

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

February 3, 2011

Eric Fritz, Administrator  
Woodstock Terrace  
456 Woodstock Road  
Woodstock, VT 05091

Provider ID #:

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 17, 2010**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/17/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODSTOCK TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>456 WOODSTOCK ROAD WOODSTOCK, VT 05091</b>
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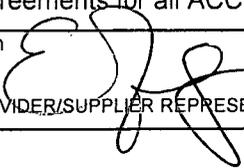
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R100	Initial Comments:  An unannounced onsite complaint investigation and annual survey was conducted on 11/08/2010 and 11/09/2010. The survey investigation concluded on 11/17/2010 following offsite interviews. The following regulatory violations were identified:	R100		
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.1 Admission  5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.  (1) In addition to general resident agreement requirements, agreements for all ACCS	R104	R104  Resident # 1 has been given a new Residency Agreement that outlines the services given on the Memory Care Unit.  Any resident moving from Assisted Living to the Memory Care Unit in the future will be given a new Residency Agreement as well.  The Business Office Manager will conduct a monthly audit of Memory Care Resident files to be sure all current residents have an appropriate Agreement.  The Executive Director will monitor the audits and will report the results to the Quality Assurance Committee.  R104 POC Accepted 2/3/11 C. Laraway RN   P. M. Cotar RN	1/19/2011

Division of Licensing and Protection

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

STATE FORM



TITLE

EXECUTIVE DIRECTOR

(X6) DATE

1/12/11

Division of Licensing and Protection

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R104	<p>Continued From page 1</p> <p>participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to provide 1 of 9 applicable residents (Resident #1) with a residency agreement reflecting specialized care and services provisions following a move from a standard services unit to a specialized care unit. Findings include:</p> <p>1. Per record review on 11/8/2010, Resident #1 moved to a specialty unit within the home on 9/1/2010. The admission agreement in the record of Resident #1 contained the basic rate for the resident's new apartment, but did not detail the specific services provided in / by the specialty unit. During interview on the afternoon of 11/9/2010, the Executive Director confirmed that the Residency Agreement in the record of Resident #1 did not reflect specific care and services provided by the specialty unit.</p>	R104		
R128 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced</p>	R128		

Division of Licensing and Protection

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R128	<p>Continued From page 2</p> <p>by: Based on record review, observation and interview, the home failed to assure that a medication for Resident #1 was administered as ordered. Findings include:</p> <p>1. Per record review on 11/10/2010, Resident #1 had a current physician order for an antidepressant medication (Celexa 10mg [milligrams] daily) initiated on 8/26/2010. There was no indication on the Medication Administration Record (MAR) that this medication had been administered during the months of September, October or November 2010, nor was there indication that this medication had been discontinued. A partially filled bottle of this medication was stored in the Medication Cart in the Nursing Station. During interview on 11/10/2010 at 3:38 PM, the Health Services Director confirmed that this order had not been discontinued, that the medication was available, and that Resident #1's MAR did not indicate that this medication had been administered during September, October or November 2010.</p>	R128	<p>R128</p> <p>Resident # 1's MAR has been corrected and now accurately reflects the Physician Orders.</p> <p>A monthly review of the MARs and Physician Orders will be completed to assure accuracy and discrepancies will be corrected immediately.</p> <p>The Health Services Director will report the results of the audits to the Quality Assurance Committee.</p> <p><i>R128 POC Accepted 2/3/11 C. Laraway RN   Pincot RN</i></p>	1/19/2011
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not assure that 3 of 9 applicable residents</p>	R136		

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R136	Continued From page 3  (Resident #3, Resident #4, and Resident #9) were assessed annually and following significant changes in physical or mental health status. Findings include:  1. Per record review on 11/9/2010, Resident #3 was last assessed on 7/1/2009. During interview at 1:35 PM on 11/9/2010, the HSD (Health Services Director) confirmed that this resident was overdue for an annual assessment.  2. Per record review on 11/9/2010, the most recent signed assessment in the record of Resident #4 was dated 9/28/2009. Three additional assessments had been completed on 12/2/2009, 4/6/2010, and 10/10/2010 but were not signed and/or not in the record for review by nursing staff. During interview that afternoon, the HSD confirmed that the most recent assessment was not signed and in the record.  3. Per record review on 11/9/10, Resident #9 was last assessed on 8/13/09. During interview at 1:45 PM on 11/9/10, the HSD confirmed that this resident was overdue for an annual assessment.	R136	R136  Residents #3, #4 and # 9 have had comprehensive assessments completed and their plans of care have been updated.  The Health Services Director will check the assessment software calendar weekly and will complete all assessments in a timely manner.  The Vice President of Clinical Services will audit Resident Charts on a monthly basis to assure that all assessments and plans of care are current, up to date and signed by the resident or their designee.  The Health Services Director will report the results of the audits to the Quality Assurance Committee.	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  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:	R145	R136 POC Accepted 2/3/11. C. Laraway RN / PmcotARN	1/19/2011

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R145	<p>Continued From page 4</p> <p>Based on record review, observation and interview, the home did not assure the development of current, written plans of care for 4 of 9 applicable residents (Resident #1, Resident #3, Resident #4, and Resident #5). Findings include:</p> <p>1. Per record review on 11/8/2010, Resident #1 experienced a significant injury 7/3/2010 resulting in mobility and activity of daily living declines. There is no written indication in the record that care and services were revised to reflect this injury and resultant care needs. During interview on 11/9/2010, the HSD (Health Services Director) confirmed that the most recent signed plan of care does not reflect the current care needs of Resident #1.</p> <p>2. Per record review on 11/8/2010, Resident #3 assessed 7/1/2009 as a 'fall risk' had no indication on the care plan that the resident is at risk for falls nor did the care plan indicate interventions to prevent / reduce frequency of falls. Notes by a Physician's Assistant on 12/10/2009 indicated that this resident was at increased risk for falls and nursing notes on 8/18/2010 and 8/19/2010 indicated that this resident had fallen on these dates. During interview on 11/9/2010 at 1:30 PM, the HSD confirmed that the resident care plan did not indicate the fall risk and interventions to reduce falls.</p> <p>3. Per record review on 11/9/2010, the signed plan of care in Resident #4's record was dated 9/28/2009. Additional computerized care plan revisions / reviews had been completed on 12/2/2009, 4/6/2010 and 10/10/2010. During interview at 5:05 PM, the HSD confirmed that the current plan of care, completed 10/10/2010, for</p>	R145	<p>R145</p> <p>Resident #1, #3, #4 and #5 have been reassessed and their plans of care are updated to reflect their current status.</p> <p>The Health Services Director will continually monitor resident status and will conduct a new assessment for any resident that triggers for a significant change in status and update the plan of care accordingly.</p> <p>The Vice President of Clinical Services will audit Resident Charts on a monthly basis to assure that all assessments and plans of care are current, up to date and signed by the resident or their designee.</p> <p>The Health Services Director will report the results of the audits to the Quality Assurance Committee.</p> <p>R145 POC Accepted 2/3/11. C. Laraway RN   P. Motz RN</p>	1/19/2011

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R145	Continued From page 5  Resident #4 had not been printed, signed and placed in the resident record for staff instruction.  4. Per record review on 11/8/10, Resident #5's record contained a care plan dated 1/23/10. The resident had experienced a fall on 12/16/09 which resulted in pain and swelling of the L knee. The resident is reported in notes to have refused an x-ray. When Resident #5 had an x-ray on 12/30/09, a fracture was discovered and treated with an immobilizing cast. The Resident was also started on Fosamax for osteoporosis. This information was not located on the care plan in the record. There were also no updates on the care plan for falls on 2/16/10 and for 7/11/10. During interview on 11/9/10 at 3:20 PM, the HSD confirmed that this Resident was on the list for a new computerized care plan but that one was not available for this resident at this time.	R145		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;	R171	R171  Resident #3 is now being monitored for side effects using the DISCUS tool per Facility Policy.  A monthly review of the MARs and Physician Orders will be completed and any resident receiving psychotropic medications will be monitored for side effects using the DISCUS tool.  The Health Services Director will report the results of the audits to the Quality Assurance Committee.	1/19/2011

R171 POC Accepted 2/3/11.  
C.Laraway RN / P.Mcota RN

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R171	Continued From page 6  (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to follow established procedures to monitor potential side effects of psychoactive medications for 1 of 3 applicable residents in the survey sample (Resident # 3). Findings include:  1. Per record review Resident #3 has an order for Seroquel 25 mg (milligrams) PO (orally) each HS (hour of sleep) Daily. There is no indication in the record that this resident is being monitored for side effects using the DISCUS (Dyskinesia Identification System--Condensed User Scale) assessment tool per facility policy. During interview on 11/9/10 the HSD (Health Services Director) confirmed that the DISCUS tool is used to monitor for psychotropic side effects at this home and that there is no record that this assessment has been completed for Resident #3 following the initiation of Seroquel (ordered 5/6/2010) to the present time.	R171		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There	R179		

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R179	<p>Continued From page 7</p> <p>shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not assure that 5 of 5 staff reviewed, who provide direct care and services, completed all annual required trainings**. Findings include:</p> <p>1. Per record review on 11/9/2010, no staff member reviewed had completed all mandatory areas of training nor the required 12 hours of annual training. During interview on the morning of 11/9/2010, the DNS (Health Services Director) confirmed that required training had not been completed for the prior year.</p> <p>** This is a repeat regulatory violation from the prior annual survey**</p>	R179	<p>R179</p> <p>Monthly training sessions are now being conducted to assure staff receive the 12 hours of training per year required per Regulation 5.11.d and can demonstrate competency in the skills and techniques they are expected to perform.</p> <p>The Executive Director will monitor staff attendance at these sessions and will report the results to the Quality Assurance Committee.</p> <p><i>R179 POC Accepted 2/3/11 C. Laraway RN   PMLotRN</i></p>	1/19/2011
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES	R190		

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R190	Continued From page 8  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not assure that it had the results of the adult abuse registry checks available for 1 of 5 staff members reviewed. Findings include:  1. Per record review on 11/9/2010, the record of 1 staff member providing direct care to residents contained no adult abuse registry check results. During interview at 1:40 PM on 11/9/2010, the Business Office Manager confirmed that this record did not contain abuse registry results.	R190	An audit of all employee files has been completed and all current employees have had appropriate background checks.  Background checks will be completed for all newly hired employees moving forward.  The Business Office Manager will conduct monthly audits to assure compliance with this policy and will report the results to the Executive Director. Any employee that has not had a proper check will be taken off the schedule and not allowed to work until the check has been completed  The Executive Director will report the results of these audits to the Quality Assurance Committee.	
R213 SS=D	VI. RESIDENTS' RIGHTS  6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.  This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the home failed to assure 1 applicable resident (Resident #2) was afforded dignity and was allowed privacy during spousal visits. Findings include:  1. Per record review on 11/09/2010, Resident #2 is no longer allowed at-will visits with his / her spouse following a move within the facility by	R213		1/19/2011

*R190 POC Accepted 2/3/11.  
C. Laraway RN / P. Mootari RN*

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R213	Continued From page 9  Resident #1. A visitation schedule was implemented on 9/1/2010 and continues to the present (11/16/2010), with input from family members of the involved residents in opposition to the wishes of Resident #2.  During interview on 11/9/2010 at 9:50 AM, Resident #2 confirmed that a visitation schedule is in place, that privacy is not allowed during these scheduled visits, that reciprocal visits to Resident #2's apartment are not possible unless other family members are present, and that freedom to visit unsupervised at any time is desired.  During interviews on 11/9/2010 at 11:07 AM and 11:41 AM the Executive Director and the Health Services Director (respectively) confirmed that Resident #1 moved to the memory care unit on 9/1/2010 and that a supervised visitation schedule was begun as a safety measure following suspicion of harm directed toward Resident #1. Per further record review and interviews, no evidence was available to indicate the need to continue such protection beyond the initial incident investigation period. Each confirmed that supervised visitation continues and that Resident #2 desires unlimited, private access to his / her spouse.	R213	R213  Resident #2 has been assessed to be able to visit with his wife safely and now has unlimited and unsupervised visits with her.  Resident #2's wife will continue to be monitored for signs of abuse and appropriately followed up on.  Any suspected incidents of spousal abuse that occur at the facility will be handled on a case by case basis and will consider the rights and safety of both residents before any final action is taken.  The Executive Director will be responsible for monitoring this practice.	
R266 SS=D	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced	R266	R213 POC Accepted 2/13/11. C. Laraway RN   P. Mcota RN	1/19/2011

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R266	<p>Continued From page 10</p> <p>by: Based on observation and interview, the home did not assure a safe environment. Findings include:</p> <p>1. Per observation during initial tour, the door to the electric panel boxes located in a hallway adjacent to resident rooms on the Memory Care Unit was unlocked at 10:48 AM on 11/8/2010. This observation was confirmed by a staff member at 10:55 AM on 11/8/2010.</p> <p>2. Per record review and staff interview the facility conducted all fire drills in 2010 between 9:55 AM (March 24 the earliest drill) and 7:07 PM (Feb 5 the latest drill). The facility failed to conduct drills that included the overnight, early morning and/or late evening hours. This was confirmed in interview on the afternoon of 11/09/10 with the facility manager Eric Fritz and the operations supervisor.</p>	R266	<p>R266</p> <p>The Maintenance Director conducts daily tours to assure that electrical closets are locked at all times.</p> <p>The Executive Director and Health Services Director will conduct random audits to assure compliance.</p> <p>A fire drill was conducted on 11/12/2010 to assure compliance will facility policy.</p> <p>The Maintenance Director will conduct at least one drill per quarter per shift to assure resident safety and to remain complaint with State and Federal regulations.</p> <p>The Maintenance Director will report the results of those drills and audits to the Quality Assurance Committee.</p> <p style="text-align: right;">R 266 POC Accepted 2/3/11. C. Laraway RN / P. Mcota RN</p>	1/19/2011
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