

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

March 20, 2014

Ms. Melissa Greason, Administrator
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Provider #0103

Dear Ms. Greason:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site complaint investigation conducted on **February 18, 2014**. 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

PRINTED: 03/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMS	STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201
---	---

(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 on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/18/2014. The following is a regulatory violation.	R100	Please see attached Plan of Correction.	
R191 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained. 5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal	R191	See Attached 3-11-14	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Michelle Ansell* TITLE *RnMason* (X5) DATE *3-11-14*

pmc

PRINTED: 03/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILD NO: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMS	STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201
---	---

(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
R191	<p>Continued From page 1</p> <p>course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have a written report of accidents and/or illness in 2 of the 3 medical records reviewed. The facility also failed to report incident involving resident to resident abuse to the State Licensing Agency on 2 of 3 investigated cases.</p> <p>1.) On 2/18/2014 upon record review of Resident #1, there was no documentation regarding an incident that occurred on 12/31/2013 in which Resident #1 was the victim of physical contact from another resident. Resident #1 has diagnoses which include left eye blindness; TBI with seizures and HTN. Per interview with the RN nurse manager, Resident #1 was pushed and slapped by another resident on 12/31/13. Resident #1 uses a cane to maintain balance. Per interview with Resident #1, s/he was in the hallway when s/he was pushed and then "tapped" on her/his buttocks. Confirmation was made with the RN at 2:00PM, that there was no documentation and s/he was aware there should be written documentation regarding incidents/accidents and follow up documentation.</p>	R191		

PRINTED: 03/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMS	STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201
---	---

(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)	(X6) COMPLETE DATE
R191	Continued From page 2	R191		
	<p>2.) On 2/18/2014 upon record review of Resident #2, there was no documentation regarding an incident that occurred on 12/31/2013 in which Resident #2 was the victim of physical contact from another resident. Resident #2 has the following diagnoses: Schizophrenia; Anxiety; HTN; CAD; Hyperlipidemia and GERD. Per interview with the RN nurse manager, Resident #2 was pushed and slapped by another resident. Resident #1 uses a walker to maintain balance. Per interview with Resident #2, s/he was in the hallway when she was pushed and then "slapped" on her/his buttocks. Confirmation was made with the RN at 2:00PM, that there was no documentation and s/he was aware there should be written documentation regarding incidents/accidents and follow up documentation.</p>			
	<p>3.) On 2/18/2014 upon review of the medical record for Resident #3, there was documentation that indicated resident to resident abuse. Resident #3 has the following diagnosis: Schizophrenia with persecutory delusions; Hallucinations; Disorganized behaviors; Assaultive behaviors; Diabetes and GERD. Resident #3 had resided at the facility from 12/29/12-12/31/13. Progress note written on 9/28/13 presented with the resident grabbing the walker of another resident while in the hallway and then shoved that resident out of her/his way. Per confirmation at 3:15PM with the RN, there was no incident report filed and it was not reported to the State Agency.</p>			
	<p>4.) On 2/18/2014 upon review of the medical record for Resident #3, there was documentation that indicated resident to resident abuse. Resident #3 has the following diagnosis: Schizophrenia with persecutory delusions;</p>			

PRINTED: 03/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMS	STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201
---	---

(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
R191	Continued From page 3 Hallucinations; Disorganized behaviors; Assaultive behaviors; Diabetes and GERD. Resident #3 had resided at the facility from 12/29/12-12/31/13. Progress note written 12/25/2014 presented with the resident becoming angry and verbally abusive to staff and then she hit another resident in the groin. Per confirmation at 3:15PM with the RN, there was no incident report filed and it was not reported to the State Agency.	R191		

Plan of Correction

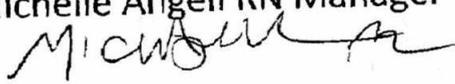
R191 V Residents Care and Home Services R191

5.12. C (5)

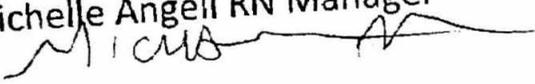
An In-service was conducted for all staff by the RN Manager Michelle Angell on March 10, 2014; the following was reviewed, to follow the protocol for resident to resident altercation including documentation in both the residents' charts, and to fill out an incident report. ALL pertinent people will be notified including contacting the RN Manager, The administrator, and the emergency contact. Adult Protective Services will be notified (DAIL) Immediately a copy of the report will be sent within 72 hours (BY the RN Manager or the Administrator but all staff have the right and/or responsibility to report and to follow up with the person who puts in the report to see the outcome.

An in-service is scheduled for March 24, 2014 for Abuse/Neglect and Exploitation the last full in-service on that topic was 11-4-13. We do our in-services on a yearly calendar basis.

RN Manager will monitor resident records on a minimum of a weekly basis. A Form will be generated to confirm monitoring. A full chart review was completed on March 6, 2014 and March 7, 1014.

Michelle Angell RN Manager


Revised March 16, 2014

Michelle Angell RN Manager


R191 POC accepted 3/20/14 BBortell RN/pmc