

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

August 31, 2012

Ms. Laurie Cleary, Administrator
Cedar Lane Home
76 Cedar Lane
Danville, VT 05828

Provider #: 0074

Dear Ms. Cleary:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **August 1, 2012**. 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/01/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CEDAR LANE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 76 CEDAR LANE DANVILLE, VT 05828
---	--

(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 SS=E	Initial Comments: An unannounced on-site investigation of an Entity-Reported Incident was completed by the Division of Licensing and Protection on 8/1/12. The following is a regulatory finding:	R100	See attached Plan of Correction	
R141 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9 Level of Care and Nursing Services 5.9.a Residents who require more than nursing overview or medication management shall not be retained in a residential care home unless the provisions of the following subsections (i)-(5) are all met: (1) The nursing services required are either: i. Provided fewer than three times per week; or ii. Provided for up to seven days a week for no more than 60 days and the resident's condition is improving during that time and the nursing service provided is limited in nature; or iii. Provided by a Medicare-certified Hospice program; and (2) The home has a registered nurse on staff, or a written agreement with a registered nurse or home health agency, to provide the necessary nursing services and to delegate related appropriate nursing care to qualified staff; and (3) The home is able to meet the resident's needs without detracting from services to other residents; and (4) The home has a written policy, explained to prospective residents before or at the time of admission, which explains what nursing care the	R141		

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

EHT811

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C. 08/01/2012
NAME OF PROVIDER OR SUPPLIER CEDAR LANE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 78 CEDAR LANE DANVILLE, VT 05828	
(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)
R141	<p>Continued From page 1</p> <p>home provides or arranges for, how it is paid for and under what circumstances the resident will be required to move to another level of care; and</p> <p>(5) Residents receiving such care are fully informed of their options and agree to such care in the residential care home. This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to assure that the nurse, presently on staff had delegated related appropriate nursing care to qualified staff. Findings include:</p> <p>Per staff interview on 8/1/12, the RN providing nursing oversight for this facility stated that s/he entered his/her position on or about 7/27/12. S/he stated that at the time of hire s/he did not re-delegate previously delegated staff working in the facility. S/he stated that she was unaware of the necessity of providing new delegation to staff who had been previously delegated by an RN (no longer employed) within the last year.</p>	R141	

To Pam Cota
From: Laurie Cleary-Manager Cedar Lane Home
RE: On-Site Investigation/Survey
Date: 8/27/12

The following is our plan of correction from the on-site investigation that was held at Cedar Lane on August 1, 2012. The deficiency was our lack of a registered nurse for our facility who resigned from our agency. The deficiency noted was a lack of medication delegation by a registered nurse for the staff. The plan of correction for this deficiency is re-delegation of all staff employed at Cedar Lane by the current nurse Annetta Schultz R.N. Currently, all staff with the exception of 2 have completed the medication delegation class. The other two staff have been in contact with the nurse and are setting up a time to take their class and testing. The plan to ensure that this does not occur again and remain in compliance is to maintain medication delegation by training and testing with the registered nurse annually. New employees will be trained and delegated to administer medications by the registered nurse on staff before administering any medications to our residents.

R14 POC accepted 8/30/12 mitiqinur/ane

Thank You,

Laurie Cleary
Residential Manager-Cedar Lane Home