

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 12, 2013

Mr. Mike Jensen, Administrator
Wintergreen Residential Care Home
3 Union Street
Brandon, VT 05733

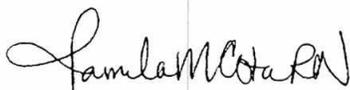
Provider #: 0593

Dear Mr. Jensen:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey and investigation of a self report conducted on **May 13, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593 0953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/13/2013
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NAME OF PROVIDER OR SUPPLIER WINTERGREEN RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET BRANDON, VT 05733
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R100	Initial Comments: An unannounced on-site re-licensure survey and investigation of a self-report was conducted by the Division of Licensing and Protection on 5/13/2012. There were findings related to the re-licensure survey and no findings related to the self-report investigation. Findings include:	R100		
R104 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS	R104	① The action we are taking to correct the deficiency is add agg agreements for ACCS participants, and updated as needed. POC Accepted 7/8/13 Marylou Mendenhall	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Marylou Jensen* TITLE: *Manager* (X6) DATE: *6/18/13*

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R104	Continued From page 1 participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to provide a written admission agreement to each resident and/or their legal representative which contains an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from private paying to paying with SSI or ACCS benefits. Findings include: In a review of the facility's admission agreement for all private pay residents on 5/13/2013 there is no information about a resident who must change from private pay to SSI or ACCS benefits in the agreement. This was confirmed by the facility manager in an interview on 5/13/2013 at 11:10 AM.	R104			
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 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:	R145			

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R145	<p>Continued From page 2</p> <p>Based on record review and staff interview the facility failed to assure that the care plans for two residents of three reviewed (R#2 and R#3) contained the care and services necessary to assist the resident to maintain independence and well-being. Findings include:</p> <p>1). Per record review R#2 had experienced falls on 6/9/12, 11/13/12, 1/17/13, and 2/18/13, and had been admitted to a Hospice program. The care plan did not contain any Falls prevention interventions or strategies to improve or monitor mobility. The care plan did not contain any information regarding Hospice, their role in the resident's care or end-of-life strategies. In an interview on 5/13/2013 the facility manager confirmed that the information was not in the resident's care plan.</p> <p>2). Per record review R#3 is on a low sodium diet, has a history of issues with vaginal bleeding, is on an anticoagulant, had a PT referral in February, and has chronic pain. The care plan for R#3 does not contain any information regarding a low sodium diet and the foods/ snacks allowed or restricted on this diet. The care plan does not contain any information regarding monitoring for bleeding and/or bruising and the actions to take if noted. The care plan does not contain any information about a PT referral or services or any suggested interventions. The care plan does not contain any information about pain relief interventions- both non-pharmacologic and medications or any special adaptations for the resident when having a pain exacerbation. In an interview on 5/13/2013 at 3:25 PM the facility Manager confirmed that the care plan did not contain this information.</p>	R145	<p>① The action we have taken to correct this deficiency is the nurse has written a policy added to the proper care plans, such as hospice, falls, monitoring bleeding and low-sodium diets.</p> <p>② the measures taken for no recurrence is, monitoring INR, weight increase, sodium intake, looking at care plans closer.</p> <p>③ manager's, RN will monitor all of the above daily so this does not recur.</p> <p>④ Date for completion will be August 18, 2013</p>	
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7/19/13
RCE
ACCEPTED
MANAGER
RW

Division of Licensing and Protection

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R160 R160 SS=E	Continued From page 3 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the	R160 R160	<p>① The action we have taken to correct the deficiency is, will be to update medication policies and monitoring the MAR book closer.</p> <p>② The measures we have taken are to monitor all MAR documentation and continue to teach staff.</p> <p>③ Managers will continue to monitor policies & MAR book to keep updated.</p> <p>④ completed on August 18, 13 7/18/13 POC ACCEPTED Mauger 7/18/13</p>	

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R160	<p>Continued From page 4</p> <p>facility failed to assure that medication policies contained the required information. Findings include:</p> <p>Per record review facility medication policies did not include:</p> <p>A). How the process of medication delegation is carried out in the home.</p> <p>B). Qualifications of staff who will be managing or administering medications in the home.</p> <p>C). The home's process for nursing supervision of the staff.</p> <p>D). How the medications will be obtained including choices of pharmacies.</p> <p>E) Procedures for documenting medication administration including: refusals, administration, side effects, date, time, reason, and effectiveness of PRN(as needed) medications, and med errors.</p> <p>F). Disposal of outdated or unused medications including the person(s) responsible for disposal.</p> <p>G). Procedures for monitoring side effects of psychotropic medications.</p> <p>In an interview on 5/13/2013 at 1:45 PM the facility Manager and the Registered Nurse confirmed that there were no other medication policies than the one page provided.</p>	R160		
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R165 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p>	R165		
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R165

Continued From page 5

- i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;
- ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;
- iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview the facility failed to assure that the Registered Nurse monitors and evaluates designated staff performance in carrying out the nurse's instructions. Findings include:

Per record review there is no written record of re-delegation or skills checks for staff delegated to pour and administer medications. In an interview on 5/13/2013 at 1:30 PM the Registered Nurse confirmed that s/he had not and it is not his/her practice to observe staff delegated to pour or administer medications other than during their initial training.

R165

① The action we have taken to correct the deficiency is the R.N. will re-evaluate the staff as they administer meds and/or pour. Also we will have Wilcox pharmacy pre-pour all meds for each resident, now.

② The administrator and managers will monitor and have the nurse document all re-evaluations every 3 months.

③ The measures we will take so it doesn't recur is to have a 3 month sheet of documentation, stating the R.N. has re-evaluated staff.

④ completed on 8/18/13

R167
SS=E

V. RESIDENT CARE AND HOME SERVICES

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

R167

1/8/13
RECEIVED
M. HARRIS

Division of Licensing and Protection

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R167	<p>Continued From page 6</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that unlicensed staff administered a PRN psychotropic medication only with a written plan for use which describes behaviors the medication is intended to address, circumstances indicating the use of the medication, and educates the staff what desired effects and undesired side effects they must monitor and document. Findings include:</p> <p>Resident #2 is prescribed Lorazepam 1 mg PO once in addition to the daily scheduled dose as needed. In review of the record there is no PRN Psychotropic Medication Plan in the record. In an interview on 5/13/2013 the facility Manager confirmed that there was no PRN Psychotropic Medication Plan available for this resident.</p>	R167	<p>(1) The action we took to correct this deficiency is to have the R.N. make a new Policy plan for use of PRN psychotropic medications</p> <p>(2) The plan so it doesn't recur will be to educate staff on a regular basis along with monitoring & documenting</p> <p>(3) This plan will be monitored daily by staff, and they will document daily on a sheet per each resident on these meds.</p>	
R200 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home</p>	R200	<p>(4) completion date 8/18/13</p> <p>2/18/13 POC ACCEPTED M. HARRIS RN</p>	

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R200	Continued From page 7 for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview the facility failed to have written policies readily available for all services provided by the home. Findings include: In an interview on 5/13/2013 the facility Manager confirmed that the facility does not have a policy manual for all services provided in the home.	R200	<p>① The P.O.A. will be..we will have a written policy available for all services provided in the home.</p> <p>② we will take the measures to place a copy in the P&P book and update w/any changes.</p> <p>③ we will monitor it with RN & managers looking over it.</p> <p>④ completion date 8/18/13 7/18/13 POC ACCEPTED m Nyman</p>		