

Division of Licensing and Protection
103 South Main Street
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

November 10, 2014

Mr. J. Michael Rivers, Administrator
Pine Heights At Brattleboro Center For Nursing & Rehab
187 Oak Grove Avenue
Brattleboro, VT 05301-6642

Dear Mr. Rivers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 15, 2014**. 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:kc

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

PRINTED: 10/27/2014
RECEIVED FORM APPROVED
Division of OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	NOV -5 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 10/15/2014
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NAME OF PROVIDER OR SUPPLIER PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R	STREET ADDRESS, CITY, STATE, ZIP CODE 187 OAK GROVE AVENUE BRATTLEBORO, VT 05301
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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 225 SS=E	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 225	<p>F225</p> <ol style="list-style-type: none"> 1. No residents were affected by this alleged deficient practice. 2. All residents could potentially be affected by this alleged deficient practice. 3. An audit was completed and all new hires were checked through the State Adult Abuse Registry (there were 5). All new hires will be checked through the State Adult Abuse Registry going forward. 4. Random audits will be completed on new hires. The process was brought to corporate attention and will be discussed going forward at QA meetings x3. 5. Complete by 11/14/14. <p>F225 POC accepted 11/6/14 BBoakira/PMC</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nike Rivers</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/4/14</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.

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NAME OF PROVIDER OR SUPPLIER PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R		STREET ADDRESS, CITY, STATE, ZIP CODE 187 OAK GROVE AVENUE BRATTLEBORO, VT 05301		
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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that 5 of 6 employees reviewed did not have findings entered into the State registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property. Findings include:</p> <p>During review of employee files on 10/15/14, it was found that the facility did not have results from the State Adult Abuse Registry for 5 employees that were hired from May 1, 2014 to the present. Per interview with Human Resource and the Director of Nursing on 10/15/2014 at 1:05 PM, the facility was instructed by corporate headquarters, that the Registry checks were not needed secondary the performance of a Nationwide criminal background check and they stopped doing the Adult Registry checks on new hires in April or May. Confirmation was made at this time that there is no evidence that there required State Adult abuse registry checks were performed.</p>	F 225		
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>	F 241	<p>F241</p> <p>1. Resident #1 is deceased. 2. All residents could potentially be affected by this alleged deficient practice. This particular LNA was counseled and re-educated at the time of the incident</p>	

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F 241	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to care for 1 of 6 residents in the sample, Resident #1, in a manner that maintains dignity and respect in full recognition of individuality. Findings include: Per record review, Resident #1 was told to be quiet by his/her Licensed Nursing Assistant (LNA) during breakfast on 3/9/14. Per statements obtained from the LNA, h/she stated that h/she had asked Resident #1 to be quiet because they were going to take him/her back to their room. The LNA stated that h/she had left shift early because of not feeling well. Resident #1 has a diagnosis which includes Dementia and medical record indicates that h/she often yells out or moans during meals. Per interview with the Director of Nursing at 12:37 PM on 10/15/14, the incident is not an acceptable practice and h/she felt that instructing a resident to "be quiet" is a dignity issue.	F 241	F241 continued and has no further issues with her care and dignity of residents. 3. Staff in all departments were re-educated in the months of September/October in regards to Dignity of Residents and the policy for reporting actual/potential abuse and/or dignity. 4. Random audits will be completed with residents to ensure they feel they are treated with respect and dignity. We will discuss in QA x3 regarding the above alleged deficient practice. 5. Complete by 11/14/14. F241 POC accepted 11/6/14 BB/AMR/jmc		