

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

January 6, 2015

Ms. Linda Phypers, Administrator
Wake Robin-Linden Nursing Home
200 Wake Robin Drive
Shelburne, VT 05482-7569

Dear Ms. Phypers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 17, 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

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

PRINTED: 12/19/2014
FORM APPROVED
OMB NO. 0938-0391

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 12/17/2014
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NAME OF PROVIDER OR SUPPLIER WAKE ROBIN-LINDEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WAKE ROBIN DRIVE SHELburnE, VT 05482
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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		
F 279 SS=D	<p>An unannounced on-site investigation of a facility self report was conducted by the Division of Licensing and Protection on 12/17/14. The following regulatory violation was identified: 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record and policy review, the facility failed to develop a care plan to meet the needs for 1 of 3 residents in the survey sample identified as being at high risk for falls (Resident #2). Findings include:</p>	F 279	<p>Resident #2</p> <p>Care Plan was updated and a falls problem restored to the active care plan 12.17.14</p> <p>All skilled residents care plans were audited on 12/17/14 and any residents determined to be at risk for falls, have an active and accurate falls problem in the current care plan.</p> <p>Policy for Falls Risk Assessment was reviewed and revised on 12.17.14</p> <p>Any resident who triggers for falls risk from the assessment, will have a falls problem entered on their care plan.</p> <p>All nursing staff were re-educated regarding the importance of reviewing and following care plans.</p> <p>Staff received review of the process to be followed when a resident is at risk for falls and either needs a care plan problem, or needs a care plan problem revised on 12.17.14, and again during an all staff meeting on 12.22.14.</p> <p>All staff received a follow up written set of guidance, 12.29.14</p> <p>All nurses will receive refresher education regarding the use of the review/revised care plan button during falls documentation in the EMR, that requires them to indicate they have reviewed and/or revised the care plan for a falls problem 12.29.14</p> <p>CMS form 2567 is being presented and discussed at the next CQI / QAPI meeting 12.30.14</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Linda Ryper - Vermont Health Services* TITLE: _____ (X6) DATE: 12-29-14

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.

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F 279	Continued From page 1 Per record review on 12/17/14 Resident #2 had diagnoses of osteoporosis, hypertension, edema and other chronic medical conditions. His/her 9/10/14 annual MDS (Minimum Data Set) assessment identified the resident as needing the assistance of 1 person for transfers, ambulation, dressing, toileting and personal hygiene. On 9/2/14 a Fall Risk Assessment identified Resident #2 as having a fall risk score of 17. The facility's Falls Protocol (revised 04/2013) states that "A score of ten (10) or greater is considered High Risk for potential falls". The facility's Fall Risk Assessment Policy (reviewed 4/2013) states a fall risk assessment provides a method to identify high risk residents and allow for staff to establish care planning to provide approaches to minimize falls. Per review of the nursing progress notes, on 10/12/14 Resident #2 had an unwitnessed fall when transferring from his/her wheelchair to his/her walker so that s/he could get into his/her chair. On 10/13/14, Resident #2 was transferred to the hospital for right hip pain related to the fall and was diagnosed with a fracture of the femoral neck and was admitted for surgical repair. Per the nursing progress notes, on 10/16/14 the resident was readmitted to the facility. On this same date, another Fall Risk Assessment was done and Resident #2 had a fall risk score of 12 (12 = high risk for falls). On 11/12/14 the resident had a witnessed fall where s/he was slowly eased to the floor by a therapist when s/he felt the need to sit during a transfer. On 12/17/14, the DNS (Director of Nursing Service) confirmed that Resident #2 was identified as at high risk for falls and that the facility policy indicated that a care plan should be developed based on risk. The DNS reported that in the past, Resident #2 had a care plan for falls	F 279	Falls team will continue to meet weekly and review all incidents/falls and will review the care plan during the falls meeting. Primary staff from each neighborhood will continue to participate in the weekly falls meetings and provide input/ share new changes with other staff. Ongoing audits will be performed by the Quality Assurance Nurse who will review all incident reports and audit for review/revision of care plan problem as necessary, for falls. MDS nurse will also review documentation upon receiving notification of a fall and will review care plan as well. QA and MDS nurses will report at QI/QAPI meetings x one year and track compliance with established plan of correction. Preparation and submission of this plan of correction is required by State law. This plan of correction does not constitute an admission for the purposes of general liability, professional malpractice or any other court proceeding.	12.31.14 Ongoing	

F279 POC accepted 1/5/15 SDennis APRN/PML

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F 279	Continued From page 2 that was discontinued on 6/10/13 by a former staff member and this went unnoticed until the time of the survey.	F 279		
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