

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

July 26, 2011

Mr. Thomas Rice, Administrator
Brookside Health And Rehabilitation
1200 Christian Street
White River Junction, VT 05001

Provider ID #: 475010

Dear Mr. Rice:

On **July 26, 2011**, we conducted an offsite review of your submitted plan of correction, which served as a follow up to the survey of **July 6, 2011** to verify that your facility had achieved substantial compliance. Based on our review, we found that your facility is in substantial compliance with participation requirements found in Title 42, Code of Federal Regulations as of **July 26, 2011**.

If you have any questions concerning this letter please contact me at 241-2345.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475010	(X2) MULTIPLE CONSTRUCTION JUL 25 11 A. BUILDING _____ B. WING _____ Protection	(X3) DATE SURVEY COMPLETED C 07/06/2011
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 7/6/11. A federal regulatory deficiency was cited as a result.	F 000	Disclaimer The filling of this plan of correction is filed as the facilities does not constitute the fact deficiencies did in fact exist. This limits this plan of correction is filed as evidence of the facility's desire to comply with the requirements and provide high quality care.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to implement written policies and procedures that prohibit resident abuse for 1 of 3 sampled residents (Resident #1). Findings include: Per record review on 7/6/11 at 9:46 A.M., a facility Licensed Nursing Assistant (LNA) did not immediately notify management of alleged abuse to Resident #1 per facility policy. Per a facility incident report dated 4/6/11, the alleged physical and verbal abuse occurred in Resident #1's room at 12:30 A.M. on 4/6/11. A written statement by a facility Registered Nurse (RN) dated 4/7/11 stated the witnessing LNA "openly admitted that s/he did not tell his/her nurse because s/he didn't have the opportunity to speak with the nurse privately". In the same written statement., at 7:20 A.M., the nurse on duty at the time of the alleged abuse stated that "nothing unusual occurred during the shift as far as the staff was concerned". Per interview with the alleged perpetrator (AP) on	F 226	NOTIFICATION OF CHANGES Corrective Action: Any staff with suspicion or witnessed abuse, will be suspended until investigations is complete. Protection of Other Residents: All residents are at risk. Systemic Changes: All staff will be in-serviced on Resident's rights and abuse reporting. All staff will be in-serviced on company policy and procedure regarding abuse and reporting or suspicion of abuse. Monitoring: DNS and SS will monitor staff awareness of the abuse policy and procedure and will report to Q.A. quarterly. F226 POC Accepted 7/26/11 [Signature]	Completion Date 7/29/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE VP/Treas	(X6) DATE 7-21-11
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/06/2011
NAME OF PROVIDER OR SUPPLIER BROOKSIDE HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001		
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F 226	<p>Continued From page 1</p> <p>7/6/11 at 12:20 P.M., s/he stated that s/he was not suspended or reassigned to duties not involving resident contact but was moved to a different unit on 4/7/11.</p> <p>A facility policy titled "Protection of Residents During Abuse Investigations" states that "Employees accused of participating in the alleged abuse will be immediately assigned to duties that do not involve resident contact or will be suspended until the findings of the investigation have been reviewed by the Administrator". A facility policy titled "Reporting Abuse to Facility Management" states that "Any individual observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the Administrator or Director of Nursing Services" (DNS).</p> <p>On 7/6/11 at 1:00 P.M., the DNS confirmed that the LNA who witnessed the alleged abuse did not immediately report per facility policy and that the AP was not immediately removed from resident contact per policy.</p>	F 226			