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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475043 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Greensboro Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 Maggie's Pond Road Greensboro, VT 05841 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48017</p> <p>Based on observation, interview, and record review, for 1 applicable resident (Resident #13), the facility failed to protect the resident's privacy and treat the resident with respect and dignity. The facility also failed to ensure each resident has a right to self-determination and access to persons and services outside of the facility, by locking all doors to the facility 24 hours a day, 7 days a week. By creating a locked facility, there is a failure to ensure the right of each resident to exercise their rights as a citizen (or resident) of the United States or make personal choices about going outside without interference. This can potentially affect all residents of the facility and all visitors, including family, legal representatives, and advocates. Findings Include:</p> <p>1. Per record review, Resident #13 has resided at this facility since [DATE]. S/he has a BIMS (Brief Interview for Mental Status) score of 3, which is indicative of severe cognitive impairment. Her/his diagnoses include dementia (a loss of cognitive function) and parkinsonism (a chronic progressive movement disorder); per the care plan, s/he has speech, language, and memory deficits and requires maximum assistance for all activities of daily living and includes an intervention of Allow adequate time to respond, repeat as necessary, do not rush, make eye contact, and request clarification from the resident to ensure understanding.</p> <p>On [DATE] at 8:30 AM, this surveyor observed an LPN (Licensed Practical Nurse) approach Resident #13, who was seated in a common area, eating breakfast with several other residents and visitors. The LPN approached Resident #13, stating, I'm going to apply your patch to your belly, while lifting the shirt of Resident#13 to just below breast level, exposing her/his abdomen and undergarments, including an incontinence brief. S/he removed the expired medication patch and applied a new one while holding Resident 13's shirt up, leaving her/his abdomen exposed.</p> <p>Per record review, a document titled Resident Rights Guidelines for all Nursing Procedures, on page 4, under the General Guidelines heading, F) close the entrance door and provide for the resident's privacy.</p> <p>Per interview with the LPN on [DATE] at approximately 9:30 AM, s/he stated, We give medications in the dining room here; it is such a small place. s/he confirmed that s/he had exposed Resident #13 to other residents and should have taken the resident to a private space.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Per interview with the Director of Nursing (DON) and the Administrator on [DATE] at approximately 9:45 AM, the DON agreed that the LPN should not administer medications in a common area. Additionally, she/he confirmed that the resident was not treated with respect and dignity, and his/her privacy was not observed per their policy and the resident's rights.</p> <p>2) During an observation on [DATE] at 10:10 AM, this surveyor encountered a barrier to entry to the facility. The entry door was locked. The only way to gain access was to press a doorbell, which alerted the staff. A staff member then had to come and physically open the door; once inside, there was a second locked door with a keypad to the right of it. The staff member explained that an additional code, different from the first, was needed to open the second door.</p> <p>Per record review, Resident #11 has resided at the facility since [DATE]; S/he has diagnoses of depression and anxiety. S/he has a BIMS of 15.</p> <p>Per interview with Resident # 11 on [DATE] at 11:56 AM, s/he stated that the facility had a rule that residents could only go outside with a staff member. The staff member has a code for both doors and remains outside with the resident, using the keypads to allow the resident to re-enter the building. Resident #11 expressed frustration that s/he could not go outside when s/he wanted to and had to wait for the availability of staff to accompany him/her. S/he stated that residents were not allowed to have the door codes and had to ask staff members to open the doors. We can only go out when it is pre-scheduled in a group or convenient for staff.</p> <p>Per interview with an Occupational Therapy Assistant (OTA) on [DATE] at 12:10 PM, s/he stated, The doors are always locked, and residents are not allowed to go outside the building to use the grounds without a staff member to supervise.</p> <p>Per interview on [DATE] at approximately 1:20 PM, a family member indicated the locked facility door presented a challenge. S/he visited her/his spouse during odd hours when a ride was available, often during early evening hours. S/he had to wait for staff to open the door and then had to find busy staff members to open the door to let him/her leave. S/he states the door code was not offered to her/him.</p> <p>During an interview on [DATE] at 1:50 PM a Resident's family member expressed that they do not like that s/he has to bother staff to enter or exit the facility. The family member stated that some visitors do have the code that is used to enter and exit the facility, but s/he does not. S/he also stated that sometimes staff are busy and s/he needs to wait until they come to get in.</p> <p>Per interview on [DATE] at 11:17 AM the facility Administrator confirmed that the facility doors are locked at all times. The Administrator stated that the doors are locked to ensure safety for the Residents and staff. The Administrator also confirmed that there is not a process in place to assess residents for the ability to go outside alone and residents and/or representatives have not given consent to reside in a locked facility. Per further interview the Administrator stated that s/he could not locate a policy or procedure for the doors being locked or a policy for operating a completely locked facility.</p> | | |

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| <p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>40258</p> <p>Based on interview, staff education record review, and the facility assessment, the facility failed to ensure that licensed nurses and licensed nursing assistants were assessed for competency and skill sets to provide care and respond to each resident's individualized needs. This has the potential to affect all residents. Findings include:</p> <p>Per review of 3 sampled Licensed Nursing Assistant's (LNA's) employee training files revealed 1 LNA file that lacked evidence of any competency evaluation required to demonstrate that they had the necessary skills to provide care needed.</p> <p>Review of the education and competency file for 3 Licensed Nursing Assistants (LNAs) revealed 1 LNA had no evidence that they were assessed for competency in the skills needed to care for the residents.</p> <p>3. Review of the education and competency file for 3 Licensed Practical Nurse (LPN) revealed that 2 of the 3 had no evidence of annual competency evaluation of the skills needed to care for the residents.</p> <p>Per interview on 7/10/24 at 1:21 PM, the Administrator confirmed that there was no evidence of competency evaluation for the 3 staff members.</p> | | |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>50431</p> <p>Based on staff interviews and record review, the facility failed to employ either a full-time dietitian and/or a part-time dietitian; and a certified Director of Nutrition Services. Findings include:</p> <p>Per review of the Dietary Manager's employee file there was no documented evidence of the certification required for Dietary Managers.</p> <p>An interview was conducted with the facility's administrator on 7/9/24 at approximately 4:10 PM. The administrator stated that the facility does not have a full-time dietitian. S/he also confirmed that the facility does not have a certified Director of Nutrition Services.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide and implement an infection prevention and control program.</p> <p>48017</p> <p>Based on interview, the facility failed to establish and maintain a water management program to minimize the risk of Legionella (a bacteria that causes inflammatory conditions of the lungs) and other opportunistic pathogens in building water systems that would include an assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas Acinetobacter) could grow and spread; and measures to prevent the growth of opportunistic waterborne pathogens (also known as control measures), and how to monitor them. Findings include:</p> <p>Per interview on 7/10/24 at approximately 11:00 AM, the Director of Nursing (DON), who is the Certified Infection Preventionist, indicated s/he did not have knowledge of a water management program specific to this facility. The maintenance director and the administrator were also asked for evidence of the program. Both confirmed they had no knowledge of the existence of such a program and confirmed that an assessment of the building had not been performed and a program to minimize the risk of Legionella and other opportunistic pathogens in the water system had not been developed.</p> |