

July 13, 2011

Mr. Edgar Greason, Administrator
Country Village Community Care Home
99 Atkinson Street
Bellows Falls, VT 05101

Dear Mr. Greason:

Enclosed is a copy of your acceptable plans of correction for the conducted on April 13, 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/13/2011
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NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101
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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
R100	Initial Comments: An unannounced on-site licensing survey and complaint investigation was completed on 4/13/11 by the Division of Licensing and Protection.	R100		
R128 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that physician orders were followed for 3 applicable residents in the survey sample (Resident #2, Resident #4 and Resident #5). Findings include:</p> <p>1) Per record review on 4/12/11, Resident #2 had a order for daily blood pressure (BP) and pulse. The order indicated if BP does not fall within this range, systolic 90-140 and diastolic 50-90, then repeat BP in one hour. If second reading does not fall in range call M.D. During record review and confirmed with the nurse on 4/13/11 there was no documentation that demonstrated that Resident #2 had a BP and pulse taken as ordered on 3/1, 3/7, 3/9, 3/10, 3/14, 3/19 and 3/30/11.</p> <p>2) Per closed record review on 4/12/11, Resident #4 had an order for weekly blood pressure (BP) on Wednesday. During record review and confirmed with nurse on 4/13/11, there was no documentation that demonstrated that Resident #4 had a BP taken as ordered on 1/5/11 and</p>	R128		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<p>TITLE <i>Director</i></p> <p><i>[Signature]</i></p>	(X6) DATE 6-17-11
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R128	Continued From page 1 1/12/11. 3) Per closed record review on 4/12/11, Resident #5 had an order for daily blood pressure(BP) and pulse. The order stated report to VA telephone advice if BP higher than 160/95 or pulse higher than 100. During record review and confirmed with nurse on 4/13/11, there was no documentation that demonstrated that Resident #5 had a BP and pulse taken as ordered on 6/18/10, 6/25/10, 7/1/10, 7/5/10, 7/6/10 and 7/7/10.	R128		
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 record review and interview, the home did not maintain a current care plan for 1 of 6 applicable residents (Resident #3). Findings include: 1) Per record review on 4/12/11, Resident #3 had an order from 3/10/11 for Warfarin (a blood thinner) 2 mg, 2 tablets by mouth daily. The care plan for Resident #3 did not address signs and symptoms for Resident #3 to self report to staff or for staff to report related to Warfarin use. This was confirmed by the nurse on 4/13/11.	R145		

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R146	Continued From page 2	R146		
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through interview with Registered Nurse (R.N.) who provides oversight for medication delegation, the R.N. failed to provide instruction to staff regarding each resident's health care needs for 1 of 6 applicable residents (Resident # 1). Findings include: 1) Per record review on 4/12/11 Resident #1 has a diagnosis of Diabetes and is on sliding scale insulin. Documentation on 1/8/11 and 1/9/11 describe Resident #1 as not feeling well and being very shaky. There was no documentation that staff obtained a Finger Stick to monitor blood glucose levels when Resident #1 complained of not feeling well. This was confirmed with the Registered Nurse on 4/12/11.	R146		
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:	R167		

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R167	Continued From page 3 (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 interview, no written plan for the use of a PRN (as needed) psychoactive medication for 1 resident (Resident #2) was available to direct unlicensed staff on when to administer the medication or to assist unlicensed staff identify what behaviors to monitor for. Findings Include: 1) Per record review on 4/13/11, Resident #2 had a physician order for Lorazepam 1 mg 1 tab as needed for anxiety. During interview the nurse on 4/13/11, it was confirmed that there was no written plan developed by the nurse to address what specific behaviors the medication was intended to address or what circumstances indicated the administration of the drug.	R167			
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the	R171			

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R171	<p>Continued From page 4</p> <p>medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that there was proper documentation for the administration of PRN (as needed) medications for 2 of 6 residents (Resident #2 and Resident #3). Findings include:</p> <p>1) Per record review on 4/13/11, Resident #2 had an order for Apap (Acetaminophen) 500 mg 2 tabs by mouth as needed and an order for Tussin DM 2 teaspoons very 6 hours as needed. Per review of the MAR (Medication Administration Record) Apap 500 mg and Tussin DM were administered on 4/12/11 but staff did not document the effect of the PRN medications given. This was confirmed by the nurse on 4/13/11.</p> <p>2) Per record review on 4/12/11, Resident #3 had an order for Acetaminophen 500 mg 2 tabs by</p>	R171		

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R171	Continued From page 5 mouth every 6 hours as needed. Per review of the MAR (Medication Administration Record) Acetaminophen 500 mg was administered on 4/4, 4/5, 4/6, 4/10 and 4/13/11 but staff did not document the effect of the PRN medication given. This was confirmed by the nurse on 4/13/11.	R171		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that all employees providing	R179		

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R179	Continued From page 6 direct care to residents completed the required annual training. Findings include: 1) Per record review on 4/12/11, 5 of 5 direct care providers did not receive required annual training on Emergency Response 1st Aid. This was confirmed by the nurse on 4/13/11.	R179		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility has on staff a person who has a misdemeanor criminal record charge substantiation against them. Findings include:	R181		

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R181	Continued From page 7 1. Per review on 4/12/11 of personnel records, a current staff member had a positive criminal record check for a misdemeanor violation. This was confirmed with the manager on 4/12/11.	R181		
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Plan of Correction Responses for 4/13/2011 survey

ID prefix tag 128

We have developed a new procedure to insure that medication, treatment and dietary services shall be consistent with Dr orders

New procedure put in place to review a daily list of treatments performed during shift. These treatments will be checked and reviewed by staff at the shift change before doing the Controlled Drug Count. Any treatments that have not been done will be done at that time. If treatment was not done due to Resident being away, it will be noted in MAR and done when Resident is at the Home.

Third Shift, 10P-8A, will have responsibility to review all Resident charts to be certain ALL medications, treatments have been properly charted. If not, they will write med/treatment error report for Staff member not completing their responsibility regarding this issue. It will be the Responsibility of Management and the R.N. To follow up with that Staff member for corrective action

7-7-11 POC accepted D covered

ID Tag R145

Care Plan and M.A.R. have been revised to indicate unintended side effects and caution risk of excessive bleeding. Staff will be reeducated on this medication and will be trained in "Understanding the Care Plan Process" to help them better serve our Residents.

7-7-11 POC accepted D covered

ID tag R146

We have identified all Diabetic and have adjusted in their care plan to include Blood Glucose monitoring whenever vital signs are indicated by Resident or Staff. We have placed "The signs of Hypo and Hyperglycemia in each Diabetics Care Plan, as well as the M.A.R., for reference and will be re-educating all staff at our next monthly meeting. We believe our new training "Understanding the Care Plan Process" to reinforce with staff that the Care Plan is an essential part of our Residents healthcare. We will also be re-educating all staff on the signs of

ID tag # 167

We have included in our MAR not only the general description of anti anxiety, panic disorder, depression for psychoactive PRN medications but examples of their individual behaviors that would indicate their use. It should also be mentioned that those Residents using psychoactive PRN medications are discussed at our monthly meetings, with all our Residents, and behaviors and interventions are discussed in relation to filling out our behavior sheets at shifts end.

7-7-11 POC accepted D covered

ID Tag R171

New procedure has been put in place to review medication, treatments and dietary needs, a separate list of PRNs will be reviewed at shifts end as a part of that process.

Third Shift, 10P-8A, will have responsibility to review all Resident charts to be certain all Prns given have been properly charted. If not, they will write med error report for Staff member not completing their responsibility regarding this issue. It will be the Responsibility of Management and the R.N. To

follow up with that Staff member for corrective action

7-7-11 poc accepted D. [unclear]

ID Tag R179

Emergency response first aid training has been given to all employees and we will ensure that all new hires will receive this training by placing this course w/ the other essential trainings in new employee start up folder. Emergency response training has been incorporated into our "Essential 7" training packet. All employees will have to have satisfactorily passed the "Essntial 7" before being delegated to work alone with Residents.

7-7-11 poc Accepted D. [unclear]

ID Tag R181

Criminal and Adult/Child Abuse checks will be completed when a new employee is being considered for employment. If either of these checks are returned with violations, management will discuss such violations with applicant to decide if employment should be offered and if waiver should be requested. A waiver was received for the employee noted.

7-7-11 poc Accepted D. [unclear]