VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
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 5, 2011

Ms. Susan Laninfa, Administrator
Pine Heights At Brattleboro Center
187 Oak Grove Avenue
Brattleboro, VT 05301

Dear Ms. Laninfa:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on June 2, 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:jl

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Division of
JUN 2 ...
Licensing and
Protection

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

PRINTED: 06/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475023	A. BUILDING _____ B. WING _____	C 06/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R	187 OAK GROVE AVENUE BRATTLEBORO, VT 05301

(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	F 000		
	An unannounced complaint investigation was conducted from 6/1/11 to 6/2/11 by the Division of Licensing and Protection. Regulatory violations were associated with the complaint allegations.		F157 Notify of Changes 1. Resident #1's responsible party has been notified of change on 4/24/2011. 2. All residents with change in condition which requires treatment have the potential to be effected by this alleged deficient practice. 3. All residents with condition changes which require treatment have been reviewed. MD and family notified. by 06/24/11. 4. Staff re-educated as the requirement for notification of MD and Family related to any change in condition requiring treatment by 6/24/2011. 5. Resident with change of conditions shall be communicated via the 24 hour report and reviewed by the leadership staff daily during rounds. 6/24/2011. 6. A random weekly audit shall be performed for residents with lack of progress to ensure compliance with plan of correction.6/24/2011 7. Results shall be reported to QAA committee monthly x3 months then frequency will by determined by committee.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
H. Lahey — Admin	6/23/11	

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: 107 OAK GROVE AVENUE, BRATTLEBORO, VT 05301

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F 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to immediately notify 1 applicable resident's physician and legal representative of a clinical complication when the Nasogastric (NG) tube, which is used to feed the resident, became blocked and needed to be replaced. (Resident #1). Findings include: Per interview on 6/1/11 at 3:40 PM, Resident #1's legal guardian stated the resident's "NG tube came out on 4/23/11 at 3:30 PM and she/he was not notified until 4/24/11 at 6:00 AM". Per record review and confirmed during an interview with the Director of Nursing (DNS) on 6/1/11 at 4:26 PM, Resident #1's NG Tube became blocked and was replaced by nursing staff on 4/23/11 at 1530 (3:30 PM), the physician was not notified until 4/23/11 at 2300 (11:00 PM), and the legal guardian was not notified until 4/24/11 at 0800 (6:00 AM).	F 157	6. A random weekly audit shall be performed for residents with lack of progress to ensure compliance with plan of correction.6/24/2011 7. Results shall be reported to QAA committee monthly x3 months then frequency will by determined by committee. F157 POC Accepted 6/30/11 P. Cummings RN / D. Mecta RN	
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.	F 328	F-328 Treatment and care for special needs 1. Resident #1 has been assessed and there has been no negative outcome from this alleged deficient practice. 6/26/11 2. All residents who receive enteral feeding have the potential to be effected by this alleged deficient practice.	

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F 328	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure that 1 applicable resident received the proper treatment and care regarding enteral fluids by failing to assure the resident received the physician ordered amount of fluid/nutrition per Nasogastric (NG) tube, and failing to obtain and implement physician's orders in a timely manner regarding placement check of the NG tube by X-Ray. (Resident #1) Findings include: 1. Per record review of the Nursing Notes, Medication Administration Record (MAR), Physician Orders, and per interview on 6/2/11 at 10:15 AM, the Director of Nursing (DNS) confirmed that Resident #1 did not receive any food or fluids via the Nasogastric (NG) Tube, from 4/23/11 at 3:30 PM, when the feeding was stopped, until 4/24/11 at 9:15 AM, when the feeding was restarted. The resident was without food or fluid for 17.75 hours. The 4/23/11 1530 (3:30 PM) Nursing Note states the NG tube was pulled out and reinserted. The 4/23/11 MAR indicates the 2:00 PM to 7:00 PM feeding and the 10:00 PM to 3:00 AM (4/24/11) feeding were not given. Physician's orders dated 4/1/11 to 4/30/11 state: "Pulmocare 1.5 (nourishment in liquid form) with fiber at 48 milliliters per hour via NG tube; on for 5 hours, off for 3 hours; to provide 720 milliliters (fluid), 1080 calories and 43 gm protein (3:00 AM off, 6:00 AM on, 11:00 AM off, 2:00 PM on, 7:00 PM off, and 10:00 PM on).	F 328	3. All residents who receive enteral feeding shall be evaluated to ensure that they are receiving enteral feeding in accordance with The physicians order. by 6/26/2011. 4. Nursing staff re-educated as to standard for timely administration of enteral nutrition and required action to be taken immediately upon any interruption. by 6/26/11. 5. Random weekly audits shall be performed by DNS or designee to confirm compliance with this standard. Start 6/26/2011. 6. Results shall be reported monthly x 3 to the QAA committee. Upon completion of this, frequency shall be determined by committee. F328 POC Accepted 6/30/11 P. Cummings RN | P Motta RN	

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F 328	Continued From page 3 2. Per record review and interview, the facility failed to obtain and implement a physician's order in a timely manner to check the placement of a replaced NG tube for Resident #1, so that the Resident could receive fluid and nutrition. Resident #1's NG tube was removed and reinserted on 4/23/11 per the 4/23/11 1530 (3:30 PM) Nursing Note. A Physician Order to check NG tube placement was not obtained until 4/23/11 at 11:30 PM (8 hours after the NG tube was replaced) and states "Send to ER for X-Ray to confirm NG tube placement". The resident was not transported to the ER until the next morning, as evidenced by the 4/24/11 6:00 AM nursing note, which states "transported to ER for an X-Ray to confirm placement of NG Tube". The above was confirmed by the Director of Nursing on 6/1/11 at 4:26 PM. Also see F157 and F367.	F 328		
F 353 SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing	F 353	1. Resident #,2 has been assessed and there has been no negative outcome as it relates to the alleged deficient practice. 6/26/2011 2. All residents who require assistance with toileting have the potential to be effected by this alleged deficient practice.	

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F 353	Continued From page 4 personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff and resident interviews, the facility failed to provide sufficient nursing staff to meet the needs of 1 resident (Resident #2) in the applicable sample. The findings include: 1. Per Resident interview on 06/02/2011 at 9:30 AM, Resident #2 reports that on 05/14/2011 s/he was left on a bedpan for over 3 hours and called the local police department to obtain assistance when the facility staff did not respond to his/her calls for help. Resident #2 is alert and oriented during this interview and responded appropriately to the screening questions of the surveyor. The resident is coded on the MDS (Minimum Data Set) as needing assistance with toileting and s/he confirms that s/he is not independent in this aspect of care. The staff confirms during interview on 06/02/2011 that Resident #2 does need assistance with toileting. 2. During interviews with 7 staff members from 3 nursing units in the facility on 06/01/2011 and 06/02/2011, they report that there are residents who are found at the change of shifts who have obviously been incontinent for long periods of time, especially when coming on duty in the morning. 4 of 7 staff members interviewed report	F 353	3. Residents who require assistance with toileting evaluated to ensure plans for assistance are being carried out in a timely manner.6/26/2006 4. Assessment of staffing patterns and opportunities to provide additional assistance performed by DNS and Administrator by 6/26/2011. 5. Nursing staff re-educated as to their role for providing timely assistance for residents who require assistance for toileting by 6/26/2011. 6. Random weekly audits which include resident and staff interview to be performed by DNS or designee to ensure effectiveness of plan. Start 6/26/2011. 7. Results to be reported monthly x 3 to QAA committee. Upon completion of this committee will determine reporting frequency.	

F353 POC Accepted 6/30/11
P. Cummings RN / [illegible] RN

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F 353	Continued From page 5 that they felt that staffing is inadequate to meet the needs of the residents.	F 353		
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to assure that 1 applicable resident received food in the appropriate form and appropriate nutritive content as prescribed by the physician. (Resident #1) Findings include: 1. Per record review of the Nursing Notes, Medication Administration Record (MAR), Physician Orders, and per interview on 6/2/11 at 10:15 AM, the Director of Nursing (DNS) confirmed that Resident #1 did not receive any food or fluids via the Nasogastric (NG) Tube, from 4/23/11 at 3:30 PM, when the feeding was stopped, until 4/24/11 9:15 AM, when the feeding was restarted. The resident was without food or fluid for 17.75 hours. The 4/23/11 1630 (3:30 PM) Nursing Notes states the NG tube was pulled and reinserted. The 4/23/11 MAR indicates the 2:00 PM to 7:00 PM feeding and the 10:00 PM to 3:00 AM (4/24/11) feeding were not given. Physician's orders dated 4/1/11 to 4/30/11 state: "Pulmocare 1.5 (nourishment in liquid form) with fiber at 48 milliliters per hour via NG tube; on for 5 hours, off for 3 hours; to provide 720 milliliters (fluid), 1080 calories and 43 gm protein (3:00 AM off, 6:00 AM	F 367	F-367 Therapeutic diets prescribed by the physician. 1. Resident #1 has been assessed and there has been no negative outcome from this alleged deficient practice. 6/26/11 2. All residents who receive enteral feeding have the potential to be effected by this alleged deficient practice. 3. All residents who receive enteral feeding shall be evaluated to ensure that they are receiving enteral feeding in accordance with The physicians order. by 6/26/2011. 4. Nursing staff re-educated as to standard for timely administration of enteral nutrition and required action to be taken immediately upon any interruption. by 6/26/11.	

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F 367	Continued From page 6 on, 11:00 AM off, 2:00 PM on, 7:00 PM off, and 10:00 PM on). Also see F157 and F328.	F 367	5. Random weekly audits shall be performed by DNS or designee to confirm compliance with this standard. Start 6/26/2011. 6. Results shall be reported monthly x 3 to the QAA committee. Upon completion of this, frequency shall be determined by committee. F367 POC Accepted 6/30/11 P. Cummings RN | BMcotaRN	