

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

November 30, 2012

James MacDonald, Administrator
Second Spring
118 Clark Road
Williamstown, VT 05679

Dear Mr. MacDonald:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 23, 2012**. 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:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2012
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NAME OF PROVIDER OR SUPPLIER SECOND SPRING	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
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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 completed by staff from the Division of Licensing and Protection on 10/23/12. The following regulatory violation was found.	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assure that residents received necessary care and services to meet the medical and nursing needs for 2 of 3 residents in the targeted sample. (Residents #1 and #2) Findings include: 1. Per review of the closed medical record for Resident #1 on 10/22/12, nursing staff failed to show evidence of follow up action regarding the resident's medical needs on 2 occasions. A. Per review on the morning of 10/22/12, a nursing progress note dated 5/29/12 stated "[Resident #1] met with Dr. [psychiatrist] and requested Dr. appointment which we will set up". The next progress note is dated 6/11/12 and there is no further mention in the progress notes of setting up an appointment with the medical physician, as requested by the resident.	R126		

*PAR accepted 11/29/12
on attached addendum -
May 15/12, RW*

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE 10/28/12 (X8) DATE

STATE FORM 6699 297611 If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/23/2012
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R126	Continued From page 1 B. Per record review, the resident went to the Emergency Department (ED) on 6/19/12 complaining of chest pain and was subsequently diagnosed with gastroesophageal reflux. The resident was given a small supply of medication with recommendations of a 2 week trial of Protonix (a medication used to treat reflux). There was no evidence in the medical record that this recommendation was ever discussed or relayed to the treating provider for possible consideration. In addition, there was no evidence of ongoing assessment and monitoring of the resident's symptoms after the ED visit. The above concerns regarding nurses' failure to show evidence of follow up action and assessment regarding the resident's medical and nursing needs was confirmed during interview with the RN Team Leader on 10/23/12 at 10:50 AM. 2. Per record review on 10/22/12 and 10/23/12, nurses failed to show evidence of follow up communication with Resident #2's PCP (primary care provider) regarding lab results showing elevated cholesterol and triglyceride levels during March, 2011 and February, 2012. The resident was not receiving medical treatment for this problem. Nurses also failed to follow up on the PCP's written question after an office visit during the early fall of 2011 regarding when the resident, who had a history of breast cancer, had last undergone mammography testing. The PCP wrote that the last known mammogram was completed in 2009. During interview on 10/23/12 at 10:50 AM, the RN confirmed that there was no evidence of follow up action regarding the above medical concerns.	R126			

Second Spring Plan of Correction

Site Survey
10-23-12

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. R126, Resident Care and Home Services, 5.5a General Care; Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. Corrective action:</p> <p>-Nursing staff will be responsible for documenting all actions taken by nursing pertaining to residents needs. This will include any assessments, phone calls or consultation had with or about the resident.</p> <p>-Events of the week will be addressed weekly at nursing staff meeting where nursing staff will review the event: what actions were taken and how/whether the event and actions were completed and documented.</p> <p>-Bi-weekly audits will be put into place, where medical needs and concerns needing action will be followed and tracked through completion/resolution.</p> <p>-Both the night nurse and charge nurse/nurse manager will be responsible for completing the audits and initiating the staff discussions.</p>	<p>1. Nursing Team Leader will be responsible for process being followed and audited to ensure that medical needs are met in a timely fashion.</p>	<p>1. Nurse Team leader, Nursing Staff, Residential Care Home Director</p>	<p>1.12-31-12</p>

*PRC accepted 11/29/12
Mey for the PRC*