

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

December 16, 2011

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

Provider #: 1005

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **October 18, 2011**. 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

PC:ne

Enclosure



NOV 16 2011

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/18/2011
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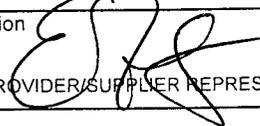
NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/18/11. The following are regulatory findings.	R100	R136 A new assessment has been completed for Resident #1 to reflect her current status.	
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 observation, staff interview, and record review, the home failed to assure that Resident #1 was fully assessed following significant decline in daily function. Findings include: Per record review on 10/18/11, Resident #1's has an annual assessment dated 01/03/11, however the resident recently has a significant change in the physical condition. The resident was placed on Hospice services on June 23, 2011 for decline in physical and mental condition. The Comprehensive Assessment of 01/03/11 Sections K3 to M1, indicated that the resident was able to ambulate with a walker, feed self with only cueing/minimal assist and there were no use of full side rails at that time. Per observations throughout the day, this resident required extensive assistance for feeding, used a wheelchair for ambulation and had full side rails. During interview on 10/18/11, the DHCS (Director of Health Care Services) confirmed that a	R136	The Health Services Director has audited all other residents currently receiving Hospice services to be sure they have a completed assessment reflecting their current status. The Health Services Director will complete a new comprehensive assessment on any new residents placed on Hospice services moving forward. The Vice President of Clinical Services will conduct periodic audits for residents receiving Hospice services to assure that assessments are current and complete. The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.	12/17/2011

R136 POC accepted 12/15/11
Sharon J. Emmons RN

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  EXECUTIVE DIRECTOR TITLE *11/11/11* (X6) DATE

STATE FORM 6899 421611 If continuation sheet 1 of 6

Division of Licensing and Protection

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R136	Continued From page 1 re-assessment was not completed for this resident who had experienced significant loss of function.	R136	R167 The order has been changed to clearly specify the perimeters in which the medication is to be administered.	
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that medication administration records were accurate, and contained clear instructions for usage for 1 of 2 residents sampled (Resident #1). Findings include: 1. Per record review on 10/18/11, Resident #1 had an order for PRN (as needed) Haldol in June 29, 2011. Per review of the Medication Administration Record (MAR) the PRN order was for "Haldol 2mg/ml [milligrams per milliliter] 0.5 -1 mg (0.25 - 0.5 ml) po [by mouth]/sl [sub-lingual]"	R167	The Health Services Director has audited all other medication orders and has had the ordering physician change any orders in which the perimeters for administration where not clear. The Health Services Director has completed in-service education with all licensed staff regarding medication orders and medication administration. The Health Services Director will conduct random audits of medication orders to assure they meet current regulatory and best practice standards. The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.	12/17/2011

*R-167 POC accepted
12/15/11 [Signature] PRN*

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R167	Continued From page 2 q4 [every 4 hours] prn anxiety/agitation". There was no indication or direction to non-licensed med techs regarding when it would be appropriate to give 0.5 mg or 1 mg. Per review of the MAR for the month of October and September 2011, Haldol 0.5 mg was given twice for "increase agitation/anxiety" and Haldol 1 mg eight times for increase anxiety/agitation. There were no notes to differentiate why the stronger or lesser dose was given. In addition, on 6 of those occasions, there was no documentation as to the response or the effect of the medication. Per interview on 10/18/11 at 3:30 PM, the Director of Health Care Services (DHCS) confirmed that the MAR had no clear perimeters for staff to decide which dose to administer nor its effect.	R167	R194 The restraint has been removed from Resident # 1's bed and other fall prevention strategies are now in place. The Health Services Director has audited all other beds in the facility to assure that there are not any full side rails in place without a physician's order. The Health Services Director has completed in-service education with all nursing staff regarding the proper use of restraints. The Health Services Director will also assure that that current regulatory and best practice standards are being followed should the need arise to use any type of restraint on a resident in the future. The Health Services Director will conduct random audits of resident apartments and care plans to assure that unauthorized use of restraints is not occurring.	
R194 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.14 Restraints 5.14.a Mechanical restraints may be used only in an emergency to prevent injury to a resident or others and shall not be used as an on-going form of treatment. The use of a mechanical restraint shall constitute nursing care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the home failed to assure mechanical restraints are not used as an on-going form of treatment for 1 resident (Resident #1). Findings include: Per observation on 10/18/11, a full-length side rail was observed on the open side of Resident #1's bed, and the other side of the bed was against the wall. Staff interviewed stated the side rail is	R194		

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R194	Continued From page 3 raised when the resident is in bed to prevent the resident from falling or getting out of bed. Per record review, there was no written physician's order for the use of the side rail restraint. In addition, there was no risk assessment or care plan for the use of the full side rail. Per interview, the DHCS confirmed at 3:15 PM there was no physician's order for the restraint.	R194	R194 (continued) The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis. <i>R194 POC accepted 12/15/11 John J. Emmons RN</i>	12/17/2011
R195 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.14 Restraints 5.14.b When a temporary mechanical restraint is applied by the staff, a physician must be consulted immediately and written approval for continuation of the restraint obtained. The written order, signed by the physician, should contain the resident's name, date, time of order, and reason for restraint, means of restriction, and period of time the resident is to be restrained. A record shall be kept of every time the restraint is applied and removed during the day and night. Restraints must be removed at least every two (2) hours when in use so as to permit personal care to be given. A resident in a restraint shall be under continuous supervision by the staff of the home. This REQUIREMENT is not met as evidenced by: Based upon observation, record review and interview on 10/18/11, the home failed to obtain a physician's order for the use of a side rail restraint used on the open side of Resident #1's bed. Findings include the following: Per observation on 10/18/11, a full-length side rail was observed on the open side of Resident #1's bed, and the other side of the bed was against	R195	R195 The restraint has been removed from Resident # 1's bed and other fall prevention strategies are now in place. The Health Services Director has audited all other beds in the facility to assure that there are not any full side rails in place without a physician's order. The Health Services Director as completed in-service education with all nursing staff regarding the proper use of restraints.	

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R195	Continued From page 4 the wall. Staff interviewed stated the side rail is raised when the resident is in bed to prevent the resident from falling or getting out of bed. Per record review there was no written physician's order for the use of the side rail restraint. In addition, there was no risk assessment or care plan for the use of the full side rail. Per interview, the DHCS confirmed at 3:15 PM there was no physician's order for the restraint.	R195	<p>R195 (continued)</p> <p>The Health Services Director will also assure that that current regulatory and best practice standards are being followed should the need arise to use any type of restraint on a resident, including obtaining a physician's order before the restraint is placed.</p> <p>The Health Services Director will conduct random audits of resident apartments and care plans to assure that unauthorized use of restraints is not occurring.</p> <p>The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.</p>	12/17/2011
A 001	VI Initial Comments An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/18/11. The following are regulatory findings.	A 001		
A 607 SS=D	VI Resident Care and Services 6.7 Care Plans The licensee, the resident and/or the resident's legal representative shall work together to develop and maintain a written resident care plan for those residents who require or receive care. The care plan shall describe the assessed needs and choices of the resident and shall support the resident's dignity, privacy, choice, individuality, and independence. The licensee shall review the plan at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident's decision, behavior or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement. This Statute is not met as evidenced by: Based on record review and interview, the Licensee did not assure the development and/or	A 607		

R195 POC accepted 12/15/11 Susan J. Emmons RN

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A 607	<p>Continued From page 5</p> <p>maintenance of a plan of care describing the care and services required by 1 of 2 residents. (Resident #1) Findings include:</p> <p>1. Per record review on 10/18/11, Resident #1 had no plan of care developed to instruct staff in daily care needs. Resident #1 was placed on Hospice services on June 23, 2011 for decline in physical and mental condition. There was no Hospice care plan to address the specific needs and choices for this resident. Per interview at 2:20 PM, the Hospice Case Manager stated that when a resident is admitted to Hospice services, Hospice provides the care plan, meeting notes and coordination of services. The case manager confirmed that there was no initial nor current care plan and was not aware the Licensee did not receive it. During interview on 10/18/11, the DHCS confirmed that a care plan was not developed for this Hospice resident.</p>	A 607	<p>A607</p> <p>A new care plan has been developed and is in place for Resident #1 that addresses the special needs and choices of resident with regards to Hospice services.</p> <p>The Health Services Director has audited all other residents currently receiving Hospice services to assure that a current Hospice Care Plan is in place and being followed.</p> <p>The Health Services Director will assure that a Hospice Care Plan is in place on any new residents placed on Hospice services moving forward.</p> <p>The Vice President of Clinical Services will conduct periodic audits for residents receiving Hospice services to assure that Hospice Care Plans are current and complete.</p> <p>The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.</p>	12/17/2011
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R607 POC accepted 12/15/11
Susan J. Cannon RA