

December 21, 2009

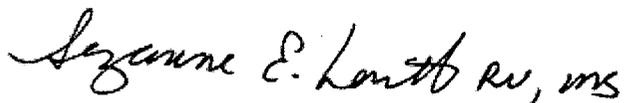
Ms. Deanne Sherrod Paudert, Administrator  
Woodstock Terrace  
456 Woodstock Road  
Woodstock, VT 05091

Dear Ms. Sherrod Paudert:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **November 19, 2009**. 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.

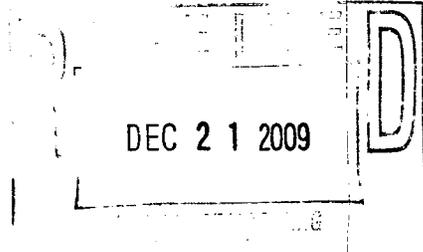
Sincerely,



Suzanne Leavitt, RN, MS  
Licensing Chief



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 _____	(X3) DATE SURVEY COMPLETED  C <b>11/19/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODSTOCK TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>456 WOODSTOCK ROAD WOODSTOCK, VT 05091</b>		
(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
R100	Initial Comments:  A complaint investigation regarding resident care and services was completed on 11/19/09. The following regulatory violations were found.	R100		
R126 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, the facility failed to assure that care was provided to meet the resident's medical needs for 1 of 2 applicable residents reviewed. (Resident #1) Findings include:</p> <p>Per record reviews on 10/29/09 and 11/17/09, Resident #1, who receives daily pain medication, was not administered her 4 PM medications until 6 PM and later on 2 occasions in October, 2009. Per review of the progress notes for 9/1/09, the resident's physician called the facility and ordered 2 analgesic medications be administered at 4PM daily. The caregiver notes state that the resident received her 4 PM medications at 6:15 PM on 10/19/09 and at 6 PM on 10/26/09. Per telephone interview on 11/18/09 at 2:40 PM, the caregiver confirmed that the medications were given as written. The medication error was confirmed with the Director of Nurses via telephone on the same day at 4:30 PM.</p>	R126		

Division of Licensing and Protection

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

STATE FORM

*Deanne Sheryl Paudyal*

TITLE

*Executive Director*

(X6) DATE

*12/17/09*

Division of Licensing and Protection

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R126	Continued From page 1 Refer also to R128 and R140	R126		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, for 1 applicable resident in the sample, medications were not consistently administered as ordered. (Resident #1) Findings include:  Per review of caregiver notes dated 10/19/09 and 10/26/09 on 11/17/09, Resident #1 received both 4 PM physician ordered daily analgesic medications 2 hours late on each day (6:15 PM and 6 PM). This error was confirmed via telephone interview with the caregiver and the staff RN on 11/18/09 at 2:40 PM.	R128		
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.8 Physician Services  5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given.  This REQUIREMENT is not met as evidenced by:	R140		

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R140	Continued From page 2  Based on staff interview and record review, a physician telephone order for 1 applicable resident was not countersigned within 15 days as required. (Resident #1) Findings include:  Per record review (progress note) on 11/17/09, Resident #1's physician called the facility on 9/1/09 with orders to change the time of administration of 2 daily analgesic medications to 4 PM. This order was written in the progress note by the DNS but subsequently no telephone order slip was written and sent to the physician for signature within 15 days as required. This omission was confirmed during telephone interview with the Vice President (VP) of Resident Services on 11/19/09 at 1:50 PM.	R140			
R145 SS=D	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: Based on staff interview and record review, the RN failed to address all resident identified needs, including the care necessary to assist the resident, for 1 of 2 applicable residents reviewed. (Resident #1) Findings include:  Per record reviews on 10/29/09 and 11/17/09, Resident #1's care plan did not address the resident's needs regarding incontinence care and	R145			

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R145	Continued From page 3  risk for falls. There were no current interventions/goals to direct staff in the provision of care regarding these identified needs. Per record review, and confirmed during care giver interview on 10/29/09, the resident is frequently incontinent of urine and requires extensive assist of 1 staff for toileting. The most recent care plan (dated 9/3/09) stated that the resident required minor assistance with continence care. The care plan also stated that the resident was at risk for falls, however, there were no identified interventions for staff to utilize for falls prevention. These care plan concerns were confirmed via telephone call with the DNS on 11/18/09 at 4:30 PM.	R145			

**WOODSTOCK FERRACE**  
Assisted Living

December 15, 2009

To: Suzanne Leavitt, RN, MS - Licensing Chief

In response to our survey dated November 19, 2009, below is our plan of correction.

5.5 General Care- 5.5.a AND  
5.5 General Care- 5.5.c

Correction- Staff RN counseled on giving meds as ordered by physician.  
Completion date- 12/14/09

Prevent recurrence- Retraining staff RN on proper medication administration.

Monitoring- Bi-weekly spot-checks on med passes to be completed by Health Services Director. Ongoing

*PAC accepted 12/21/09  
Muy Bolts, RN*

5.8 Physician Services- 5.8.d

Correction- Order was faxed and signed by physician. Completion date- 12/10/09

Prevent recurrence- Re-train nurses on proper physician ordering, paying attention to specific times medications are ordered for maximum therapeutic effect.

Monitoring- All physician phone orders will be reviewed by Health Services Director, copies of phone orders will be placed in her folder to ensure timely countersignature is obtained. Monthly chart audits will continue to ensure MAR's match all physician orders. Ongoing

456 Woodstock Rd.

Woodstock  
Vermont 05091

802-457-2228

*PAC accepted 12/21/09  
Muy Bolts, RN*

5.9.c (2)

Correction- Resident #1 care plan was corrected to reflect current assist needed for toileting and interventions were added to prevent falls. Completion date- 11/19/09

Prevent recurrence- Our Vigilant program was modified to include prompts to remind nurse to enter interventions and re-training was done that included reflecting current assist needs even if resident has private caregivers providing care.

Monitoring- Spot-checks of assessments will be completed by Health Services Director. Ongoing

*POC accepted 12/21/09  
Ming Baltho, RN*