

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

June 4, 2012

Mr. Steve Dunklee, Administrator
Vernon Hall Retirement Residence
13 Greenway Drive
Vernon, VT 05354

Provider #: 1006

Dear Mr. Dunklee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 24, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 04/24/2012
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NAME OF PROVIDER OR SUPPLIER VERNON HALL RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 13 GREENWAY DRIVE VERNON, VT 05354
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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) COMPLETE DATE
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R100	Initial Comments: An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 04/23/12 - 04/24/12. Findings Include:	R100	R 136 V. RESIDENT CARE AND HOME SERVICES This facility does not accept the assumed level of the "SS=D" citation as neither the State of Vermont's Residential Care Home or Assisted Living regulations from which the finding is cited contain language that defines or regulates the use of an alpha scoring system of "SS". The facility does request that the reference of "SS=D" be removed from this document as it is not based on Vermont Residential Care Home or Assisted Living regulations.	
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to conduct an assessment after a change in the resident's physical condition/readmission for 1 resident in the sample (Resident #2). Findings include: Per record review the facility failed to conduct an assessment on Resident #2 upon his/her return to the facility. Resident #2 was hospitalized for respiratory issues and was transferred to a Nursing Home for rehabilitation post hospitalization. S/he was out of the facility from 01/06/12 until 02/09/12. There is no re-admission assessment present in the record. The findings were confirmed in interview with the Nurse Manager on 04/24/12 at 11:50 AM.	R136	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in compliance with state regulations, Vernon Hall Retirement Residence has taken or will take the actions set forth in this plan of correction. At no time was any resident actually harmed as a result of this situation. 5.7.c <ul style="list-style-type: none"> A comprehensive Resident Assessment was completed on Res #2. RN will complete a Comprehensive Resident Assessment on every individual who is readmitted to Vernon Hall whether there is any observable change in the resident's physical or mental condition. This shall be reviewed by the Quality Assurance Committee until 100% compliance is achieved. 	5/18/12
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2)	R145	R 145V. Resident Care and Home Services This facility does not accept the "SS=D citation as neither the State of Vermont's Residential Care Home or Assisted Living regulations from which the (cont.)	

Division of Licensing and Protection

Steven E. Sunklee

TITLE

(X6) DATE

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

Manager

5-22-12

pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2012
NAME OF PROVIDER OR SUPPLIER VERNON HALL RETIREMENT RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 13 GREENWAY DRIVE VERNON, VT 05354		
(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) COMPLETE DATE
R145	Continued From page 1 Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the the facility failed to assure that the plan of care for two residents, Residents #1 and #5, reflect care and services to maintain well-being. Findings include: 1). Per record review Resident #1 had a Stage III Pressure Ulcer. The care plan was not revised to reflect the care provided in the care and treatment of the wound and the measures in place for prevention of further pressure ulcers. The finding was confirmed in interview with the Nurse Manager on 04/24/12 at 11:50 AM. 2). Per record review, Resident #5 had an Outpatient Esophagoscopy with Dilation on 03/23/12. There was no update in the care plan to reflect monitoring for post-procedure complications and dietary modifications and restrictions. The finding was confirmed in an interview with the Nurse Manager on 04/24/12 at 11:50 AM.	R145	R 145 Resident Care and Home Services (Continued from page 1) finding is cited contain language that defines or regulates the use of an alpha scoring system of "SS". The facility does request that the reference of "SS=D" be removed from this document as it is not based on Vermont Residential Care Home or Assisted Living regulations. The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in compliance with state regulations, Vernon Hall Retirement Residence has taken or will take the actions set forth in this plan of correction. At no time was any resident actually harmed as a result of this situation. 5.9.c (2) 1). Care Plan of Resident #1 has been revised to reflect the care and treatment provided in the treatment of this wound and measures taken to prevent future pressure ulcers. 2). Care Plan of Resident #5 has been updated with the Instructions from the Physician Consult Sheet addressing the procedure performed on 3/23/12. Directions from the Physician Consult Sheet will be included on the Resident Care Plan whenever a resident returns from having a procedure performed. This will include what post-procedure complication should be watched for as well as any modifications to diet or modifications to activity. Care Plans shall be reviewed monthly by the Assisted Living Manager and a report submitted to the Quality Assurance Committee until 100% compliance is achieved.	5/18/12 5/18/12

R136 + R145 POCs accepted 5/31/12
MHiggins RN/Amcature