were reviewed regarding preventing additional incidents after the fall on 12/30/14 and the first fall on 1/5/15. The UM also confirmed that the fall on 1/2/15 is not recorded anywhere in Resident #21's Care Plan.</p> <p>Also see F323.</p>	F 280	<p>All Resident Incident logs are presented at Mayo's Quality Assurance meetings and reviewed by the committee including the Medical Director. Results of these audits will be reviewed by the Quality Assurance Committee. The frequency &amp; duration of further audits will be determined by the committee.</p> <p>Corrective action will be completed by 03/20/15.</p> <p><i>F280 POC accepted 2/26/15 MBetramanRH/PMC</i></p> <p><b>F-323</b> For the two residents identified, each individual has been evaluated by Physical Therapy to determine the best interventions/strategies to prevent accidents. These interventions/strategies have been implemented and documented on the individual care plans and reviewed by the Interdisciplinary team.</p>	
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 323	<p>All residents who are assessed to be "high risk" for falls have the potential to be affected by the same deficient practice. Since falls are expected with this population; especially those who choose to remain as independent as possible, Mayo will request Physical Therapy</p>	

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F 323	<p>Continued From page 3</p> <p>by: Based on staff interview and record review, the facility failed to ensure 2 of 4 applicable residents in the sample (Residents #10 &amp; #21) received adequate evaluations and supervision or interventions/strategies to prevent accidents. Findings include:</p> <p>1. Resident #10 was identified as being at 'high-risk' for falls and for having 8 falls [four with injury] from September 2014 to February 2015. Although neurological monitoring was noted after each of the falls, there is no documentation that directs resources to address safety concerns. The Fall incident report/post fall assessment dated 12/11/14 and 12/12/14 was completed by the Licensed Practical Nurse (LPN) and was noted to be reviewed by the Registered Nurse (RN) on 12/15/14 and Director of Nurses (DNS) on 12/19/14. The reports have areas listing, "suggestions to prevent future falls"; "date reviewed in clinical care" and "further recommendations", which were all left blank and not documented that these areas were addressed.</p> <p>Per interview on 02/10/15 at 12:55 PM with the DNS, s/he stated that "falls are expected because [the resident] wants to be independent, but we toilet, do frequent checks, make sure there is appropriate footwear, we think there are no other interventions as [the resident] wants to ambulate". S/he further stated "we review residents weekly in clinical care meetings", but confirmed there is no documentation in the chart of the results or discussions regarding the resident's safety. Per interview on 02/10/15 at 3:37 PM the physical therapist acknowledged that 4 falls a quarter is a lot and there should've been an evaluation before</p>	F 323	<p>and Occupational Therapy evaluations to assess and provide fall prevention methods such as gait training, muscle strengthening exercises as well as frequent supervision/monitoring, appropriate footwear, a clutter free environment, assistive devices as appropriate, etc.</p> <p>All residents who are assessed to be at risk for falls will be included in a Quality Assurance study to assure that each individual receives the appropriate screening and evaluation to remain as free of accident hazards as possible.</p> <p>Results of this study will be reviewed by the Quality Assurance Committee. The frequency &amp; duration of further studies will be determined by the committee.</p> <p>Corrective action will be completed by 03/20/15.</p> <p><i>F323 POC accepted 2/26/15 M.Bertrand RN JPM</i></p>	
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F 323	<p>Continued From page 4 [this quarters review].</p> <p>2. Per review of the facility's 'Falls: Post-Fall Policy', procedures in the policy include "document incident and interventions in the medical record" and "review and revise the Care Plan as necessary after each fall to develop strategies to minimize the likelihood of additional falls". Per record review Nursing Notes for Resident #21, they record falls on 12/30/14, 1/2/15, and two falls on 1/5/15. There are no-fall prevention interventions listed in the Nursing Notes.</p> <p>Per interview with the Unit Manager [UM] on 2/10/15 at 1:30 P.M. Care Plan interventions are reviewed after each fall at a clinical meeting, with the information passed on verbally and in a shift report. The UM confirmed that Resident #21's Care Plan does not specifically address falls and there is no documentation that any interventions in the care plan were reviewed regarding preventing additional incidents after the fall on 12/30/14 and the first fall on 1/5/15. The UM also confirmed that the fall on 1/2/15 is not recorded anywhere in Resident #21's Care Plan.</p> <p>Also see F280.</p>	F 323		
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