VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

February 13, 2014

Mr. Dane Rank, Administrator
Thompson House Nursing Home
80 Maple Street
Brattleboro, VT 05302-6551

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 15, 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
FEB 11 14
Licensing and Protection

PRINTED: 01/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475050	A. BUILDING _____ B. WING _____	C 01/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMPSON HOUSE NURSING HOME	80 MAPLE STREET BRATTLEBORO, VT 05302

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
	An unannounced on-site complaint investigation was conducted on 1/15/2014 by the Division of Licensing and Protection. While the facility was found to be in "substantial compliance", the following issue was identified that requires correction from the facility.		F 497 SDC compiled a list of annual in-service education hours by date of hire and hours required to be in compliance.	2/6/14
F 497 SS=C	483.75(e)(8) NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE	F 497	Staff Development policy was reviewed and updated.	2/10/14
	The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.		Competencies were completed for LNA staff starting in August as part of annual evaluation process. DNS or designee will ensure all LNA staff have a Skills checklist competency completed as part of the annual evaluation process.	Ongoing
			Staff will be provided with a notice of in-service education hours needed annually by date of hire. This list will be updated monthly.	Ongoing
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide in-service training sufficient to ensure the continuing competence of nurse aides, no less than 12 hours per year and address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. 6 of 6 selected staff did not receive the required training. The findings		Results will be reported a QA meetings. DNS to monitor for compliance.	Ongoing
			F497 POC accepted 2/13/14 McWilliam RN/PMC	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Administrator (X6) DATE 2/6/14

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.

pmc

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F 497	Continued From page 1 include; 1. Per review of the facility list of License Nursing Assistants employed by the facility on 1/15/14, a random audit was conducted on the in-service records to ensure that all LNA's received the appropriate 12 hours of required in-serving for the 2013 year. 6 LNA annual in-servicing records were reviewed and 6 of 6 records did not have evidence that the LNA's had received the full 12 hours of required in-servicing for 2013 by the facility. Per interview with the facility Staff Educator on 1/15/14, he/she reviewed the employee in-servicing records for 6 LNA's selected at random and confirmed that 6/6 had not received the required 12 hours of annual in-servicing required.	F 497		