

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

June 25, 2013

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

Provider #: 0018

Dear Mr. Greason:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 6, 2013**. 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: 0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	JUN 14 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 05/06/2013
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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
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R100	Initial Comments: An unannounced on-site complaint investigation was conducted on 05/06/13 by the Division of Licensing and Protection. The following are Residential Care Home violations.	R100	<i>Please see attached Plan of Correction.</i>	
R101 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on observation, interview of staff and record review the facility retained 1 applicable resident who meet level of care eligibility for admission to a nursing home (Resident #1). Findings include: 1. Per record review on 05/06/13 Resident # 1 was noted to have a diagnosis of schizophrenic disorder in which s/he was assessed as moderately impaired decision making as well as socially inappropriate and "wear a care track bracelet" related to wandering. During the initial interview on 05/06/13 at 10:30 A.M., the manager did not identify Resident #1 as needing nursing home level care. S/he stated that although this was a concern, the primary care physician on 01/29/13 stated that it "was o.k., still safe living where [resident] lives." Per the annual assessment dated 09/01/12 identified the resident as needing limited assistance with dressing and	R101		

[Signature] 6/13/13

Division of Licensing and Protection	TITLE	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of Licensing and Protection

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R101	<p>Continued From page 1</p> <p>eating. It also notes "ADL score of 15 level 1 points 28 payment tier 1".</p> <p>Per interview at 11:48 A.M. the Registered Nurse (R.N.) stated "I did say that we should think about having [resident] move to another place because [resident] was taking more and more staff time, staff had to sit and feed [resident] during the whole meal, "that is why we changed the meal time for [resident] and more reminders about going to the bathroom". The R.N. confirmed although changes were identified, a re-assessment was not completed and the resident is now needing extensive assistance with dressing and eating.</p> <p>Per the Nursing Home Eligibility Criteria notes Step 1 - "does the resident have a score of >10 using the toileting ,eating, bed mobility, transfer? If yes individual is nursing home eligible. In addition, Step 6 states- "Does the individual have modified or impaired decision making and one of the following criteria? wandering (at least 1x/wk) - If yes individual is nursing home eligible.</p> <p>Per interview on 05/06/13 at 3:15 PM P.M. the Manger stated that s/he was planning on meeting with the guardian regarding the resident's level of care and confirmed exceed what the home is licensed to provide.</p>	R101		
R128 SS=D	<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>	R128		

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R128	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review staff failed to provide care consistent with physician orders as evident by lack of documentation for 1 applicable resident. (Resident #1). Findings include:</p> <p>Per record review, conducted on 05/06/13, Resident #1, who was admitted on 09/12/12, with a diagnosis of schizophrenia and a history of constipation and staff were not consistently monitoring the twice daily toileting. Per review of MAR [medication administration record] at least 7 times during the month of April 2013 and for the last 5 shifts there were no recorded bowel movements.</p> <p>On the evening of 04/21/13 the resident was sent via ambulance to the hospital for abdominal pain. The emergency note states the resident had "fecal impaction" and "after removal of the stool there was a 13 pound weight difference". In addition, 1700 ml urinary retention was noted. The house manager confirmed that staff failed to consistently document the monitoring of the toilet schedule.</p>	R128		
R150 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (7)</p> <p>Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken;</p> <p>This REQUIREMENT is not met as evidenced by:</p>	R150		

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R150	Continued From page 3 Based on record review and interview the RCH failed to assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken for 1 applicable resident (Resident #1) Findings include: 1. Per record review Resident #1 had several incidents in which the physician nor guardian were contacted, nor follow up actions taken. A progress note dated 04/12/13 states "[resident] fell out of bed I could not get [resident] up called 911 for help [resident] is walking around with eyes closed...". The 04/14/13 progress note states "[resident] is not moving well, just humming rocking with eyes closed, refused to eat". Also a note on 04/17/13 states "[resident]'s feet are swollen...very unsteady...would not open eyes at all". On 04/19/13 the progress note states [resident] got sick, threw up...". There is no documentation as to what actions were taken, assessments or notification to the physician. The Manager stated that when the resident fell on 04/12/13 that "I would assume the doctor was made aware of the fall" but confirmed that there was no evidence of what actions were taken at the time of the illness or accident.	R150			
R164 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: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated	R164			

[Handwritten Signature] 6/13/13

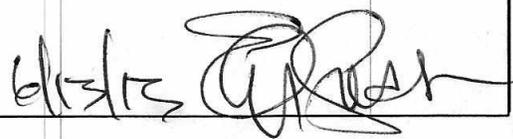
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R164	Continued From page 4 residents This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Registered Nurse failed to delegate the responsibility for the administration of specific medications to designated staff for designated residents for 1 of 2 residents (Resident #1). Findings include: 1. Per record review on 05/06/13 for Resident #1, The physician order dated 04/15/13 notes an increase of Haldol 0.5 mg 1 tab by mouth twice daily to three times a day as needed for agitation no more than 3 tabs in 24 hours. The resident received 28 doses during the month of April 2013. Per interview at 11:00 A.M. the House Manager stated that staff "have been trained in giving these types of drugs to other residents before", and had a list of the staff who are able to administer medications. However, S/he confirmed that the Nurse did not specifically delegate the changes in the psychoactive drug prior to this resident taking the medications. also see R-167	R164			
R167 SS=E	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	R167			

[Handwritten signature] 6/15/13

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R167	<p>Continued From page 5</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the RCH failed to assure that staff other than a nurse had specific instructions which describe specific behaviors and circumstances that indicate the use of as needed medications for one applicable resident in the sample. (Resident #1). Findings included:</p> <p>1. Per record review on 05/06/13 , Resident #1 had a history of wandering and socially inappropriate behavior. The service plan directs staff to maintain the resident safety and that the resident wears a 'care tracker' device. Staff are also to monitor behaviors around children and women. There is no service plan for the use of a Psychotropic medication. The physician order dated 04/15/13 notes an increase of Haldol 0.5 mg 1 tab by mouth twice daily to three times a day as needed for agitation no more than 3 tabs in 24 hours. The resident received 28 doses during the month of April 2013. Per the Behavior Monthly flow sheet for April 2013 the intervention code shows 'medication' as the only intervention used.</p> <p>The written service plan which directs the caregivers lacks specific instruction regarding the monitoring of signs of agitation and specific</p>	R167			



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R167	Continued From page 6 behaviors, and additionally lacks specific direction for non-pharmacological interventions. During an interview on 05/06/13 at 11:30 AM, the Nurse confirmed that the delegated nursing tasks of specific behavior monitoring, non-pharmacological interventions, and as needed medication administration were not specifically outlined in the written service plan for Resident #1. also see R-165	R167		

[Handwritten Signature] 6-13-13

Country Village Community Care Home

PO 468 Bellows Falls, VT 05101-0468

June 13, 2013

Dept of Disabilities, Aging and Independent Living
Div. Of Licensing and Protection
103 S Main St, Ladd Hall
Waterbury Vt

Att: Pamela Cota, Licensing Cheif

Dear Ms Cota

Please accept this Plan of correction relating to the survey done at CVCC on May 6, 2013.
I am faxing a copy and a hardcopy will follow by mail.

Sincerely



Edgar Greason

R101

We will add to our Policy and Procedures that residents showing a decline in ADLs will be assessed on a monthly basis.

The nurse and manager will meet monthly to review Residents and their need to be re assessed.

This will be implemented by 6.30.2013

R128

1:1 Documentation is being addressed and has been started.

On June 12 a three hour In Service educational class for all Staff will be held. The topic will be Reporting and Documenting Client Care.

Printed Progress notes have been changed to include and insure that date and time are addressed in all entries to Resident charts.

see addendum #1 #2

These changes have been made

R150

1:1 documentation started as described in response to R128

It will be the responsibility of the shift leader to review M.A.R. And Resident Charts to assure that all medication, PRN documentation, treatments have been correctly documented. That Dr appts, special instructions for Resident care have been charted and that care plans have been reviewed and revised to acknowledge current Resident needs.

These changes have been started and will be reviewed by nurse and/or manager for compliance on a regular basis

R164

Changes to care plans as shown in addendum #2. Staff to notify nurse when when Resident has a change in/or new order for psycotropic medication, both routine and prn.

A plan is being put in place for all PRN psycotropic medications for their intended use and potential side effects. This plan will include interventions that are resident specific to guide both Resident and Staff in considering non medication relief of their psycotic symptoms.

This will be inacted by 6.30. 2013



R167

Correction of this deficiency includes those listed above in ID prefix tag 164.

We will add to our Policy and Procedures that psychotropic PRN medications may not be administered without the guidelines for their use for that specific Resident

It will be the responsibility of Nurse and/or Manager to assure that care plans have been updated to include the use of psychotropic PRN medications prior to their use. To include specific signs of agitation and non-pharmacological interventions

These changes will be implemented by 6.30.13

R101, R128, R150, R164 + R167 PDC's accepted 6/19/13
SENUMONS RN/PMC



Attendance # /

MANDATORY DOCUMENTATION CLASS

JUNE 12, 2013

9AM-NOON

**REMEMBER TO BRING IN THE KNOW, READ
AND PREPARED FOR CLASS**

**ANY QUESTION SPEAK TO
LYNN CARRIER RN BSN**

Academy #2

In the Know, Inc.

Inservice Club

...meeting your paraprofessional inservice needs



A Communications Skills Module:

Reporting & Documenting Client Care

This inservice packet includes:

- Section One: For the Instructor (4 pages; copying not necessary.)
- Section Two: For the Staff (13 pages; copy for each nursing assistant.)
- Section Three: Miscellaneous (6 pages; copy as needed.)



Care Plan Addendum

Monitor effects and side effects of Antipsychotic Medication

Effects of Medication

Help control symptoms, reduce psychotic symptoms

Delusions

Hallucinations

Thought disorder

1. If new medication for resident---May take up to a few weeks to take effect
2. If resident checks medication or stops taking medication, above symptoms will return.
3. Then they must be reported to Edgar, Pauline or Lynn Carrier and then the Doctor must be notified if they are new for this resident.

Side Effects of Medication

Antipsychotic medication has a wide range of side effects

Main effects are neuromuscular (Movement problems)

Some side effects resemble Parkinson

Muscle stiffness

Tremors

Akinisia----Loss of movement

Akathisia----Restlessness

Dystonia---Muscle spasm

Common Side effects

Drowsiness

Weight gain (Why we weight them monthly)

Loss of menstrual periods

Drop in Blood pressure when standing up (which can cause dizziness)

Stiffness

Trembling of muscles

Constipation

Fluid retention

Sexual dysfunction

Dry mouth

Headaches

Blurred vision

Any side effect noted should be reported to Edgar, Pauline and/or Lynn Carrier, and then they should be discussed immediately with the ordering Physician.

We monitor the residents; on the antipsychotic medication yearly and PRN if needed for any changes by doing the Abnormal Involuntary Movement Scale (AIMS). The ordering physician is to be done this every 6 months on the residents