



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

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

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

February 7, 2011

Mr. William Spalding, Administrator
Pillsbury Manor - North
1530 Williston Road
South Burlington, VT 05403

Dear Mr. Spalding:

Enclosed is a copy of your acceptable plans of correction for the unannounced re-licensing survey to determine compliance with the Vermont Residential Care Home Licensing Regulations conducted on **January 10, 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED 01/10/2011
NAME OF PROVIDER OR SUPPLIER PILLSBURY MANOR - NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 WILLISTON ROAD SOUTH BURLINGTON, VT 05403		
(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 re-licensure survey to determine compliance with the Vermont Residential Care Home Licensing Regulations was conducted at the home on 1/10/11 by the Division of Licensing and Protection. The following regulatory violations were found.	R100	5.5c. MD order has been obtained for #2 resident to self cath BID prn 20 bladder retention for the resident PL	1/11/11 Done
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home did not assure that all treatments for 1 of 6 residents in the survey sample (Resident #2) were consistent with physician orders. Findings include: 1. Per record review on 1/10/11, Resident #2 experiences urinary retention requiring BID (twice daily) catheterization. The record indicates that this procedure is completed twice daily by Resident #2 but there is no physician order indicating either that this procedure is necessary or that Resident #2 should perform this treatment independently. During interview at 1:00 PM, the Charge Nurse confirmed that Resident #2 does perform self-catheterization BID and that no order for this procedure was available for this resident.	R128	- Charge Nurses Felicia - Nurse Manager Stanchfield + ultimately Administrator will be responsible to make sure residents services are consistent with the physician's orders Deborah Jernigan R128 2-7-2011 PIC accepted C. Laraway, RN	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

Division of Licensing and Protection

TITLE

(X6) DATE

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

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R145	Continued From page 1 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: Per staff interview and record review, the Registered Nurse failed to assure that each resident's plan of care addressed all of the identified needs for 1 of 6 residents in the total sample. (Resident #1) Findings include: 1. Per review on the morning of 1/10/11, Resident #1's care plan did not include a description of the location of the resident's subcutaneous medical access device, nor did it include the emergency contact information. The care plan also failed to instruct nursing staff to take blood pressure readings only from the resident's unaffected arm. This was confirmed during interview with the Manager at 2:25 PM on 1/10/11.	R145	5.9c Fistula added to problem list, care plan Treatment Kardex + MAR - Nurses to v site + v for ⊕ bruit daily Caregivers instructed to v BP on opposite arm - added to vital sign sheet + care plan sign in Room - Nephrology contact numbers added to emergency contact number on ID sheet of Resident # 2 - Nurse manager + Administrator responsible for complete accurate care planning + that all are accurate Deborah Jemey RN R145 2-7-2011 POC accepted. C. Laraway, RN	1/11/11 Done
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.	R161		

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R161	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to assure that nursing staff administered medications in accordance with facility policies and procedures during observations of medication administration to 3 residents. (Residents #2, #3 and #6) Findings include:</p> <ol style="list-style-type: none"> Per observation on 1/10/11 at 11:05 AM, the LPN (Licensed Practical Nurse) left Resident #6's medication in the room for the private caregiver to administer. During interview at 4:05 PM regarding the observation, the Administrator and the Nurse Manager confirmed that the private care giver on duty was not trained to administer medication and that only nurses or medication technicians may administer medication to the resident. Per observation on 1/10/11 at 11:15 AM, the LPN failed to wash hands prior to donning gloves to administer Refresh eye drops to Resident #2. Per review, the policy/procedure for eye drop administration stated to wash hands then put on exam gloves. This was confirmed during interview with the LPN at 11:30 AM. Per observation at 11:25 AM on 1/10/11, the LPN failed to adhere to clean technique during medication administration for Resident #3. The LPN failed to wash hands prior to donning gloves and administering an injection to the resident. The LPN then removed gloves and placed them into the paper towel lined medication basket used to transport medications to resident areas. The LPN returned to the nursing station and discarded the worn gloves and placed a new pair of gloves and another resident's eye drops into the same basket and left the area to administer 	R161	<p>5. 10 All medication management deficiencies addressed = LPN + disciplinary actions now in employees file Policies + (Infection control) Procedures reviewed = LPN - Aware of her poor technique + judgment - - Nurse Manager + Administrator Responsible for follow through on going Teaching + accountability Deborah Jemey RW</p> <p>R161 2-7-2011 POC accepted - C. Laraway, RN</p>	1/14/11

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R161	Continued From page 3 the medication. The surveyor brought the breach in infection control technique (placing soiled gloves in the common basket and failing to clean it after doing so, prior to reuse) to the nurse's attention. This was also confirmed with the Manager and the Charge Nurse during interview at 4:05 PM.	R161	9.11 Maintenance Supervisor aware + it has been reinforced the need to carry out state required drills - every quarter + at different times to hit each shift - The Date, time + those attended needs to be clear on his documentation Cathy Hudson operations manager - Nurse Manager + Administrator to keep him accountable + this will be ongoing	
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure required fire drills were completed and / or documented. Findings include: 1. Per record review on 1/10/11, staff had completed 6 fire drills during the previous 12 months with 3 drills in the first quarter of the year and 3 drills in the fourth quarter of the year. Two of the drills had no time indicated in the record. During interview that afternoon at 2:25 PM, the Maintenance Director confirmed that drills had	R302		

Division of Licensing and Protection

STATE FORM

9899

J8JP11 R302 - 2/7/2011 continuation sheet 4 of 5

POC accepted. - C. Lanning, RN

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R302	Continued From page 4 not been completed during all four quarters as required and that documentation of the time of drills performed was not available for 2 of the completed drills.	R302		
R313 SS=B	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to obtain written requests from residents for whom personal funds were managed. Findings include:</p> <p>1. Per record review on 1/10/11, the home managed petty cash funds for several residents and provided quarterly statements for each residents' funds. However, there were no records indicating that any resident had made a written request to the home stating their desire for management of personal funds. During interview that afternoon, the Manager confirmed that there was no process in place to obtain written permission and terms of management regarding petty cash funds for residents desiring / receiving this service.</p>	R313	<p>11.1 A long current policy in place to hold Resident cash. - a request letter will be required from the resident before we do that + kept in their chart. - Quarterly statements will continue to be sent - Nurse manager responsible - Present residents now have signed letter - Deborah Fenney R313 2-7-2011 POC accepted. C. Laraway, RN</p>	1/26/11