

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

July 19, 2013

Ms. Marcia Derosia, Administrator
Our Lady Of Providence
47 West Spring Street
Winooski, VT 05404

Provider #: 0198

Dear Ms. Derosia:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite investigation of multiple complaints conducted on June 11, 2013 and concluded on **June 12, 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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0198 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ Licensing and Protection | (X3) DATE SURVEY COMPLETED C 06/12/2013 |
| NAME OF PROVIDER OR SUPPLIER OUR LADY OF PROVIDENCE | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 WEST SPRING STREET WINOOSKI, VT 05404 | |
| (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) |
| R100 | Initial Comments: An unannounced on-site investigation of multiple complaints was conducted by the Division of Licensing & Protection on 6/11 & 6/12/2013. The following regulatory deficiencies were identified during the investigation: | R100 | |
| R136 SS=D | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that all resident assessments were completed as required for one resident (Resident #3) in the selected sample. Findings include:</p> <p>Per record review R#3 had multiple falls in the month of May, additionally the resident experienced a continued decline in behaviors, documented to be associated with a decline due to progression of his/her dementia, and increasingly unstable ambulation. There is no evidence of a change in condition assessment found in the record for this time frame and staff was unable to produce one when requested.</p> | R136 | <p>R136 V.</p> <p>5.7 ASSESSMENT</p> <p>5.7 C. R # 3.</p> <p>Resident Assessment done on 5/8/2013 was marked as annual and should have been marked as B. Significant change in status assessment. Annual was not due until June 2013.</p> <p>Nursing professional staff in-service on accurately reflecting the type of assessment and to validate purpose of assessment. In-service on Significant Change assessment, Level of Care Variance documentation and requirements.</p> <p>Complete by August 1, 2013</p> |
| R145 SS=D | V. RESIDENT CARE AND HOME SERVICES | R145 | |

Division of Licensing and Protection

Marcia DeRosei ARM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *ARM*

(X6) DATE
7-14-13

pmc

Division of Licensing and Protection

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| R145 | <p>Continued From page 1</p> <p>5.9.c (2)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the Plan of care for two residents, Residents #1 & #3, describe care and services necessary to maintain independence and well-being. Findings include:</p> <p>1. Per record review and staff interview R#1 has dysphagia (difficulty swallowing) and the January monthly summary note contains strategies for swallowing which are not included in the plan of care. Additionally the lingering effects of a CVA (stroke) have resulted in some Left sided neglect and there are strategies in the record for maintaining skin integrity and maintaining/increasing strength and ambulation, not included in the plan of care. The nurse on duty confirmed in an interview on 6/12/13 at 2:15 PM that no interventions had been added to the plan of care.</p> <p>2. Per record review and staff interview R#3 had experienced multiple falls in the month of May 2013. The plan of care was not updated with the numerous falls and/or additional strategies for fall prevention in relation to the new falls. The resident also experienced an increase in behaviors due to advancing dementia without any additions or revisions and no evidence of review of the care plan. In an interview on 6/12/13 at</p> | R145 | <p>Facility implemented new care plan format starting February 2013.</p> <p>Facility professional staff will conduct Quality Assurance review of existing resident Care Plans to assure all goals, interventions are up to date Complete by 09/22/2013</p> <p>In-service professional staff on Care Plan process will be conducted again. Complete by 8/15/2013</p> <p>R 145 5.9.c(2) 1. Care Plan for Resident #1 updated 7/14/2013</p> <p>R 145 5.9.c(2) 2. Staff failed to update care plan with specific interventions. Staff will be in-serviced on making sure the Care Plans document are timely updated. Complete by August 15, 2013</p> <p>Other Note in regards to #3;from other records - increased behaviors noted (resistance to direction,crying, anxiety)no</p> |

Marcia Pelletier

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7/14/13

Division of Licensing and Protection

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| R145 | Continued From page 2 2:15 PM a nurse on duty acknowledged that there were no revisions to the care plan noted in relation to these issues. | R145 | 145 (continued) acute physiological cause identified. MD was informed of behaviors and ineffective non pharmacological interventions. Medications implemented and effect monitored. Family kept informed of behaviors and medication changes. Significant change in Resident noted as a decline. Residents mobility and safety awareness had rapidly declined and overall level of comfort had not improved. MD made aware and again medications adjusted and an appointment scheduled with Memory Disorder clinic. Family kept informed and very involved and reiterated the goal was comfort. Resident showed no improvement and had multiple falls in the month May, last fall resulting in hospital admission and a plan care established prior to her return with a comfort care directive. | |
| R161 SS=E | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview the facility manager failed to assure that staff administer medications according to facility policy. Findings include: Per interview on 6/11/13 at 11:45 AM the Administrator acknowledged that there are nurses who administer medications to residents in the dining room. There are residents in the dining room with those residents who do not have cognitive deficits. S/he stated that, at times, the nurses leave the medications with the resident, per their request, without assuring that the resident has taken the medications. S/he stated that attempts to change this practice have been unsuccessful thus far. | R161 | R161 5.10 Medication Management Facility implement change in standard facility times of medication to 9-1-5-9 Completed July 1, 2013 Specific residents counselled on requirement for facility to not administer in dining room and reason for requirement Completed July 1, 2013 | |
| R206 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation | R206 | | |

Maura Peloni

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7-14-13

Division of Licensing and Protection

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| R206 | <p>Continued From page 3</p> <p>5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that all instances of suspected abuse were reported to APS within the required time frame for one resident, Resident #1(R#1). Findings include:</p> <p>Per record review R#1 reported the Director of Nursing Services (DNS) that a staff nurse had been verbally abusive to her during morning care. The alleged incident took place on 2/5/13 in the morning and was reported on 2/11/13 via phone message indicating that the DNS would be reporting the incident. On 2/12/13 at 10:40 AM screeners made a phone call to the DNS who stated that s/he did not believe that this was a reportable incident, and so s/he had not reported it. The Administrator acknowledged on 6/11/13 that the incident had not been reported prior to a discussion with the DNS several days later.</p> | R206 | <p>R161 5.10 Medication Management</p> <p>(continued)Memo to Nursing Professionals in June 2013 as it related to the change of administration times with the purpose to eliminate challenge of medication administration around mealtime/dining room and to encourage residents to come to nursing station before or after mealtime. Implementation completed 7/1/2013</p> <p>Medication Administration In-service /ASCPs Medication Series to be conducted with professional nursing staff. Part 1 -Oral Medication, Eye Medication Inhalers, Patches. Part 2 Preparing and Administering Injectable Medications in LTC settings, Transcription, Taking Verbal Orders and Medication Documentation Overview, Overcoming Challenges of Medicaiton Administration. Complete by September 15, 2013</p> <p>5.18 Reporting Abuse, Neglect, or Exploitation</p> <p>The former DNS was informed and aware of reporting requirements as per our Plan of Correction which was approved and accepted 2/14/2013. The Plan of Correction was completed and submitted 2/4/2013 to Licensing and Protection.</p> |

Marcia DeRisi *Asm* *7/14/13*

5.18 Reporting Abuse, Neglect, or Exploitation (continued)

The following is our response to the POC 2/5/13 and is the facility directive to Department Managers.

"R206

In-service to all staff on Abuse Neglect and Exploitation will be repeated and will include the use of the ADP Awareness Handbook.

Department Managers will be directed when an employee comes to them verbally to report to have the individual fill out the ADP reporting form as part of our record. The Department Manager is to immediately notify the Administrator of any alleged abuse, for reporting to the licensing agency and provide the Administrator with the completed document. The Department Manager will report the abuse to ADP. The facility may conduct their own internal investigation but understands the responsibility to determine if the alleged incident did occur or not: that is the responsibility of the licensing agency. 02/14/13"

Maura Delise Asm 7/14/13

5.18 Reporting Abuse, Neglect, or Exploitation (continued)

The DNS did not provide all details of the incidents to the Administrator until 2/11/2013, indicating she did not feel the incidents were reportable. The Administrator advised the DNS was to follow the Plan of Correction and APS reporting requirements, and reiterated it is the responsibility of the licensing agency to determine. Further research shows two incidents. One on 2/5, which the former DNS did not consider reportable after discussion with the resident and family member. One on 2/10/13 not involving the resident but another staff member reporting a staff member. Licensing and Protection was emailed on 2/11/2013 by the Administrator advising them the DNS would be calling APS. (2/11/13 email to Nancy Emple forwarded to Pam Cota) APS reference # 2484 confirmation was received 2/21/13, advising that information gathered during screening did not support further investigation.

Additional follow-up - Reporting Requirements distributed to Department Managers with website instructions again. Staff will be strongly encouraged to report timely and according to the law.

Completed by July 19, 2013

R136, R145, R161 + R206 POC's accepted 7/15/13
MHiggins RN/PMC

Maree DeRaei Am 7/14/13