

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

May 22, 2015

Ms. Linda Minsinger, Administrator
Menig Extended Care
44 South Main Street
Randolph, VT 05060-1381

Dear Ms. Minsinger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 6, 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

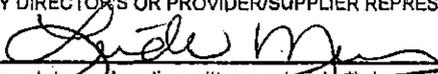
PRINTED: 05/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/06/2015
NAME OF PROVIDER OR SUPPLIER MENIG EXTENDED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 44 SOUTH MAIN STREET RANDOLPH, VT 05060	
(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
{F 000}	<p>INITIAL COMMENTS</p> <p>An unannounced onsite follow-up to the recertification survey was conducted by the Division of Licensing and Protection on May 6, 2015. Although the facility was found to be in substantial compliance, the following concerns were identified that require correction.</p> <p>483.40(b) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS</p> <p>The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff confirmation, the facility failed to ensure that the physician reviewed the total program of care, including medications and treatments at each required visit, for 4 of 5 sampled residents (Resident #2, #3, #4 and #5). The findings include the following:</p> <p>1. Per medical record review on 5/6/15 at approximately 9 AM, Resident #2 has not had a progress note nor has physician orders been signed since 2/14/15.</p> <p>2. Per medical record review on 5/6/15 at approximately 11 AM, Resident #3 has not had a</p>	{F 000}	<p>1. <u>Current Resident Corrective action</u>: DON notified the MD and he immediately saw all of his residents that were past due for provider visits.</p> <p>2. <u>Prevent recurrence with other potential residents</u>: To ensure that the Physician visit for each resident is timely:</p> <p>a. The Care Coordinator at the last week of each month will update the <u>When Rounds are Due</u> Form and print for the night nurses.</p> <p>b. Night Nurse on last day of the month will check each resident record for when last provider rounds were completed. This will be documented on the attached sheet: <u>When Rounds Are Due</u>.</p> <p>c. A copy of the <u>When Rounds Are Due</u> sheet will be given to the Care coordinator. She will the following working day - email each provider (and office manager) when rounds are due that month for each resident. The email will be copied to Brooks Chapin, DNS.</p> <p>d. Brooks Chapin DNS, or designee, will check the week when the Physician visit is due and if not completed then the medical director will complete at their earliest convenience.</p> <p>e. The Medical director then will contact provider - when they completed the rounds and if they are not timely on rounds another time- disciplinary action may be started.</p> <p>3. <u>Process improvement for prevention</u>: To ensure that the Physician visit for each resident is timely:</p> <p>a. The Care Coordinator at the last week of each month will update the <u>When Rounds are Due</u> Form and print for the night nurses.</p> <p>b. Night Nurse on last day of the month will check each resident record for when last provider rounds were completed. This will be documented on the attached sheet: <u>When Rounds Are Due</u>.</p> <p>c. A copy of the <u>When Rounds are Due</u> sheet will be given to the Care coordinator. She will the following working day - email each provider (and office manager) when rounds are due that month for each resident. The email will be copied to Brooks Chapin, DNS.</p> <p>d. Brooks Chapin DNS, or designee, will check the week when the Physician visit is due and if not completed - then the medical director will complete at their earliest convenience.</p> <p>e. The Medical director then will contact provider - when they completed the rounds and if they are not timely on rounds another time - disciplinary action may be started.</p> <p>f. The <u>When Rounds are Due</u> Sheet will be kept</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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NAME OF PROVIDER OR SUPPLIER MENIG EXTENDED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 44 SOUTH MAIN STREET RANDOLPH, VT 05060	
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F 386	Continued From page 1 progress note nor has physician orders been signed since 2/14/15. 3. Per medical record review on 5/6/15 at approximately 11:30 AM, Resident #4 has not had a progress note nor has physician orders been signed since 2/14/15. 4. Per medical record review on 5/6/15 at approximately 11:15 AM, Resident #5 has not had a progress note nor has physician orders been signed since 2/14/15. Per interview with the Director of Nurses on 5/6/15 at approximately 1 PM, confirmation was made that the above listed information is correct.	F 386	in the Binder in the Care Coordinators office. 4. <u>Monitoring plan:</u> a. The Administrator will monitor monthly with DNS that the process is ensuring all Residents are seen with in the time frame that is allowed per regulation. b. At the Quarterly Quality meeting the Late Resident Rounding will be discussed- to identify any trends. 5. <u>Date Corrective Action Completed:</u> e. All identified residents immediately seen May 6 th , 2015. b. Future prevention- new <u>When Rounds Are Due</u> sheet staff education on implementation: May 15 th , 2015	
F 387 SS=B	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff confirmation, the facility failed to ensure that the physician visited 4 of 5 sampled residents at least once every 60 days, for Residents #2, #3, #4 and #5. The findings include the following: 1. Per medical record review on 5/6/15 at	F 387	1. <u>Current Resident Corrective action:</u> DON notified the MD and he immediately saw all of his residents that were past due for provider visits. 2. <u>Prevent reoccurrence with other potential residents:</u> To ensure that the Physician visit for each resident is timely: a. The Care Coordinator at the last week of each month will update the <u>When Rounds are Due</u> Form and print for the night nurses. b. Night Nurse on last day of the month will check each resident record for when last provider rounds were completed. This will be documented on the attached sheet: <u>When Rounds Are Due</u> . c. A copy of the <u>When Rounds Are Due</u> sheet will be given to the Care coordinator. She will the following working day - email each provider (and office manager) when rounds are due that month for each resident. The email will be copied to Brooks Chapin, DNS d. Brooks Chapin DNS, or designee, will check the week when the Physician visit is due and if not completed - then the medical director will complete at their earliest convenience. e. The Medical director then will contact provider - when they completed the rounds and if they are not timely on rounds another time- disciplinary action may be started.	

F386 POC accepted 5/21/15 M Bettravid RN/PHN

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F 387	<p>Continued From page 2</p> <p>approximately 9 AM, Resident #2 has not had a physician visit since 2/14/15.</p> <p>2. Per medical record review on 5/6/15 at approximately 11 AM, Resident #3 has not had a physician visit since 2/14/15.</p> <p>3. Per medical record review on 5/6/15 at approximately 11:30 AM, Resident #4 has not had a physician visit since 2/14/15.</p> <p>4. Per medical record review on 5/6/15 at approximately 11:15 AM, Resident #5 has not had a physician visit since 2/14/15.</p> <p>Per interview with the Director of Nurses and the attending Physician on 5/6/15 at approximately 1 PM, confirmation was made that the above listed information is correct.</p>	F 387	<p><u>3. Process improvement for prevention:</u> To ensure that the Physician visit for each resident is timely:</p> <ol style="list-style-type: none"> The Care Coordinator at the last week of each month will update the <u>When Rounds Are Due</u> Form and print for the night nurses. Night Nurse on last day of the month will check each resident record for when last provider rounds were completed. This will be documented on the attached sheet: <u>When Rounds Are Due</u>. A copy of the <u>When Rounds Are Due</u> sheet will be given to the Care coordinator. She will the following working day - email each provider (and office manager) when rounds are due that month for each resident. The email will be copied to Brooks Chapin, DNS. Brooks Chapin DNS, or designee, will check the week when the Physician visit is due and if not completed- then the medical director will complete at their earliest convenience. The Medical director then will contact provider - when they completed the rounds and if they are not timely on rounds another time- disciplinary action may be started. The <u>When Rounds Are Due</u> Sheet will be kept in the Binder in the Care Coordinators office. <p><u>4. Monitoring plan:</u></p> <ol style="list-style-type: none"> The Administrator will monitor monthly with DNS that the process is ensuring all Residents are seen with in the time frame that is allowed per regulation. At the Quarterly Quality meeting the Late Resident Rounding will be discussed- to identify any trends. <p><u>5. Date Corrective Action Completed:</u></p> <ol style="list-style-type: none"> All identified residents immediately seen May 6th, 2015 Future prevention- new <u>When Rounds Are Due</u> sheet staff education on implementation: May 15th, 2015 <p><i>F387 POC accepted 5/21/15 M. Betts and R. P. [Signature]</i></p>		