

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

January 31, 2013

Mr. John Danforth, Administrator
Redstone Villa
7 Forest Hill Drive
St. Albans, VT 05478-1615

Provider #: 475055

Dear Mr. Danforth:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 3, 2013**. 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:ne

Enclosure



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

PRINTED: 01/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2013
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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478
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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	F 000	Redstone Villa, (the "Provider") submits this plan of correction, (POC), in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited.	
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157	<p>The Provider submits this POC with the intention that it be inadmissible by any third party any civil or criminal action against the Provider or any employee, agent, officer, director or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings, that are relied upon to adversely influence or serve as a basis, in any way, for the selection and / or imposition of future remedies, or for any increase in future remedies, whether any such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the State of Vermont or any other entity.</p> <p>Any changes to Provider Policy or Procedure should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis.</p> <p>F157Notify of Changes/Injury/Decline/room,etc.</p> <p>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Resident #1 was not affected by this deficient practice.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All Residents who have room change have the potential to be affected by this deficient practice.</p>	

F157
POC accepted
J. Cummings RNMS
1/25/13

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Dunford</i>	TITLE <i>Administrator</i>	DATE 1/22/2013
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A 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 30 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 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to document that the resident or legal representative was notified when there was a room change for 1 of 8 residents in the applicable sample. (Resident #1). Finding includes: 1. Per record review and confirmed during an interview with the Director of Nursing (DNS) on 1/3/13 at 10:50 AM, Resident #1 was moved from the first floor to the second floor on 12/18/12 and there is no documentation that the family was notified of the room change in either the electronic or hard copy medical record. 483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. This REQUIREMENT is not met as evidenced by: Based upon interview, observation, and record review the facility failed to assure that 8 of 8 residents living on the 2nd floor were not involuntarily secluded (separated from other residents or confined to his or her room with or	F 157	<p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Re education of all Licensed Nurses and Social Service on notifying and documenting any Resident room change by 2/3/13.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? DNS/Designees will audit all Resident room changes for notifying and documenting for 3 months. Results will be reviewed at the quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed. DNS will be responsible for monitoring to assure compliance with POC by 2/3/13.</p> <p>F223 Free from abuse/involuntary seclusion 1- How will corrective action be accomplished for those residents found to have been affected by the deficient practice? The chair glide was repaired on 1/3/13. Residents #5,7,8 no longer reside at the facility. Residents # 1,2,3,4, and 6 were not affected by this alleged deficient practice. Residents #2 and #3 refuse as per their wishes to be taken to 1st floor.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice? Any Resident residing on 2nd floor that is unable to use the stairs with assistance has the potential to be affected by this alleged deficient practice.</p>	F157 POC accepted T Cummings, PRN MS 1/25/13
F 223 SS=E	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. This REQUIREMENT is not met as evidenced by: Based upon interview, observation, and record review the facility failed to assure that 8 of 8 residents living on the 2nd floor were not involuntarily secluded (separated from other residents or confined to his or her room with or	F 223	<p>1- How will corrective action be accomplished for those residents found to have been affected by the deficient practice? The chair glide was repaired on 1/3/13. Residents #5,7,8 no longer reside at the facility. Residents # 1,2,3,4, and 6 were not affected by this alleged deficient practice. Residents #2 and #3 refuse as per their wishes to be taken to 1st floor.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice? Any Resident residing on 2nd floor that is unable to use the stairs with assistance has the potential to be affected by this alleged deficient practice.</p>	F223 P.O.C. accepted T Cummings RW, MS 1/25/13

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F 223	Continued From page 2 without room mates) and allowed free movement throughout the facility after the stair chair lift was out of working order from 12/11/12 to 1/2/13. (Residents # 1, 2, 3, 4, 5, 6, 7, 8) Findings include: 1. Per joint resident interview with resident room mates #7 and #8 on 1/2/13 at 2:00 PM, both residents were aware that the chair stair lift was out of working order. Both residents stated "I have not been downstairs since the stair glide has been broken. I used to use the glide to go downstairs". Resident #7 stated that "it would be very hard to go down the stairs without the stair glide. I have a bad shoulder and use a quad cane and walker". Resident #8 stated she/he "Does not use a cane and only uses a walker" and "I would have difficulty getting down the stairs if I had to use them". In addition, Resident #7 stated "We are very clean people, but have not had a bath or shower since the glide has been broken. It's hard being clean only taking a sponge bath". Both Residents stated they are only doing sponge baths in the bathroom in their room and would like a bath or shower. 2. Per resident interview with Resident #7 on 1/2/13 at 2:00 PM, resident stated "I haven't played Bingo downstairs since the chair lift went out. I like playing downstairs". In addition, per review of the activities log for Resident room mates #7 and #8 and interview on 1/2/13 at 2:19 PM, the Activities Director stated, "Prior to the stair glide being out, [Residents #7 and #8] enjoyed going downstairs for Bingo, meals and	F 223	<p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>The chair lift is on a regular maintenance schedule. An order for alternate transport equipment to be used if chair glide fails.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>Administrator/Maintenance Director will audit chair glide operation 2X per day for 5 days per week for 3 months. Results will be reviewed at quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed.</p> <p>Administrator will be responsible for compliance by 2/3/13.</p>	F 223 POC Arrested J. Cummings 1/25/13 RUMS

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F-223	Continued From page 3 Sing Along." Since the stair glide has been out, the Activities Director has been doing Bingo in their room with just the two of them. 3. Per resident interview on 1/3/13 at 8:53 AM, Resident #4 stated "I don't have anybody to talk to except myself." Per staff interview and review of the activities log on 1/2/13 at 2:19 PM, the Activities Director stated that, "[Resident #4] has been alone in [his/her] room for approximately a week and has had no interactions with other residents since the room mate left and the stair glide broke". 4. Per interview with Director of Nursing (DNS) on 1/3/13 at 10:50 AM, the DNS stated "Before the chair lift went out, [Resident #1] went downstairs for meals and for the day and has not been downstairs since coming back up to the second floor on 12/18/12". Per resident observation on 1/2/13 3:06 PM, [Resident #1] was sitting in a chair watching television in his/her room on the second floor. Per resident observation on 1/3/13 8:53 AM, [Resident #1] was eating breakfast in his/her room on the second floor. In addition, per record review Resident #1's Activities Care Plan states "get downstairs; bingo, special events, etc". Per record review Resident #1's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events were documented after that date.	F 223	<i>F223 DOC annotated J. Cummins RUMS 1/25/13</i>	
	5. Per interview on 1/2/13 at 2:19 PM the Activities Director [AD] stated since the stair glide			

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F 223	Continued From page 4 has been broken on 12/11/12, [Residents #2 and #3] have had no social interactions with residents other than each other. 6. Per review of the activities log and staff interview on 1/2/13 at 2:19 PM, the Activities Director stated "Neither [Residents #5 or #6] have had any interactions with other residents than each other since the stair glide broke". [Residents #5 and #6] are roommates and activities have been done in their room. In addition, per interview with Resident #5 on 1/2/13 at 11:20 A.M. [s/he] stated "I don't dare go alone (downstairs). I'm afraid to fall down. It's been quite a while since I've been downstairs. It was a couple weeks ago." 7. Per interview on 1/3/13 at 1:03 PM, the the Director of Nursing [DNS] stated that for Residents #1, #2, #3, #4, #5, #6, #7 and #8 residing on the second floor of the facility, the number of these residents unable to get downstairs on their own is "all of them".	F 223	F 223 POC assessed J. Cummins RN, MS 1/25/13	
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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 upon interview, the facility failed to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity for 2 of 8 residents in the	F 241	F241 Dignity and respect of individuality <u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u> The chair lift was repaired on 1/3/13. Residents #7 and #8 received showers on 1/4/13. Resident #7 was discharged on 1/14/13. Resident #8 was discharged on 1/7/13. <u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> Any Residents residing on 2 nd floor who are unable to use the chair glide are at risk by this alleged deficient practice.	F241 POC assessed J. Cummins RN, MS 1/25/13

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F 241	Continued From page 5 applicable sample from 12/11/12 to 1/2/13. (Residents #7 and 8) Finding includes: 1. Per joint resident interview with resident room mates #7 and #8 on 1/2/13 at 2:00 PM, both residents were aware that the chair stair lift was out of working order. Both residents stated "I have not been downstairs since the stair glide has been broken. I used to use the glide to go downstairs". Resident #7 stated "We are very clean people, but have not had a bath or shower since the glide has been broken. It's hard being clean only taking a sponge bath". Both Resident #7 and #8 stated they are only doing sponge baths in the bathroom in their room and would like a bath or shower. In addition, Resident #7 stated that "It would be very hard to go down the stairs without the stair glide. I have a bad shoulder and use a quad cane and walker". Resident #8 stated she/he "Does not use a cane and only uses a walker" and "I would have difficulty getting down the stairs if I had to use them".	F 241	<p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Re education of all Licensed Nurses and Licensed Nursing Assistants on documenting baths and showers by 2/3/13. The chair lift is on a regular maintenance schedule. An order has been placed for alternate transport equipment if chair slide fails.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? DNS/Designees do random audits of bath and shower documentation for 3 months. Results will be reviewed at the quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed. DNS will be responsible for monitoring to assure compliance with POC by 2/3/13..</p>	
F 242 SS=E	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.	F 242	<p>F242 Self Determination-Right to make choices</p> <p>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? The chair glide was repaired on 1/3/13. Resident #7 & #8 no longer reside at the facility. Chair Glide has regular maintenance schedule. An order has been placed for alternate transport equipment if chair glide fails.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p>	
	This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the			

*F241
POC addressed
J. Cummings RN, MS
1/25/13*

*F242
POC addressed
J. Cummings RN, MS
1/25/13*

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F 242	<p>Continued From page 6</p> <p>facility failed to allow residents to choose activities consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility for 5 of 8 Residents in the applicable sample from 12/11/12 to 1/2/13. (Residents # 1, 4, 7, 8)</p> <p>1. Per joint resident interview with resident room mates #7 and #8 on 1/2/13 at 2:00 PM, both residents were aware that the chair stair lift was out of working order. Both residents stated "I have not been downstairs since the stair glide has been broken. I used to use the glide to go downstairs". Resident #7 stated, "I haven't played Bingo downstairs since the chair lift went out. I like playing downstairs". Per review of the activities log for Resident room mates #7 and #8 and staff interview on 1/2/13 at 2:19 PM, the Activities Director stated, "Prior to the stair glide being out, [Residents #7 and #8] enjoyed going downstairs for Bingo, meals and Sing Along." Since the stair glide has been out, the Activities director has been doing Bingo in their room with just the two of them.</p> <p>2. Per resident interview on 1/3/13 at 8:53 AM, Resident #4 stated "I don't have anybody to talk to except myself." Per staff interview and review of the activities log on 1/2/13 at 2:19 PM, the Activities Director stated that, "[Resident #4] has been alone in [his/her] room for approximately a week and has had no interactions with other residents since the room mate left and the stair glide broke".</p>	F 242	<p>Resident #4 and #1 were not affected by this alleged deficient practice Any Residents on 2nd floor who are unable to use the chair glide have the potential to be affected by this alleged deficient practice.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>Activities Director will be educated on documentation of activities provided for Residents and on continuing to do Activities on 2nd floor if Residents refuse transport to 2nd floor by 2/3/13.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>Administrator/Designee will review Activity records weekly for 3 months. Results will be reviewed at quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed.</p> <p>Administrator will be responsible for monitoring to assure compliance with POC by 2/3/13.</p>	
	<p>3. Per interview with Director of Nursing (DNS) on 1/3/13 at 10:50 AM, the DNS stated "Before</p>			

*F242
POC assisted
J. Cunningham
1/25/13*

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F 242	<p>Continued From page 7</p> <p>the chair lift went out, [Resident #1] went downstairs for meals and for the day." S/he stated the resident has not been downstairs since coming back up to the second floor from 12/18/12 to 1/2/13." Per resident observation on 1/2/13 at 3:06 PM, Resident #1 was sitting in a chair watching television in his/her room on the second floor. Per resident observation on 1/3/13 at 8:53 AM, Resident #1 was eating breakfast in his/her room on the second floor.</p> <p>Per record review of the activities log and confirmed during interview with the Activities Director on 1/2/13 at 2:19 PM, prior to moving to the 2nd floor the activities log document that Resident #1 did balloon toss on 12/1/12, 12/5/12 and 12/10/12. The Activities Director stated that after the chair stair lift stopped working, Resident #1 was moved upstairs. The resident has not been able to do balloon toss due to space limitations and sensory activities have been substituted.</p> <p>In addition, per record review of the Care Plan for Resident #1, interventions include "provide activities that promote exercise and strength building", "invite the resident to activities that promote additional [nutritional] intake", and "encourage and provide opportunities for exercise, physical activity". Also, Resident #1's Activities Care Plan lists "get downstairs; bingo, special events, etc." Per record review Resident #1's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events were documented after that date.</p>	F 242	<p><i>F 242</i> <i>POC corrected</i> <i>T. Cummings RN, MS</i> <i>1/25/13</i></p>		
F 246	483.15(e)(1) REASONABLE ACCOMMODATION	F 246			

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F 246 SS=E	<p>Continued From page 8 OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure that residents had reasonable accommodations of individual needs and preferences for 4 of 8 residents in the applicable sample from 12/11/12 to 1/2/13. (Residents #1, 7, and 8). Findings include:</p> <p>1. Per joint resident interview with resident room mates #7 and #8 on 1/2/13 at 2:00 PM, both residents were aware that the chair stair lift was out of working order. Both residents stated "I have not been downstairs since the stair glide has been broken. I used to use the glide to go downstairs". Resident #7 stated, "I haven't played Bingo downstairs since the chair lift went out. I like playing downstairs". Per review of the activities log for Residents #7 and #8 and staff interview on 1/2/13 at 2:19 PM, the Activities Director stated, "Prior to the stair glide being out, [Residents #7 and #8] enjoyed going downstairs for Bingo, meals and Sing Along." Since the stair glide has been out, he/she has been doing Bingo in their room with just the two of them.</p>	F 246	<p>F246 Reasonable Accommodation of needs/preferences</p> <p>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Chair Glide was repaired on 1/3/13. Residents #1,7,8 were taken to 1st floor on 1/4/13. Residents #1,7,8 were not adversely affected by this alleged deficient practice. Resident #7 and #8 no longer reside at the facility.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All Residents on 2nd floor may be affected by this alleged deficient practice.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The chair glide is on a regular maintenance schedule. An order has been placed for alternate transport equipment to be used if chair glide fails.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? Administrator/Designee will review activity records weekly for 3 months. Results will be reviewed at the quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed. Administrator will be responsible for monitoring to assure compliance with POC by 2/3/13.</p>	

*F246
POC accepted
J. Cunningham RN, MS
1/23/13*

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2013
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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478
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F 246	Continued From page 9 2. Per interview with Director of Nursing (DNS) on 1/3/13 at 10:50 AM, the Director of Nursing (DNS) stated "Before the chair lift went out, [Resident #1] went downstairs for meals and for the day." S/he stated the resident has not been downstairs since coming back up to the second floor from 12/18/12 to 1/2/13. Per resident observation on 1/2/13 at 3:06 PM, Resident #1 was sitting in a chair watching television in his/her room on the second floor. Per resident observation on 1/3/13 at 8:53 AM, Resident #1 was eating breakfast in his/her room on the second floor. In addition, per record review of the Care Plan for Resident #1 interventions include "provide activities that promote exercise and strength building", "invite the resident to activities that promote additional [nutritional] intake", and "encourage and provide opportunities for exercise, physical activity". Additionally, Resident #1's Activities Care Plan lists "get downstairs; bingo, special events, etc." Per record review Resident #1's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date.	F 246		
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	F 248	<u>483.15(f)(1) Activities meet interests/needs of each resident</u> 1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Chair glide was repaired on 1/3/13. Resident #1,2,3,4,5,7,8 were not adversely affected by this alleged deficient practice. Resident #2 and #3 refuse as per their wishes to be taken to 1 st floor. The care plans for Residents # 1,2,3,4,5,6,7,8, to reflect the Residents preferences by 2/3/13.	
			2. How will the facility identify other residents having the	

*F 246
POC accepted
J. Cummings RN, MS
1/25/13*

*F 248
POC accepted
J. Cummings RN, MS
1/25/13*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2013
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F 248	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide a program of activities to meet the assessed needs of 8 of 8 residents (Residents #1, 2, 3, 4, 5, 6, 7, and 8) while the stair chair lift was not in working order, preventing the residents from being able to go downstairs. Findings include:</p> <p>1. Per record review and confirmed during an interview with the Director of Social Services and Director of Nursing (DNS) on 1/3/13 at 2:14 P.M., Care Plans for Residents #1, #2, #3, #4, #5, #6, #7 and #8 were not implemented due to the stair chair lift not working.</p> <p>Per record review, Care Plan interventions for Resident #1 include "provide activities that promote exercise and strength building", "invite the resident to activities that promote additional [nutritional] intake", and "encourage and provide opportunities for exercise, physical activity". Additionally, Resident #1's Activities Care Plan lists "get downstairs; bingo, special events, etc." Per record review Resident #1's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date. Resident #1 was moved from the first floor to the second floor on 12/18/12.</p> <p>Per record review, Care Plan interventions for Resident #2 include "take to recreational activities/programs". Per record review Resident #2's Daily Participation Record for December 2012 documents the resident attended 1 social</p>	F 248	<p><u>potential to be affected by the same deficient practice?</u> All Resident on 2nd floor may be affected by this alleged deficient practice.</p> <p><u>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u> Re education with Activity Director and Care Plan Coordinator on care planning for Resident activity preferences and needs and Activity Director will be re educated on offering activities to by choice residents who remain on 2nd floor by 2/3/13.</p> <p><u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u> All Residents on or admitted to 2nd floor will be audited by Administrator/DNS/Designee for 3 months. Results will be reviewed at quarterly QA meeting.</p> <p><u>5. Include dates when a corrective action will be completed.</u> Administrator/DNS will be responsible for monitoring to assure compliance with POC by 2/3/13.</p> <p><i>F248 POC accepted J. Cummings RUMS 1/28/13</i></p>	

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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478
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F 248	<p>Continued From page 11</p> <p>hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date.</p> <p>Per record review, Care Plan interventions for Resident #3 include "take to recreational activities/programs", "encourage resident to attend group activities", "encourage resident to take active social role within facility", "offer activities of which the resident has shown interest: small group discussion". Per record review Resident #3's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date.</p> <p>Per record review, Care Plan interventions for Resident #4 include "encourage resident to walk with staff supervision frequently about the facility". Additionally, Resident #1's Activities Care Plan lists "likes bingo-push to get downstairs". Per record review Resident #4's Daily Participation Record contains no documentation that the resident attended a social hour/special event during December 2012.</p> <p>Per record review, Care Plan interventions for Resident #5 include "provide activities that promote exercise and strength building where possible". Per record review Resident #5's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event on 12/11/12, and no social hours or special events after that date.</p>	F 248	<p><i>F-248</i> <i>DOC corrected</i> <i>J. Cumming RN, MS</i> <i>1/23/13.</i></p>	
	<p>Per record review, Resident #6's Activities Care Plan lists "less TV, more interaction".</p>			

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F 248	<p>Continued From page 12</p> <p>Per record review Resident #6's Daily Participation Record for December 2012 lists TV as an activity for every day of December, and documents the resident attended 1 social hour/special event on 12/12/12, and no social hours or special events after that date.</p> <p>Per record review, Care Plan interventions for Resident #7 include "the resident needs physical assist to attend all activities", "provide a program of activities that accommodates resident's preferences such as bingo, large group music". Additionally, Resident #7's Activities Care Plan lists "loves bingo, loves music, conversation" with the approach "get downstairs- for meal time too!"</p> <p>Per record review Resident #7's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date.</p> <p>Per record review, Care Plan interventions for Resident #8 include "provide activities that promote exercise and strength building where possible" and "allow the resident to make decisions about activities attending to provide sense of control". Additionally, Resident #8's Activities Care Plan lists "loves bingo" with the approach "downstairs- for meals too!" Per record review Resident #8's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party, and no social hours or special events after that.</p>	F 248	<p><i>F248 POC accepted J. Amundson, MS 1/23/13</i></p>	
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F 280	See also F280 and F282. 483.20(d)(3), 483.10(k)(2) RIGHT TO	F 280		
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F 280 SS=E	Continued From page 13 PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based upon observation, interview, and record review, the facility failed to revise the care plan for 8 of 8 residents to reflect that residents were not able to leave the second floor from 12/11/12 to 1/3/13 while the stair chair lift was out of working order. (#1, 2, 3, 4, 5, 6, 7, and 8) Findings include: 1. Per record review and confirmed during an interview with the Director of Social Services and Director of Nursing (DNS) on 1/3/13 at 2:14 P.M., Care Plans for Residents #1, #2, #3, #4, #5, #6,	F 280	F280 Right to participate planning care-care plan 1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Residents #1,2,3,4,5,6,7,8, care plan was updated to include interventions if chair glide fails on 1/4/13. Residents # 1,2,3,4,5,6 were not affected by this alleged deficient practice. Residents # 7 and #8 no longer reside at this facility. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All Residents on 2 nd floor have the potential to be affected by this alleged deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Re education of Care Plan Coordinator on updating care plans for resident who reside on 2 nd floor by 2/3/13. 4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? DNS/Designee will audit all present and new admissions to 2 nd floor for updating care plans on chair glide for 3 months. Results will be reviewed at the quarterly QA meeting. 5. Include dates when a corrective action will be completed. DNS will be responsible for monitoring to assure compliance with POC by 2/3/13	

*F280
POC
assess
J. Cummins
1/25/13
RUMS*

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

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'F 280	Continued From page 14 #7 and #8 were not revised to reflect that the stair chair lift was not working and how this impacted the resident's activities and mobility. Per record review, Care Plan interventions for Resident #1 include "provide activities that promote exercise and strength building", "invite the resident to activities that promote additional [nutritional] intake", and "encourage and provide opportunities for exercise, physical activity". Additionally, Resident #1's Activities Care Plan lists "get downstairs; bingo, special events, etc." Per record review Resident #1's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date. Resident #1 was moved from the first floor to the second floor on 12/18/12. Per record review, Care Plan interventions for Resident #2 include "take to recreational activities/programs". Per record review Resident #2's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date. Per record review, Care Plan interventions for Resident #3 include "take to recreational activities/programs", "encourage resident to attend group activities", "encourage resident to take active social role within facility", "offer activities of which the resident has shown interest: small group discussion". Per record review Resident #3's Daily Participation Record for December 2012 documents the resident	F 280	<i>F280 POC corrected J. Cummins RN, MS 1/25/13</i>	

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F 280	<p>Continued From page 15</p> <p>attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date.</p> <p>Per record review, Care Plan interventions for Resident #4 include "encourage resident to walk with staff supervision frequently about the facility". Additionally, Resident #1's Activities Care Plan lists "likes bingo-push to get downstairs". Per record review Resident #4's Daily Participation Record contains no documentation that the resident attended a social hour/special event during December 2012.</p> <p>Per record review, Care Plan interventions for Resident #5 include "provide activities that promote exercise and strength building where possible". Per record review Resident #5's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event on 12/11/12, and no social hours or special events after that date.</p> <p>Per record review, Resident #6's Activities Care Plan lists "less TV, more interaction". Per record review Resident #6's Daily Participation Record for December 2012 lists TV as an activity for every day of December, and documents the resident attended 1 social hour/special event on 12/12/12, and no social hours or special events after that date.</p> <p>Per record review, Care Plan interventions for Resident #7 include "the resident needs physical assist to attend all activities", "provide a program of activities that accommodates resident's preferences such as bingo, large group music". Additionally, Resident #7's Activities Care Plan</p>	F 280	<p><i>F 280</i> <i>Poc corrected</i> <i>J. Ammon RN, MS</i> <i>1/25/13</i></p>		

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F 280	Continued From page 16 lists "loves bingo, loves music, conversation" with the approach "get downstairs- for meal time too!" Per record review Resident #7's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date. Per record review, Care Plan interventions for Resident #8 include "provide activities that promote exercise and strength building where possible" and "allow the resident to make decisions about activities attending to provide sense of control". Additionally, Resident #8's Activities Care Plan lists "loves bingo" with the approach "downstairs- for meals too!" Per record review Resident #8's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party, and no social hours or special events after that. See also F248.	F 280		
F 282 SS=E	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 upon observation, interview, and record review, the facility failed to provide or arrange services in accordance with each resident's	F 282	F282 Services by qualified Person/per care plan 1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Residents #1,2,3,4,5,6,7,8 care plan was updated for interventions if chair glide fails on 1/4/13. Resident # 1,2,3,4,5,6 were not affected by this alleged deficient practice. Resident #5,7,8 no longer reside at the facility. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice?	

*F 280
POC accepted
J. Cummings RUMS
1/25/13*

*F282
POC accepted
J. Cummings RUMS
1/25/13*

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F 282	Continued From page 17 written plan of care for 8 of 8 residents from 12/11/12 to 1/3/13 while the stair chair lift was out of working order. (#1, 2, 3, 4, 5, 6, 7, and 8) Findings include: 1. Per record review and confirmed during an interview with the Director of Social Services and Director of Nursing (DNS) on 1/3/13 at 2:14 P.M., Care Plans for Residents #1, #2, #3, #4, #5, #6, #7 and #8 were not implemented due to the stair chair lift not working. Per record review, Care Plan interventions for Resident #1 include "provide activities that promote exercise and strength building", "invite the resident to activities that promote additional [nutritional] intake", and "encourage and provide opportunities for exercise, physical activity". Additionally, Resident #1's Activities Care Plan lists "get downstairs; bingo, special events, etc." Per record review Resident #1's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date. Resident #1 was moved from the first floor to the second floor on 12/18/12. Per record review, Care Plan interventions for Resident #2 include "take to recreational activities/programs". Per record review Resident #2's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date. Per record review, Care Plan interventions for	F 282	All Residents on 2 nd floor have the potential to be affected by this alleged deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Re education of Care Plan Coordinator on updating care plan for Residents on 2 nd floor for chair glide interventions by 2/3/13. 4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? DNS/Designee will audit Residents care plans residing on 2 nd floor and new admissions to 2 nd floor for 3 months. Results will be reviewed at quarterly QA meeting. 5. Include dates when a corrective action will be completed. DNS will be responsible for monitoring to assure compliance with POC by 2/3/13. <i>F 282 DOC accepted J. Cummings RN, MS 1/25/13</i>	
	Per record review, Care Plan interventions for			

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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478		
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F 282	<p>Continued From page 18</p> <p>Resident #3 include "take to recreational activities/programs", "encourage resident to attend group activities", "encourage resident to take active social role within facility", "offer activities of which the resident has shown interest: small group discussion". Per record review Resident #3's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date.</p> <p>Per record review, Care Plan interventions for Resident #4 include "encourage resident to walk with staff supervision frequently about the facility". Additionally, Resident #1's Activities Care Plan lists "likes bingo-push to get downstairs". Per record review Resident #4's Daily Participation Record contains no documentation that the resident attended a social hour/special event during December 2012.</p> <p>Per record review, Care Plan interventions for Resident #5 include "provide activities that promote exercise and strength building where possible". Per record review Resident #5's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event on 12/11/12, and no social hours or special events after that date.</p> <p>Per record review, Resident #6's Activities Care Plan lists "less TV, more interaction". Per record review Resident #6's Daily Participation Record for December 2012 lists TV as an activity for every day of December, and documents the resident attended 1 social hour/special event on 12/12/12, and no social</p>	F 282	<p><i>F 282</i> <i>Doc corrected</i> <i>J. Cummings RN, MS</i> <i>1/25/13</i></p>	

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F 282	Continued From page 19 hours or special events after that date. Per record review, Care Plan interventions for Resident #7 include "the resident needs physical assist to attend all activities", "provide a program of activities that accommodates resident's preferences such as bingo, large group music". Additionally, Resident #7's Activities Care Plan lists "loves bingo, loves music, conversation" with the approach "get downstairs- for meal time too!" Per record review Resident #7's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party on 12/12/12, and no social hours or special events after that date. Per record review, Care Plan interventions for Resident #8 include "provide activities that promote exercise and strength building where possible" and "allow the resident to make decisions about activities attending to provide sense of control". Additionally, Resident #8's Activities Care Plan lists "loves bingo" with the approach "downstairs- for meals too!" Per record review Resident #8's Daily Participation Record for December 2012 documents the resident attended 1 social hour/special event, a Christmas party, and no social hours or special events after that.	F 282	<i>F 282 POC accepted J. Cummings RN, MS 1/25/13</i>	
F 456 SS=E	See also F248. 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	F 456	<u>F456 8.3 The facility must maintain all essential mechanical, electrical, and patient care equipment in safe working order.</u> <u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u> Stair chair glide was repaired and working at 10PM on 1/3/13. Toilet seat in Bathroom between 12 & 13 was repaired on 1/2/13. No residents were affected by this alleged deficient practice.	<i>F456 POC accepted J. Cummings RN, MS 1/25/13</i>
	The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.			

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F 456	Continued From page 20 This REQUIREMENT is not met as evidenced by: Based upon interview, the facility failed to maintain all essential mechanical equipment and patient care equipment in safe operating condition, which affected 8 of 8 residents on the 2nd floor. (Residents #1, 2, 3, 4, 5, 6, 7, and 8) Findings include: 1. Per interview with the Administrator on 1/2/13 at 1:08 PM, the stair chair lift which moves residents between the 1st and 2nd floors of the facility was out of working order from 12/11/12 to 1/2/13. There is no other equipment that allowed for the movement of residents between the 1st and 2nd floors. 2. Per observation on 1/2/13 at 3:00 P.M. and confirmed by a staff RN at 3:11 P.M. the bathroom serving residents in Room 12 & 13 contained a commode with a loose toilet seat that could be swung several inches side to side, and attached support rails that were unstable and easily twisted.	F 456	<p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All Residents who use the toilet may be affected by this alleged deficient practice.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Routine maintenance checks will be set up every 3 months with the stair chair glide company. Re-education of Maintenance Director on audits for adequate operation of the chair glide. And checking Resident equipment by 2/3/13.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? Maintenance Director will be responsible for conducting monthly checks to ensure the chair stair glide is in operational order. Direct observation of the stair chair glide will be documented by the Administrator/Designee and then confirmed twice a day on 1/4/13, 1/5/13, and 1/6/13. Then Administrator/Designee will do 2 audits per day 5X per week on adequate operation of chair glide for 3 months. Maintenance Director will check Resident bathroom equipment weekly for 3 months. Results will be reviewed at the quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed. Administrator will be responsible for monitoring to assure compliance. Regulatory requirements are in compliance as of 2/3/13.</p>	
F 495 SS=E	483.75(e)(4) NURSE AIDE WORK < 4 MO - TRAINING/COMPETENCY A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual is a full-time employee in a State-approved training and competency evaluation program; has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or has been	F 495		

*F456
POC accepted
J. Cummings RN MS
1/25/13*

*F495
POC accepted
J. Cummings RN MS
1/25/13*

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F 495	Continued From page 21 deemed or determined competent as provided in §§483.150(a) and (b). This REQUIREMENT is not met as evidenced by: Based upon observation, interview, policy review, and record review, the facility failed to train and determine that Licensed Nurse Assistant (LNA) staff were proficient in opening the Emergency Exit Door during non-fire related disasters for 2 of 3 LNAs observed, potentially affecting 8 of 8 residents on the 2nd floor (Residents #1, #2, #3, #4, #5, #6, #7 and #8). Findings include: 1. Per observation and interview on 1/2/13 at 3:17 PM, an LNA was unable to open the second floor Emergency Exit Door and was stopped by the Surveyor after 6 attempts. The LNA stated "I've never played with the back door". In addition, per Surveyor request on 1/2/13, the Administrator stated all staff would be trained how to open the Emergency Exit Door prior to the start of their shift. 2. Per observation and interview on 1/3/13 (Day 2 of the Survey) at 10:30 AM, an LNA was unable to open the second floor Emergency Exit Door and was stopped by the Surveyor after 3 attempts. The LNA stated she was not trained on the second floor Emergency Exit Alarm System prior to working on 1/3/13. "I was off yesterday and wasn't trained. I don't know how to open the door. I've never done it". 3. Per review of facility Disaster Policy and... confirmed during interview on 1/3/13 at 11:20 AM,	F 495	<u>F495 Nurse Aide work <4 mo- Training Competency</u> <u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u> All Staff was re educated on opening the second floor emergency door exit for non fire emergencies by 1/22/13. No residents were adversely affected by this deficient practice. <u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> All Residents on second floor have the potential to be affected by this alleged deficient practice. <u>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u> Re education of staff was done on opening the second floor emergency door by 1/22/13. <u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u> DNS/Designee will do random audits 3X per week for 3 weeks on Staff proficiency on opening the second floor Emergency door. The proficiencies will be done for all new Staff upon hire. Administrator will review records of training to ensure all elements of the orientation program are inclusive of emergency procedures. Results will be reviewed at the quarterly QA meeting. <u>5. Include dates when a corrective action will be completed.</u> Administrator will be responsible for monitoring to assure compliance with POC by 2/3/13.	

F 495
POC
corrected
J. Cummings
1/25/13
RV/MS

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F 495	Continued From page 22 the Director of Nursing (DNS) stated that staff need to be able to open the Emergency Exit Door in non-fire related disasters which require resident evacuation, such as bomb threats and chemical spills. In addition, per telephone interview on 1/3/13 at 10:35 AM, the Fire Chief stated "When the fire alarm is pulled, the Emergency Exit Door demagnetizes (unlocks). If there is a non-fire disaster, the fire alarm is not pulled by staff. The Emergency Exit Door stays magnetized (locked) and must be manually released by the staff".	F 495	<i>F 495 POC accepted J. Cummings RW, MS 1/25/13</i>	
F 518 SS=E	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures. This REQUIREMENT is not met as evidenced by: Per observation, interview and record review, the facility failed to train employees in emergency procedures when they begin to work in the facility, periodically review procedures with existing staff and carry out unannounced staff drills using those procedures for 3 of 4 staff observed. Findings include: 1. Per observation and interview on 1/2/13 at 3:17 PM, an LNA was unable to open the second floor Emergency Exit Door and was stopped by the Surveyor after 6 attempts. The LNA stated "I've never played with the back door".	F 518	<u>F518 Train All Staff Emergency Procedures/Drills</u> 1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? All Staff were re educated on opening the second floor emergency door exit for non fire emergencies by 1/22/13. No residents were adversely affected by this deficient practice. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All Residents on second floor have the potential to be affected by this alleged deficient practice.	<i>F 518 POC accepted J. Cummings RW, MS 1/25/13</i>

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F 518	<p>Continued From page 23</p> <p>Per observation on 1/2/13, one RN was unable to open the second floor Emergency Exit Door and was stopped by the Surveyor after 3 attempts.</p> <p>Per Surveyor request on 1/2/13, the Administrator stated all staff would be trained how to open the Emergency Exit Door prior to the start of their shift.</p> <p>2. Per observation and interview on 1/3/13 (Day 2 of the Survey) at 10:30 AM, an LNA was unable to open the second floor Emergency Exit Door and was stopped by the Surveyor after 3 attempts. The LNA stated she was not trained on the second floor Emergency Exit Alarm System prior to working on 1/3/13. "I was off yesterday and wasn't trained. I don't know how to open the door. I've never done it".</p> <p>3. Per review of facility Disaster Policy and confirmed during interview on 1/3/13 at 11:20 AM, the Director of Nursing (DNS) stated that staff need to be able to open the Emergency Exit Door in non-fire related disasters which require resident evacuation, such as bomb threats and chemical spills. In addition, per telephone interview on 1/3/13 at 10:35 AM, the Fire Chief stated "When the fire alarm is pulled, the Emergency Exit Door demagnetizes (unlocks). If there is a non-fire disaster, the fire alarm is not pulled by staff. The Emergency Exit Door stays magnetized (locked) and must be manually released by the staff".</p> <p>4. Per interview and record review on 1/3/13 at 1:35 PM the Staff Educator stated "Everyone is trained in fire safety, emergency procedures at least annually. All staff are trained upon hiring,</p>	F 518	<p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>Re education of staff was done on opening the second floor emergency door by 1/22/13.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>DNS/Designees will do random audits 3X per week for 3 weeks on Staff proficiency on opening the second floor Emergency door. The proficiencies will be done for all new Staff upon hire. Administrator will review records of training to ensure all elements of the orientation program are inclusive of emergency procedures. Results will be reviewed at the quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed.</p> <p>Administrator will be responsible for monitoring to assure compliance with POC by 2/3/13.</p> <p><i>F 518 POC accepted J. Cummings RUMS 1/25/13</i></p>	

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F 518	Continued From page 24 then on an annual basis." The Training Record Attendance for "Fire Safety", "Evacuation", and "Disaster Preparedness" during 2012, does not contain documentation that 8 of 36 employees received the training.	F 518	999 Final Observations 1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Residents #1,2,3,4,5,6,7,8, care plan was updated to include interventions if chair glide fails on 1/4/13. Residents # 1,2,3,4,5,6 were not affected by this alleged deficient practice. Residents # 7 and #8 no longer reside at this facility.	
F9999	FINAL OBSERVATIONS Per Vermont Licensing and Operating Rules for Nursing Homes: A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. 4.3 Self-Determination and Participation The resident has a right to: (a) choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care; (b) interact with members of the community both inside and outside the facility; (c) make choices about aspects of his or her life in the facility that are significant to the resident; and; (d) retain and use his or her personal clothing and possessions as space limits, unless to do so would infringe upon rights of other residents. Based upon observation and interview, from 12/11/12 to 1/2/13 the facility failed to care for its residents in a manner and in an environment that promoted the rights of 8 of 8 residents to choose activities consistent with his or her interests, assessments and plans of care, make choices	F9999	2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All Residents on 2 nd floor have the potential to be affected by this alleged deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Re education of Care Plan Coordinator on updating care plans for resident who reside on 2 nd floor by 2/3/13. 4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? DNS/Designee will audit all present and new admissions to 2 nd floor for updating care plans on chair glide for 3 months. Results will be reviewed at the quarterly QA meeting. 5. Include dates when a corrective action will be completed. DNS will be responsible for monitoring to assure compliance with POC by 2/3/13.	

*F518
POC accepted
J. Cummins RUMS
1/25/13*

*F9999 - H.B
POC accepted
J. Cummins RUMS
1/25/13*

*F9999-8,3
POC accepted
J. Cummins RUMS
1/25/13*

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F9999	Continued From page 25 about aspects of his or her life in the facility that are significant to the resident, and interact with members of the community both inside and outside the facility. (Resident # 1, 2, 3, 4, 5, 6, 7, 8). Findings include: 1. Per record review and confirmed during an interview with the Director of Social Services and Director of Nursing (DNS) on 1/3/13 at 2:14 PM, Care Plans for Residents #1, #2, #3, #4, #5, #6, #7 and #8 were not revised to reflect that the stair chair lift was not working and how this impacted the resident's activities and mobility. 2. Per joint resident interview interview with resident room mates #7 and #8 on 1/2/13 at 2:00 PM, both residents were aware that the chair stair lift was out of working order. Both residents stated "I have not been downstairs since the stair glide has been broken. I used to use the glide to go downstairs". Resident #7 stated "We are very clean people, but have not had a bath or shower since the glide has been broken. It's hard being clean only taking a sponge bath". Both Resident #7 and #8 stated they are only doing sponge baths in the bathroom in their room and would like a bath or shower. In addition, Resident #7 stated that "It would be very hard to go down the stairs without the stair glide. I have a bad shoulder and use a quad cane and walker". Resident #8 stated she/he "Does not use a cane and only uses a walker" and "I would have difficulty getting down the stairs if I had to use them".	F9999	<u>F999 4.3 Resident has the right to interact with members of the community both inside and outside of the facility.</u> <u>4.3 The facility must maintain all essential mechanical, electrical, and patient care equipment in safe working order.</u> <u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u> Stair chair glide was repaired and working at 10PM on 1/3/13. <u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> Residents on second floor may be affected by this deficient practice. <u>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u> Routine maintenance checks will be set up every 3 months with the stair chair glide company. Re-education of Maintenance Director on audits for adequate operation of the chair glide. <i>F9999-4.3 POC accepted J Cummins 1/23/13</i>	
	3. Per resident interview with Resident #7 on 1/2/13 at 2:00 PM, resident stated "I haven't			

*F9999-5.3
POC accepted
J Cummins
1/25/13*

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F9999	<p>Continued From page 26</p> <p>played Bingo downstairs since the chair lift went out. I like playing downstairs". In addition, per review of the activities log for Resident room mates #7 and #8 and interview on 1/2/13 at 2:10 PM, the Activities Director stated, "Prior to the stair glide being out, [Residents #7 and #8] enjoyed going downstairs for Bingo, meals and Sing Along. Since the stair glide has been out, [the Activities Director] has been doing Bingo in their room with just the two of them".</p> <p>4. Per resident interview on 1/3/13 at 8:53, Resident #4 stated "I don't have anybody to talk to except myself." Per staff interview and review of the activities log on 1/2/13 at 2:19 PM, the Activities Director stated that "[Resident #4] has been alone in [his/her] room for approximately a week and has had no interactions with other residents since the room mate left and the stair glide broke". In addition, per record review of Resident #4's Individual Resident Daily Participation Records, there is no documentation that the resident attended any social hour/special events during this time.</p> <p>Per Vermont Licensing and Operating Rules for Nursing Homes:</p> <p>8.3 Space and Equipment The facility must: (a) provide sufficient space and equipment in dining, health services, recreation and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each residents plan of care; and</p>	F9999	<p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>Maintenance Director will be responsible for conducting monthly checks to ensure the chair stair glide is in operational order. Direct observation of the stair chair glide will be documented by the Administrator/Designee and then confirmed twice a day on 1/4/13, 1/5/13, and 1/6/13. Then Administrator/Designee will do 2 audits per day 5X per week on adequate operation of chair glide for 3 months. Results will be reviewed at the quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed.</p> <p>Administrator will be responsible for monitoring to assure compliance. Regulatory requirements are in compliance as of 1/2/13.</p>	
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*F 9999 - 4,3.
POC accepted
J. Cummins RUMS
1/25/13*

*F 9999 - 8,3
POC accepted
J. Cummins RUMS
1/25/13*

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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478	

(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
F9999	<p>Continued From page 27</p> <p>(b) maintain all essential mechanical, electrical and patient-care equipment in safe operating condition.</p> <p>Based upon interview, the facility failed to maintain all essential mechanical equipment and patient care equipment in safe operating condition, which affected 8 of 8 residents on the 2nd floor (Residents #1, #2, #3, #4, #5, #6, #7 and #8). Findings include:</p> <ol style="list-style-type: none"> Per interview with the Administrator on 1/2/13 at 1:08 PM, the stair chair lift which moves residents between the 1st and 2nd floors of the facility was out of working order from 12/11/12 to 1/2/13. There is no other equipment that allowed for the movement of residents between the 1st and 2nd floors. Per observation on 1/2/13 at 3:00 P.M. and confirmed by a staff RN at 3:11 P.M. the bathroom serving residents in Room 12 & 13 contained a commode with a loose toilet seat that could be swung several inches side to side, and attached support rails that were unstable and easily twisted. 	F9999	<p><i>F9999-4.3 POC accepted J. Cummins RN, MS 1/25/13</i></p> <p><i>F9999 8.3 POC accepted J. Cummins RN, MS 1/25/13</i></p>	

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

PRINTED: 01/30/2013
FORM APPROVED
OMB NO. 0938-0391

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