

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 7, 2016

Ms. Amy Lockerby, Manager
Giordano Manor
34 Canada Street
Swanton, VT 05488

Dear Ms. Lockerby:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 2, 2016**. 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

APR - 5 2016

PRINTED: 03/16/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
--	--

(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 onsite re-licensing survey was conducted on 3/2/16 by the Division of Licensing and Protection. The following are regulatory findings.	R100	<p>① Resident #1's psychoactive Medication care plan was found in the thinned out file/chart for this client. From now on; All PRN psychoactive Medication care plans will be placed within the MAR book with the client's medication sheets. Staff will be able to see them and refer to them as needed. This will begin March 25th 2016. The staff, RN's LPN will monitor these weekly</p>	
R167 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(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.</p> <p>① This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that there was a written plan for the administration of PRN (as needed) psychoactive medications for 1 of 5 residents sampled. Findings include:</p> <p>Per record review on 3/2/16, Resident #1 has an order for "Trazadone 50 mg. Give 1/2 tab (25 mg.) by mouth every morning. May repeat X1 after two hours of 1st dose if anxious, agitated behavior". Per review of the record, there was no</p>	R167		

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

Amy J. Keely
(Manager)

R167-R259 POC accepted 4/7/16 R Campos Rd/mcc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CDNSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
--	--

(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
--------------------	--	---------------	---	--------------------

R167	Continued From page 1 written plan for unlicensed staff that included the specific behaviors, the circumstances, and the side effects to watch for when administering the medication. Per interview on 3/2/16 at 10:45 AM, the Registered Nurse confirmed that Resident #1 did not have a written plan for staff to administer the PRN Trazadone.	R167	<p>② We have a book for new orders, all staff reads the new orders and signs their initials. The RN or LPN receives the new orders and are responsible for making sure the written/printed order is correct on the MAR. Any medications that are to be given at different times will be highlighted on the MAR and brought to staff's attention in the new order book. New orders will be checked weekly by the staff, RN and LPN. This will begin 3/25/16.</p>	
R171 SS=D	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 medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff	R171		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
---	--

(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
--------------------	--	---------------	---	--------------------

R171	Continued From page 2 interview, the home failed to ensure that the medication regime was followed for the timing of administration for 2 of 5 residents sampled (Resident #1, #2). Findings include: 1. Per observation of the noon medication pass on 3/2/16, Resident #2 has an order for Cilbstatol (Pletal) 100 mg. that was ordered to be given 30 minutes before the meal. The medication was administered to the resident after they had started eating their lunch. The med tech and the nurse confirmed at 12:15 PM that the order reads as stated above, and confirmed that the order was not followed to administer before the meal. 3 2. Per record review on 3/2/16, Resident #1 has an order for "Trazadone 50 mg. Give 1/2 tab (25 mg.) by mouth every morning. May repeat X 1 after two hours of 1st dose if anxious, agitated behavior". The resident was scheduled to take the morning dose at 8:00 AM. On 11/22/15, the Med Administration Record showed that a PRN dose of Trazadone was administered to Resident #1 at 9:00 AM. There was no indication that the scheduled dose was given early that morning to show the staff waited two hours to administer the PRN dose. Per interview on 3/2/16 at 10:45 AM, the Registered Nurse confirmed that Resident #1 was given a PRN dose of Trazadone at 9:00 AM, and that the documentation did not reflect the actual time the scheduled dose was given, to show that staff had waited two hours per the MD order.	R171	3 Staff has been reminded by the RN and LPN that there is a place on the MAR and PRN Sheets to record the time medications are given and the reason for giving them at a different time. If enough time hasn't passed before change of shift to record the result/effectiveness, the staff coming in are responsible to document the result, staff going off shift, need to let staff coming in know about this. If the medication is given early routinely the RN or LPN will get an order from the MD to change the time. The RN and LPN will check the MAR's monthly to make sure all medications are current with doctor orders. This will be done 3/25/16.	
R259 SS=D	VII. NUTRITION AND FOOD SERVICES 4 7.3 Food Storage and Equipment	R259		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CDNSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
--	--	---	--

NAME OF PROVIDER DR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
--	--

(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
--------------------	--	---------------	---	--------------------

R259 Continued From page 3

7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to maintain a locked storage compartment for chemicals and cleaning products in a food storage area. Findings include:

1. During the tour of the facility's main kitchen [where foods are stored and prepared, and residents pass through freely] at 10:15 AM on 3/2/16, the cabinet locking device below the sink was found unsecured. The under sink storage compartment contained three jugs of Liquid Plummer drain product, a bottle of liquid Pine Sol cleaning agent, a can of powdered Comet cleanser, and various other cleaning products. At 10:30 AM, the home's manager confirmed that the cabinet locking system for the chemical storage area under the kitchen sink had been left unsecured by staff.

R259

④ Staff is reminded to make sure all cabinets with locks are secured at all times. As of 3/25/16 staff will remind themselves and each other, to make sure to secure locks after they've obtained what they've needed. The locks in the bathrooms and in the kitchen will be checked hourly on each shift.