

September 18, 2015

Ms. Judy Morton, Administrator  
Mountain View Center Genesis Healthcare  
9 Haywood Avenue  
Rutland, VT 05701-4832

Provider ID #: 475012

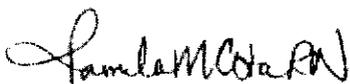
Dear Ms. Morton:

The Division of Licensing and Protection completed a survey at your facility on **August 31, 2015**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please **sign the enclosed CMS-2567 and return** the original to this office by **September 28, 2015**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,



Pamela Cota RN  
Licensing Chief



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

PRINTED: 09/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/31/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW CENTER GENESIS HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9 HAYWOOD AVENUE RUTLAND, VT 05701</b>		
(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
F 000	INITIAL COMMENTS  An unannounced on-site investigation of 2 complaints regarding care and services was conducted by the Division of Licensing and Protection on 8/31/15. While the facility was found to be in substantial compliance, the following issue was identified that requires correction.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475012</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>8/31/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW CENTER GENESIS HEALTHCAR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9 HAYWOOD AVENUE RUTLAND, VT</b>	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 241</b>	<p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></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 interview, the facility failed to treat 1 of 3 residents in the survey sample 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 (Resident #1). Findings include: On 8/31/15 at 4:18 PM, Resident #1 was observed sitting in the dining room on the Dogwood unit. The resident was wearing a johnny (a short gown that is fastened in the back with string ties) with only the string at the neck fastened. When the resident leaned forward in his/her chair, bare skin was visible with a widening exposure down to the lower back. The resident's wheelchair was positioned at a table that bordered the common hallway (near the nurse's station) with his/her back facing the hallway and visible to other residents, staff or visitors who might pass by. A Unit manager confirmed the above observation and that this was a dignity issue for the resident. *This is an "A" level citation.</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

The above isolated deficiencies pose no actual harm to the residents