

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

October 22, 2015

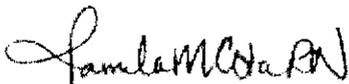
Ms. Janet Durkee, Administrator
Westview Court
2 Westview Court
Rutland, VT 05701

Dear Ms. Durkee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 13, 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: 07/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47G016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/13/2015
NAME OF PROVIDER OR SUPPLIER WESTVIEW COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2 WESTVIEW COURT RUTLAND, VT 05701		
(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	
W 000	INITIAL COMMENTS An unannounced onsite investigation of a complaint was conducted on 7/13/2015 by the Division of Licensing & Protection. Findings include:	W 000	<p><i>Please see attached Plan of Correction, and documents, as there isn't enough space to add it here.</i></p> <p><i>Thank you,</i></p> <p><i>Janet Dubeck for</i></p> <p><i>Director, WVC</i></p>		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and staff interviews the facility failed to provide evidence that nursing services were provided to Client #1 (C#1) in accordance with their needs. Findings include: Per record review on 7/14/15 the nursing notes for C#1 include various aspects of respiratory assessment, including checks of SAO2 (oxygen saturation in the arterioles), vital signs, and overall general appearance. However the space provided for evaluation of breath sounds is left blank for over 50% of the notes for day shifts. In an interview on 7/13/15 at 12:10 PM the Registered Nurse (RN) on duty stated that s/he checked breath sounds on C#1 only if they were needed, based on other indicators (such as audible sounds, color, SAO2, or signs of illness). In an interview on 7/14/15 at 2:35 PM the RN Administrator stated that it is expected that the breath sounds for any client, with respiratory issues, would be evaluated minimally once a shift and as needed. Additionally the facility was unable to provide evidence of a portion of inservices provided to staff regarding the care of clients with tracheostomies and on ventilatory support. This	W 331		<p><i>W331 POC accepted 10/21/15 mthigginsRN/pme</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

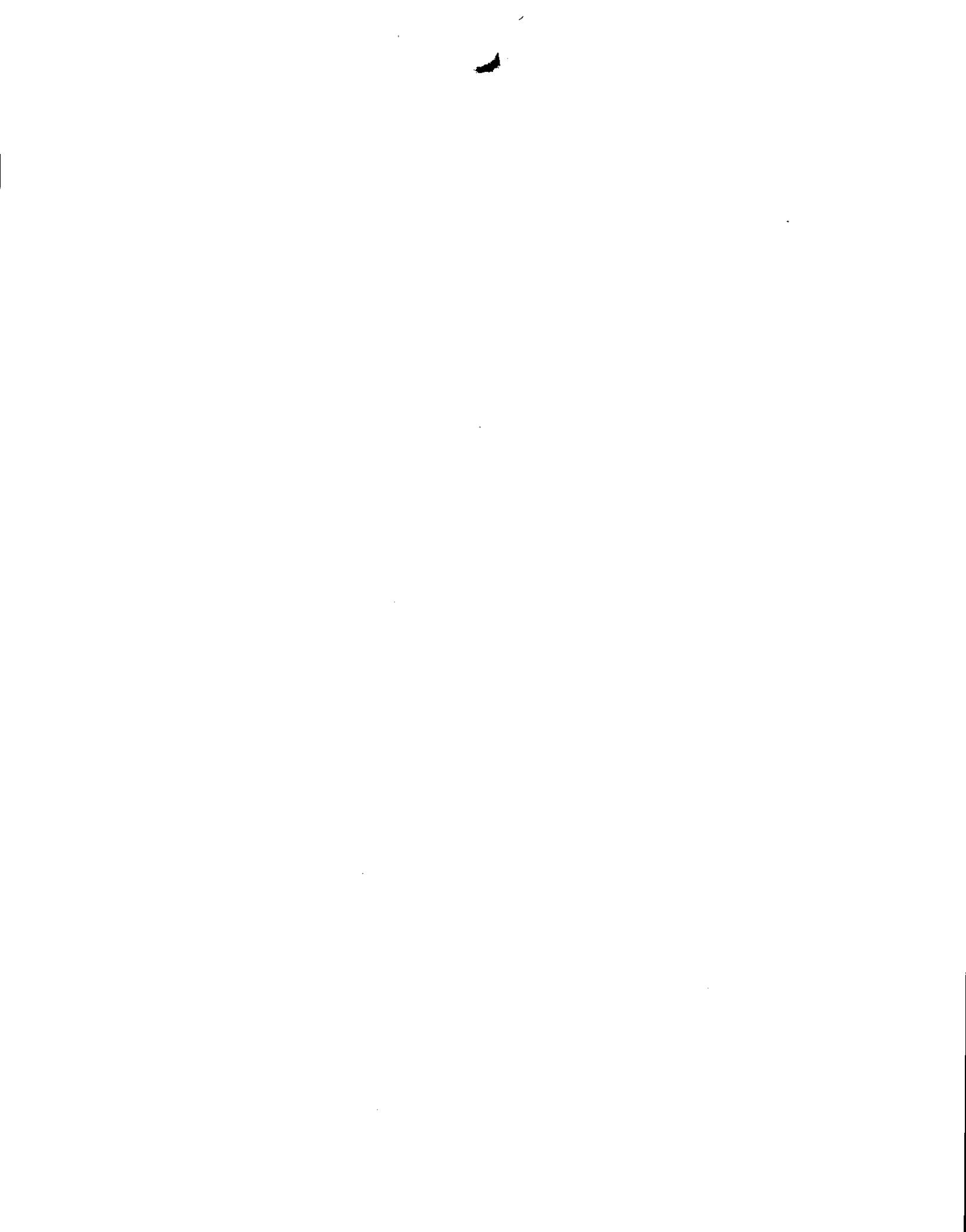
(X6) DATE

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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W 331	Continued From page 1 information was confirmed by the RN Administrator on 7/13/15 at 4:10 PM.	W 331		



WESTVIEW COURT RESPOSE TO INVESTIGATION CONDUCTED ON 7/13/2015

PLAN OF CORRECTION

PREPARED BY: Janet Durkee, RN QDDP

August 3, 2015

Revised: August 5, 2015

- Initiation of a new and updated WVC Breath Sounds Procedure, which became effective **7/20/2015**. The RN Director will observe, on various shifts, the RNs conducting lung sounds assessment. The completion date will be August 31, 2015. **PLEASE SEE ATTACHED PROCEDURE.**
- Kathy Jameson, Registered Respiratory Therapist will do Training on lung assessment, breath sounds to all RNs on Wednesday, **August 5, 2015**. All RNs will perform a competency on Breath sounds and take a Lung Auscultation Test and must pass with a score of 80%. This competency and test will be completed annually. **PLEASE SEE ATTACHED COMPETENCY, TRAINING AND TEST MATERIALS.**
- The WVC Nurses note has been revised to reflect documentation of breath sounds: at the beginning of the shift; at the end of the shift; before a nebulizer treatment; after a nebulizer treatment; any time there is a change in the respiratory status of an individual. Lung sounds will be documented on: any Individual who is on a ventilator; any Individual who has a Tracheostomy; any individual that is oxygen dependent; any Individual receiving nebulizer treatments whether routine or PRN; or any Individual with Respiratory Issues requiring monitoring of breath sounds assessment. Any Individual receiving a nebulizer treatment, whether on or off a ventilator will be continuously monitored by the RN. The RN will be present during the entire procedure. **PLEASE SEE ATTACHED PROCEDURE and REVISED NURSES NOTE.** The Nursing Note has been revised effective **August 3, 2015**. Random chart audits will be done every 2 weeks for 6 months, then monthly on an ongoing basis, by Janet Durkee, RN QDDP, Director of WVC, to ensure that documentation of lung sounds being done according to the Breath Sounds Procedure. Random Audits have already started beginning **August 3, 2015**.

PURPOSE: TO ESTABLISH A BASELINE AND TO MONITOR THE QUALITY OF AIR EXCHANGE ON ANY INDIVIDUAL WHO IS ON A VENTILATOR; HAS A TRACHEOSTOMY; IS OXYGEN DEPENDENT; RECEIVING NEBULIZER TREATMENTS WHETHER ROUTINE OR PRN; OR ANYONE WITH RESPIRATORY ISSUES REQUIRING MONITORING OF BREATH SOUNDS ASSESSMENT.

PROCEDURE STATEMENT: IT IS THE EXPECTATION AND THE RESPONSIBILITY OF THE REGISTERED NURSE ON DUTY TO ASSESS, MONITOR AND DOCUMENT BREATH SOUNDS ON ANYONE ON A VENTILATOR; ANYONE WITH A TRACHEOSTOMY; ANYONE ON OXYGEN, ANYONE RECEIVING NEBULIZER TREATMENTS; ANYONE WITH RESPIRATORY ISSUES REQUIRING MONITORING OF BREATH SOUNDS.

PROCEDURE:

- ALL RNS WILL COMPLETE TRAINING BY RESPIRATORY THERAPIST ON AUSCULTATING BREATH SOUNDS
- ALL RNS WILL COMPLETE A WRITTEN TEST WITH A PASSING SCORE OF 80%
- ALL RNS WILL DEMONSTRATE COMPETENCY ON AUSCULTATION OF BREATH SOUNDS
- BREATH SOUNDS WILL BE ASSESSED AND DOCUMENTED ON THE NURSES NOTE;
 1. AT THE BEGINNING OF THE SHIFT
 2. BEFORE A NEBULIZER TREATMENT IS STARTED
 3. AFTER A NEBULIZER TREATMENT IS COMPLETED TO EVALUATE THE EFFICACY OF THE TRATMENT
 4. ANY TIME THERE IS A CHANGE IN THE RESPIRATORY STATUS OF AN INDIVIDUAL
 5. AT THE END OF THE SHIFT
- ANY INDIVIDUAL RECEIVING A NEBULIZER TREATMENT WHETHER ON OR OFF THE VENTILATOR WILL BE CONTINUOUSLY MONITORED BY THE RN. THE RN WILL BE PRESENT DURING THE ENTIRE TREATMENT.
- ANY INDIVIDUAL WHO IS ON A VENTILATOR WILL HAVE THE VENT SETTINGS CHECKED AT THE BEGINNING OF EACH RN'S SHIFT; EVERY 4 HOURS; AND AT THE END OF THE SHIFT AND THE VENT SETTINGS WILL BE DOCUMENTED ON THE VENTILATOR SETTING FLOW SHEET.

Westview Court Lung Auscultation Competency

Name: _____ Date: _____

Observed by: _____ Date: _____

Lung Auscultation/Respiratory Assessment	Yes	No
1. Describe when auscultation of lungs is indicated <ul style="list-style-type: none"> • Anyone on vent; receiving neb Tx; tracheostomy; on O2; anyone with respiratory issues 		
2. Describe purpose of auscultation <ul style="list-style-type: none"> • To check quality of air exchange • To establish a baseline 		
3. Describe location of underlying lungs and their relation to chest wall <ul style="list-style-type: none"> • Apex of each lung rises 2-4 cm above inner thld of clavicle (Anterior) • Inferior border crosses the 6th rib at midclavicular line (Anterior) • Apex of each lung above scapulas (Posterior) • Lower border is at level of the 10th thoracic spinous process (Posterior) 		
4. Describe Breath sounds <ul style="list-style-type: none"> • Crackles: <ul style="list-style-type: none"> a. Coarse crackles: discontinuous, interrupted explosive sounds, loud, low in pitch (heard when air passes through larger airways containing liquid). b. Fine crackles: discontinuous, interrupted explosive sounds, less loud and shorter duration, higher in pitch than coarse crackles heard when air passes through smaller airways containing liquid • Wheezes: continuous sounds, high pitched; a hissing sound (airway narrowed by asthma or partially obstructed by tumor or foreign body) • Rhonchus: continuous sounds, low pitched; a snoring sound (caused by large upper airway partially obstructed by thick secretions) 		
5. Describe how to assess asthma severity with regards to Inspiratory/Expiratory Ratio <ul style="list-style-type: none"> • Normal: inspiration takes twice as long as expiration • Mild: hardly a difference between inspiration and expiration • Moderate: inspiration is equal to expiration • Severe: Expiration is longer than inspiration 		
6. Demonstrates procedure for auscultation <ul style="list-style-type: none"> • Demonstrates position of individual when assessing lung status (sitting) • With stethoscope, listens to lungs • Listens at least one full breath in each location 		
7. States normal respiratory rate: 8-20		
8. Recognizes rhythm: regular, irregular,		
9. Recognizes quality: effortless, difficult or labored		
10. Recognizes character: noisy, grunting, snoring or heavy		
11. Documents findings in Nursing Note		

WESTVIEW COURT LUNG AUSCULTATION SKILLS TEST

Name: _____ Date: _____

1. One purpose of auscultation is:
 - a. _____

2. Where are bronchial breath sounds heard? _____

3. Crackles are normal breath sounds: T _____ F _____

4. Wheezes are continuous sounds, high pitched, a hissing sound: T ___ F ___

5. A normal inspiratory/expiratory ratio: inspiration take twice as long as expiration: T _____ F _____

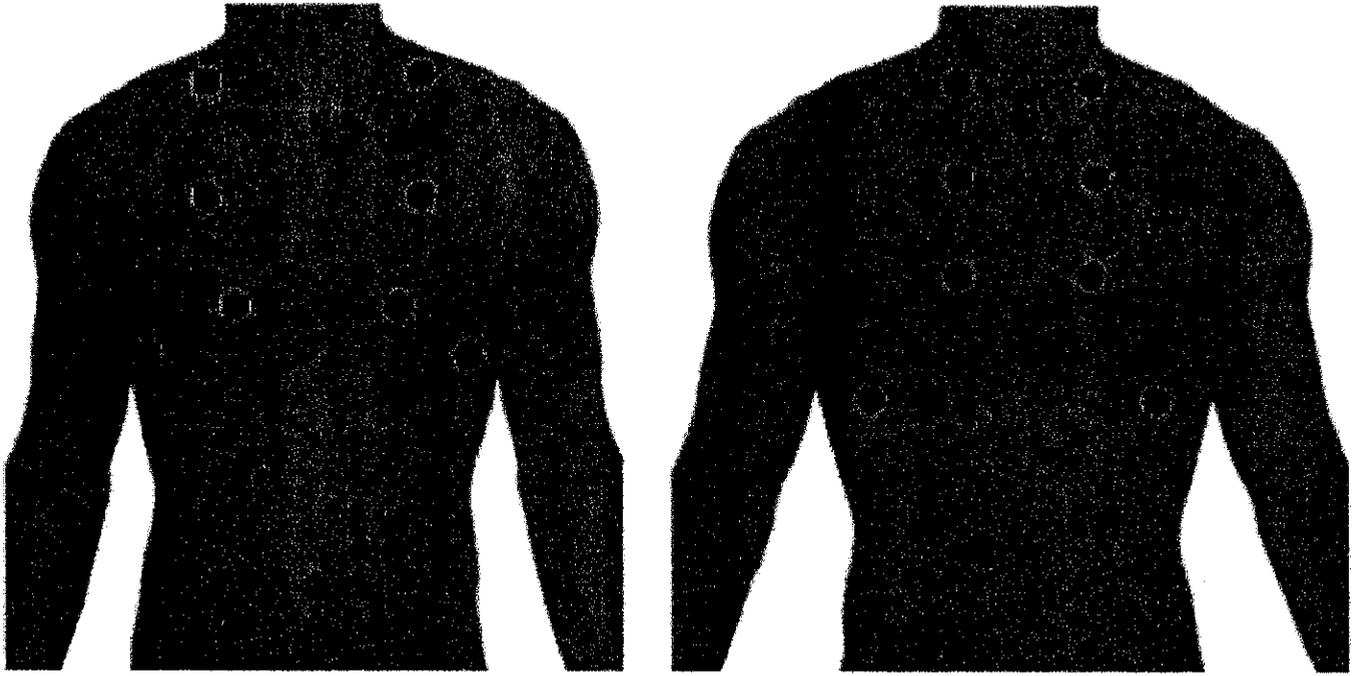
6. A normal respiratory rate is: _____

7. Crackles are primarily heard in upper lobes: T _____ F _____

8. Rhonchi are primarily heard over _____
and _____

9. Wheezes can be heard over all lung fields: T _____ F _____

10. Vesicular sounds are created by air moving through smaller airways:
T _____ F _____



Where to listen to lung sounds

Training Material

TABLE 18-7 ADVENTITIOUS BREATH SOUNDS

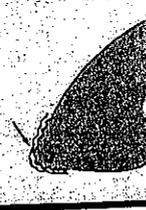
SOUND	SITE AUSCULTATED	CAUSE	CHARACTER
<p>Crackles</p> 	Most commonly heard in dependent lobes: right and left lung bases	Random, sudden reinflation of groups of alveoli; also related to increase in fluid in small airways	<p>Fine crackles are high-pitched fine, short, interrupted crackling sounds heard during end of inspiration, usually not cleared with coughing</p> <p>Medium crackles are lower, more moist sounds heard during middle of inspiration; not cleared with coughing</p> <p>Coarse crackles are loud bubbly noise heard during inspiration; not cleared with coughing</p>
<p>Rhonchi</p> 	Primarily heard over trachea and bronchi; if loud enough, can be heard over most lung fields	Muscular spasm, fluid, or mucus in larger airways cause turbulence	Loud, low-pitched, rumbling coarse sounds heard most often during inspiration or expiration; may be cleared by coughing
<p>Wheezes</p> 	Can be heard over all lung fields	High-velocity airflow through severely narrowed bronchus	High-pitched, continuous musical sounds like a squeak heard continuously during inspiration or expiration; usually louder on expiration; do not clear with coughing
<p>Pleural friction rub</p> 	Heard over anterior lateral lung field (if client is sitting upright)	Inflamed pleura, parietal pleura rubbing against visceral pleura	Dry, grating quality heard best during inspiration; does not clear with coughing; heard loudest over lower lateral anterior surface

TABLE 18-6 NORMAL BREATH SOUNDS

DESCRIPTION	LOCATION	ORIGIN
<p>VESICULAR</p> <p>Vesicular sounds are soft, breezy, and low pitched. Inspiratory phase is 3 times longer than expiratory phase.</p>	Best heard over lung's periphery (except over scapula)	Created by air moving through smaller airways
<p>BRONCHOVESICULAR</p> <p>Bronchovesicular sounds are medium pitched and blowing sounds of medium intensity. Inspiratory phase is equal to expiratory phase.</p>	Best heard posteriorly between scapulas and anteriorly over bronchiales lateral to sternum at first and second intercostal spaces	Created by air moving through large airways
<p>BRONCHIAL</p> <p>Bronchial sounds are loud and high pitched with hollow quality. Expiration lasts longer than inspiration (3:2 ratio).</p>	Best heard over trachea	Created by air moving through trachea close to chest wall

DAY SHIFT NOTE

COMMUNITY ACCESS PROGRAM

WESTVIEW COURT NURSING NOTES

Name: _____

Date: _____

AM Care _____ Shower _____ Bath _____ Oral Care _____

Voided x _____ Foley: patent Yes _____ No _____ drained _____ Urine color _____

BM x _____ S _____ M _____ L _____ XL _____ Soft _____ Loose _____ Formed _____

Abdomen: _____

Lung sounds: Beginning of shift: _____

End of shift: _____

Skin integrity: Arms; L _____ R _____

Legs: L _____ R _____

Buttocks: _____ Back _____

Oxygen: Yes _____ No _____ O2 at _____ L via _____

Humidification: Yes _____ No _____ O2 sats: _____

Vital signs: _____

Nebulizer: Yes _____ No _____ Med given: _____

Lungs sounds before: _____

Lung sounds after: _____

Tracheostomy: Yes _____ No _____

Suctioned x _____ Color: _____

G-Tube: Yes _____ No _____ Patent: Yes _____ No _____ Flushed with: _____

AFO's: Yes _____ No _____ On _____ Off _____

Breakfast: _____ Lunch: _____ Snack: _____

Siderails up: _____ HOB elevated: _____

Activities and Treatments: _____

Additional Notes: _____

SIGNATURE: _____

EVENING SHIFT NOTE

COMMUNITY ACCESS PROGRAM

WESTVIEW COURT NURSING NOTES

Name: _____

Date: _____

PM Care _____ Shower _____ Bath _____ Oral Care _____

Voided x _____ Foley: patent Yes _____ No _____ drained _____ Urine color _____

BM x _____ S _____ M _____ L _____ XL _____ Soft _____ Loose _____ Formed _____

Abdomen: _____

Lung sounds: Beginning of shift: _____

End of shift: _____

Skin integrity: Arms; L _____ R _____

Legs: L _____ R _____

Buttocks: _____ Back _____

Oxygen: Yes _____ No _____ O2 at _____ L via _____

Humidification: Yes _____ No _____ O2 sats: _____

Vital signs: _____

Nebulizer: Yes _____ No _____ Med given: _____

Lungs sounds before: _____

Lung sounds after: _____

Tracheostomy: Yes _____ No _____

Suctioned x _____ Color: _____

G-Tube: Yes _____ No _____ Patent: Yes _____ No _____ Flushed with: _____

AFO's: Yes _____ No _____ On _____ Off _____

Supper: _____ Snack: _____

Siderails up: _____ HOB elevated: _____

Activities and Treatments:

Additional Notes:

SIGNATURE: _____

NIGHT SHIFT NOTE

COMMUNITY ACCESS PROGRAM

WESTVIEW COURT NURSING NOTES

Name: _____

Date: _____

Turned and repositioned: _____

Voided x _____ Foley: patent Yes ___ No ___ drained _____ Urine color _____

BM x _____ S ___ M ___ L ___ XL ___ Soft ___ Loose ___ Formed _____

Abdomen: _____

Lung sounds: Beginning of shift: _____

End of shift: _____

Skin integrity: Arms; L _____ R _____

Legs: L _____ R _____

Buttocks: _____ Back _____

Oxygen: Yes ___ No ___ O2 at _____ L via _____

Humidification: Yes ___ No ___ O2 sats: _____

Vital signs: _____

Nebulizer: Yes ___ No ___ Med given: _____

Lungs sounds before: _____

Lung sounds after: _____

Tracheostomy: Yes ___ No ___

Suctioned x _____ Color: _____

G-Tube: Yes ___ No ___ Patent: Yes ___ No ___ Flushed with: _____

AFO's: Yes ___ No ___ On ___ Off _____

Siderails up: _____ HOB elevated: _____

Activities and Treatments:

Additional Notes:

SIGNATURE: _____

