

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 2, 2012

Mr. Phillip Condon, Administrator
Franklin County Rehab Center LLC
110 Fairfax Road
St Albans, VT 05478

Provider #: 475047

Dear Mr. Condon:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **February 13, 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, MS
Licensing Chief

PC:ne

Enclosure



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

RECEIVED
Division of
FEB 29 12

PRINTED: 02/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED C 02/13/2012
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478
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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	F 000		
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews with residents and staff, the facility failed to assure that Foley catheter bags were covered for two residents (Resident #1, #2). Findings include:</p> <p>Per observation on 2/13/12 at 12:35 PM, Resident #1 and Resident #2 had indwelling Foley catheter bags visible without a covering on them while they were eating lunch in the main dining room. Per interview with Resident #1 at 1:30 PM, s/he was not able to tell me if this bothered him/her due to cognitive impairment. Per interview on 2/13/12 at 1:45 PM, Resident #2, who is alert and oriented, stated that the uncovered Foley bag was embarrassing to him/her, and especially in the dining room during lunch. The Resident stated that if s/he knew the bag was uncovered, s/he would have reminded staff to put a cover on it, however the Foley bag is not visible to the resident when they are sitting in their wheelchair. Per interview on 2/13/12 at 12:50 PM, the Assistant Director of Nursing confirmed that these two residents did not have a</p>	F 241	<p>F 241 - DIGNITY AND RESPECT OF INDIVIDUALITY</p> <ol style="list-style-type: none"> 1. The facility will ensure that there is an adequate number of foley bag covers available. If not bag covers are available a pillowcase will be used as a cover. 2. An inservice will be given to the staff informing them of the importance of respecting a resident's individuality and dignity, and the importance of foley bag covers. 3. The DON and ADON will monitor foley bag covers to ensure staff compliance. <p>Date of Correction: 03/12/2012.</p> <p><i>F241 POC accepted 2/28/12 K Campes RN / J McArthur</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>02/27/12</i>
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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.

PMC

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F 241	Continued From page 1 covering on their Foley catheter bags, that staff know the facility policy is to cover the bags when the residents are out of their rooms to preserve their privacy and dignity.	F 241			