

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
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August 31, 2012

Mr. Robert Wainwright, Administrator
Hilltop House
65 Harris Avenue
Brattleboro, VT 05301

Provider #: 0047

Dear Mr. Wainwright:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **July 18, 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:ne

Enclosure



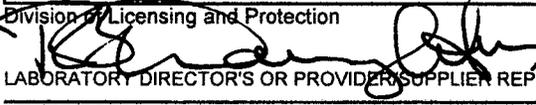
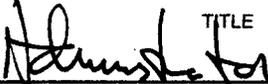
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2012
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NAME OF PROVIDER OR SUPPLIER HILLTOP HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 65 HARRIS AVENUE BRATTLEBORO, VT 05301
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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 onsite complaint survey was conducted on 7/18/12 by staff from the Division of Licensing & Protection. The following regulatory violation was found.	R100	<i>RESIDENT #1</i>	<i>7/19/12</i>
R145 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</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 staff interview and record review, the Registered Nurse (RN) failed to develop care plans that addressed all of each resident's assessed needs for for 3 of 4 resident care plans reviewed. (Residents #1, 2 & 4). Findings include:</p> <p>1. Per record review on 7/18/12, Resident #1 sustained an abrasion on the right elbow after a fall on 6/10/12. During interview at 1 PM on 7/18/12, the RN confirmed that the care plan was not revised to reflect this initial fall for this resident.</p> <p>2. Per record review on 7/18/12, Resident #2 has dementia with behaviors including being verbally abusive to others, resists care and has chronic anxiety with depressed mood. The resident also requires outpatient hospital services monthly to address anemia management issues. During interview at 1:30 PM, the RN confirmed that the</p>	R145	<p><i>A separate individualized fall risk care plan has been created to address goals and interventions to prevent falls for this resident. All residential aides have reviewed the plan with the Nurse manager.</i></p> <p><i>RESIDENT #2</i></p> <p><i>The resident's care plan has been revised to include problems goals and interventions related to dementia, verbal abuse to staff, chronic anxiety with depression, and anemia management issues. these plans have all been reviewed by staff with the Nurse Manager.</i></p>	<i>7/19/12</i>

Division of Licensing and Protection  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE  ADMINISTRATOR	(X6) DATE <i>8/17/2012</i>
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R145	Continued From page 1 care plan did not address the resident's psychoactive medication use, moods or need for acute anemia management. 3. Per record review on 7/18/12, Resident #4's care plan did not address the resident's need/use of a Foley catheter due to urinary retention, falls risk and use of psychoactive medications to manage abusive and agitated behaviors. During interview at 2:30 PM, the RN confirmed the lack of care plans to address these assessed needs.	R145	RESIDENT # 3 This resident's care plan now clearly addresses the need for and care of his indwelling Foley catheter due to urinary retention. An individualized fall risk care plan has been added. The use of psychoactive medications to manage abusive and agitated behaviors has been addressed in his plan of care. The plans have all been reviewed by staff with the Nurse Manager. All care plans will be monitored / reviewed on a monthly basis at the Residential Aide mtg and anytime there is a change in the status of the resident.	7/19/12

POC R145 accepted 8/30/12 May with RN