

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

January 4, 2012

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

Provider #: 475012

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 30, 2011**. 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



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

PRINTED: 12/01/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2011
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER GENESIS HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT 05701
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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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS An unannounced on-site annual recertification survey was conducted by the Division of Licensing and Protection from 11/28/2011 to 11/30/2011. The following regulatory violations were identified during this survey.	F 000	The Center's filing of this plan of correction does not constitute an admission to any of the alleged citations set forth in this statement of deficiencies. The Center files this plan of correction as evidence of the Center's continued compliance with all applicable federal and state laws and regulations.	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to develop a comprehensive plan of care that included measurable objectives and timetables to meet the mental and psychosocial needs for 1 of 3 residents in the Stage 2 sample	F 279	Resident #36 care plan was updated. To identify other residents having the potential to be affected, an audit was conducted to ensure psychoactive medications were identified on the care plan. Nurse Managers to be educated on psychoactive care plan updates. The monthly pharmacy reports listing psychoactive medications will be compared to care plans to ensure all care plans are current for 3 months with results being reported at CQI meeting.	12/12/11

F279 POC accepted 1/3/12 *Amotarn*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Julia Monton</i>	TITLE <i>Administrator</i>	(X6) DATE 12.12.11
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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.

Amc

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER GENESIS HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT 05701
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F 279 Continued From page 1
that received a psychoactive medication.
(Resident #36). Findings include:

Per record review of the Care Plan, Physician Orders for 11/1/11 to 11/30/11, Medication Administration Record (MAR), and confirmed during an interview with the Unit Manager on 11/30/11 at 11:30 AM, Resident #36 did not have a Care Plan regarding the use of Ativan (an anti-anxiety medication) 1 milligram tablet by mouth every 12 hours as needed for agitation. Resident #36 received Ativan 1 milligram by mouth for agitation on 11/19/11 at 2000 per the MAR.

F 279

F 371 483.35(l) FOOD PROCURE,
SS=E STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

F 371

No residents were affected

The ceiling vent in the nourishment room was cleaned on 11/28/11.

The ceiling vents in the dry storage room were cleaned on 11/28/11.

The can opener had been in use for the breakfast meal on 11/28/11 and per routine, was to be cleaned with the breakfast dishes. At 9:50 am, breakfast clean up was still occurring. The can opener was cleaned at 10:00 am.

The fruit salad was disposed.

The ceiling in the garden café was cleaned on 11/28/11.

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to store, prepare and serve food under sanitary conditions. Findings include:

1. During the initial kitchen tour at 9:50 A.M. on 11/28/11, the following unsanitary conditions were observed:

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F 371	<p>Continued From page 2</p> <p>a. A ceiling vent in the nourishment room positioned over clean dishware was soiled with dust.</p> <p>b. Two ceiling vents above stored food in the dry storage room were heavily soiled with dust.</p> <p>c. A table-mounted can opener, specifically the sharp metal cutter and surrounding area was soiled with grease and food particles.</p> <p>d. A plastic container labeled "fruit salad", dated 11/24/11 was found in a reach-in refrigerator. Per interview with the Food Service Director (FSD) at 10:02 A.M., perishable food items are to be disposed of after 3 days. The above observations were confirmed by the FSD at the time of the observations.</p> <p>2. During the noon meal observation at 11:30 A.M. on 11/28/11, the ceiling in the main dining room was soiled with visibly hanging dust directly over the steam table and dining tables. Four ceiling fans in operation over tables were visibly causing dust particles to move and fall from the ceiling. Several areas on the ceiling had peeling and flaking paint. This observation was confirmed by the Director Of Nursing Services (DNS) at 12:48 P.M. on 11/28/11.</p>	F 371	<p>It should be noted that the DNS did not confirm visible dust particles moving and falling from the ceiling directly over the steam table at 12:48pm. Service begins in the café at 11:30 and the residents and steam table have been removed from that location by 12:15pm.</p> <p>Corrective Action: The ceiling vents and ceiling in the garden café are all included on monthly cleaning schedules. These cleaning duties will be increased to every 3 weeks.</p> <p>Dietary staff will receive in-service education regarding disposing of food items after 3 days.</p> <p>Monthly rounds will verify the cleanliness of vents and ceilings and will be reported at CQI meeting for 3 months.</p> <p><i>F371 pdc accepted 1/3/12 Amestarn</i></p>	12/12/11
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