

Division of Licensing and Protection
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April 12, 2011

Tanya Gervais, Administrator
Brownway Residence
328 School Street
Enosburg Falls, VT 05450

Provider ID #:0118

Dear Ms. Gervais:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 15, 2011.**

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

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Division of MAY 11 Licensing and Protection	(X3) DATE SURVEY COMPLETED 02/15/2011
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NAME OF PROVIDER OR SUPPLIER BROWNWAY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450
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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-licensing and complaint survey was conducted on 2/14/11 and 2/15/11 to determine regulatory compliance with the State of Vermont Residential Care Home Licensing Regulations.	R100	Please note: This correction covers thru top of Page 4.	
R104 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1 Admission</p> <p>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.</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the</p>	R104	<ul style="list-style-type: none"> - Admission agreement 3/9/11 rewritten to reflect required information. - The new admission agreement will be used, the old document was disposed of. - manager + Human Resources will assure new agreement is used. <p>4-12-11 R104 POC accepted, _____ C. Laraway, RN ←</p>	

Division of Licensing and Protection

Tanya S. Coenris

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

TITLE

mgr.

(X6) DATE

3/29/11

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R104	<p>Continued From page 1</p> <p>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: Per record reviews and interviews, the Admission Agreement contained inaccurate involuntary discharge information for 8 of 8 residents in the sample (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, and Resident #8). The agreement also did not identify required personal needs allowance for 3 current ACCS residents (Resident #2, Resident #3, and Resident #5) in the survey sample. Finding include:</p> <ol style="list-style-type: none"> 1. Per record review on 1/14/11, the admission contracts of Resident #2 and Resident #5 contained no indication that the resident should / would maintain a minimum personal needs allowance as required by regulation. During interview on the afternoon of 1/15/11 at 2:35 PM, the Human Resources Manager confirmed that these contracts did not indicate any amount of personal needs allowance. 2. Per record review and interview, the 12/09/10 Admission Agreement for Resident #3 lacked language to specify the home's policy toward the personal needs allowance under Assistive Community Care Services (ACCS). On 2/15/11 at 11:00 AM, the nurse confirmed that the Admission Agreement did not specify handling of the ACCS personal needs allowance. 3. Per record review on 2/15/11 and confirmed during interview that afternoon with the Human 	R104		

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R104	Continued From page 2 Resources Director, the admission agreements for Residents #1 through #8 contained language around involuntary discharge that conflicts with the regulatory requirements found at 5.3.a for this type of discharge.	R104		
R106 SS=E	V. RESIDENT CARE AND HOME SERVICES Admission 5.2.a (3) The admission agreement shall inform the resident whether the home will accept SSI or ACCS payments and allow a privately-paying resident to continue residing in the home when the resident is no longer able to continue privately paying the home's periodic rate. Alternatively, the admission agreement shall inform the resident that the home is not required to accept SSI or ACCS payments, that the home reserves the right to make this decision on a case-by-case basis, and that the resident may be transferred or discharged from the home in the event that the resident's financial status changes and the resident is no longer able to continue privately paying the home's periodic rate. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the Admission Agreements for 8 of 8 residents lacked language informing the resident whether or not the home accepts payments by Supplemental Security Insurance (SSI) and / or Assitive Community Care Services (ACCS). Findings include: 1. Admission agreements for all 8 residents in the	R106		

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R106	Continued From page 3 survey sample did not include notification to advise residents and families, at the time of admission, whether or not the home would accept SSI and/or ACCS payments if the resident became eligible for this payment source at a future date. During interview on the afternoon of 2/15/11 at 2:25 PM, the Human Resources Director confirmed that the contracts did not inform residents regarding SSI / ACCS payment options.	R106		
R134 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7 Assessment</p> <p>5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Nurse failed to assure that assessments for 3 of 7 applicable residents in the survey sample (Residents # 2, 3, & 4) were complete. Findings include:</p> <p>1. Per record review on 2/14/11, the assessment for Resident #2 contained incomplete information and the assessment was not signed by the Nurse as required. During interview on the morning of 2/15/11, the Manager confirmed these findings.</p> <p>2. Per record review and interview, the initial</p>	R134	<p>- Assessments have been completed within 14 days of admission with all questions answered and a written RN signature.</p> <p>- Assessments will be done in entirety within 14 days.</p> <p>- manager + RN will monitor successful completion.</p> <p>4-12-11 R134 POC accepted</p>	3/18

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R134	Continued From page 4 assessment for Resident #3, dated 12/23/10, lacked entries for multiple questions, including: 4, 5, 6, 7a-b, 10a, 15a-d, 16a-d, 17a-d, 18a-d, 19a-c, 20a-c, 23, 24, 25a-b, 26a-b. On 2/14/11 at 4:00 PM, the Nurse confirmed that the initial assessment for Resident #3 had multiple missing entries. 3. Per record review and interview, the initial assessment for Resident #4, dated 11/12/10, lacked entries for multiple questions, including: 4, 5, 7a-b, 8, 11, 12, 15a-d, 16a-d, 17a-d, 18a-d, 19a-b, 20a-c, 23, 24, 25a-b, 26a-b. On 2/15/11 at 11:20 AM, the Nurse confirmed that the assessment for Resident #4 had multiple missing entries.	R134		
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: Per record reviews and interviews, the Nurse failed to assure that reassessments for 2 of 7 applicable residents (Resident #6, and Resident #7) in the sample were signed, indicating completion. Findings include: 1. The annual reassessment dated 4/26/10 for Resident #6 lacked a signature, and instead had a typed name in the signature space. On 2/15/11 at 1:00 PM, the nurse confirmed that the 4/26/10	R136	- Assessments have been signed in writing by RN, upon completion - RN will sign off assessments to indicate completion - manager + RN will monitor timely completion.	3/18

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R145	<p>Continued From page 6</p> <p>2. Per record review on 2/14/11, Resident #2 had experienced a surgical procedure on 2/11/11. There was no instruction within the plan of care to instruct staff regarding wound care. Resident #2 had also experienced 10 documented falls since admission but had no instruction within the plan of care directing staff in fall prevention / fall monitoring strategies. During interview on 2/15/11 at 10:50 AM, the Manager confirmed that Resident #2 had experienced a surgical procedure and several falls and that there was no plan of care to address these issues.</p> <p>3. Per record review on 2/14/11, the 12/23/10 initial assessment for Resident #3 (who has highly impaired vision) indicated a need for extensive staff assistance with locomotion, transfers, dressing, and toileting, as well as limited staff assistance with adaptive devices, and set up/supervision with eating. The written plan of care did not provide guidance to staff which reflects the current need for assistance with activities of daily living as reflected in the initial assessment. On 2/15 11 at 11:00 AM, the nurse confirmed that the written plan of care lacked specific guidance for assistance with activities of daily living as reflected in the initial assessment.</p> <p>4. Per record review and interview on 2/15/11, the 11/12/10 initial assessment for Resident #4 indicated a need for supervision with mobility, and limited staff assistance for dressing, hygiene, and toileting related to an unsteady gait and use of walker and wheelchair assistive devices. Per review of nurse notes, Resident #4 had unwitnessed falls on 11/1/10, 11/21/10, 12/2/10, and 12/3/10. The written plan of care for Resident #4 did not provide guidance to staff regarding the current need for assistance with activities of daily</p>	R145		

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R145	Continued From page 7 living; nor did the plan of care reflect fall prevention interventions subsequent to, nor following, four actual falls. On 2/15/11 at 11:20 AM, the nurse confirmed that the written plan of care for Resident #4 lacked guidance to reflect the current need for staff assistance as assessed, and had no plan of care for fall prevention. 5. Per record review on 2/14/11, Resident #5 was identified as requiring monitoring / assistance with activities of daily living including urinary and / or bowel continence care. During interview on 2/15/11 at 11:55 AM, the Manager confirmed that this resident's plan of care did not identify specific interventions to assist the resident with all necessary care.	R145		
R168 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: (6) Insulin. Staff other than a nurse may administer insulin injections only when: i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that	R168		

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R168	Continued From page 8 assessment; and iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Nurse failed to assure that 1 of 7 caregivers who administer insulin had received additional training in the administration of insulin. Findings include: 1. Per review of the home's in-service records, 1 of 7 caregivers listed on the Brownway Residence Delegation of Responsibility for the Administration of Medication had not had a review of insulin administration with the Registered Nurse who delegated the medication administration duty. On 2/15/11 at 9:30 AM, the Nurse confirmed that the identified caregiver had not received separate insulin administration training by the Registered Nurse as required.	R168		
R175 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission.	R175	<ul style="list-style-type: none"> - All delegated staff have received a review of insulin admin. with the RN. - Delegated staff will receive insulin training before being authorized to give meds. - manager + RN will monitor completion of training. <p>4-12-11 R168 POC accepted. C. Laraway, RN</p>	

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R175	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that 2 of 8 residents in the sample (Resident #5 and Resident #6) had secure storage space to prevent unauthorized access to their medications. Findings include: 1. Per interview on 2/15/11 at 1:20 PM, Resident #5 stated that personal over the counter (OTC) medication was stored in a bureau drawer and that there were times when the room was unattended and the door unlocked. During interview at 1:25 PM that day, the Manager confirmed that the home does not require or provide locked storage for this resident's OTC medication. 2. Per observation on 2/15/11 at 1:25 PM with the Nurse, Resident #6's medications for self administration (nystatin cream, albuterol inhalant) were observed in a basket beside the bed. The nurse confirmed during this same observation that the medications for self administration were accessible in the basket at the bedside and that secure storage had not been provided / required by the home.	R175	- Facility is working on purchasing a secure storage container for all residents whom self-administer. - All future residents will be given a container if they self-administer meds. - Manager + RN will monitor which residents needs containers. 4-12-11 R175 POE accepted. C. Laraway, RN	
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s);	R188		

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R188	Continued From page 10 progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that staff documented follow-up / interventions following unusual incidents involving 1 applicable resident (Resident #2). Findings include: 1. Per record review, Resident #2 was evaluated for diabetic foot care on 1/17/11 and ordered treatment. The progress notes included this documentation on 1/21/11 with recommended care, however there were no other staff notes in the record from 1/17/11 to the date of the RN notation. On 2/11/11, Resident #2 underwent a significant surgical procedure per discharge notes, which included aftercare instruction. There was no progress notes by the RN or by any staff member to document the status of the wound. During interview on 2/15/11 at 11:00 AM, the Manager confirmed that the progress notes did not provide documentation regarding these issues. S/he stated that the home's Nurses summarize the non-licensed staff notes to include in the record and that non-licensed staff are not allowed to document in the permanent record.	R188	- Progress notes have been updated. - Nursing staff will be more thorough with follow-up documentation. - mgr. + RN will monitor progress not completion. 4-12-11 R188 POC accepted. C. Laraway, RN	3/18
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment	R266		

