

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

September 18, 2015

Mr. Francis Cheney, Administrator
Pines Rehab & Health Ctr
601 Red Village Road
Lyndonville, VT 05851-9068

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 25, 2015**. 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



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

PRINTED: 09/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/25/2015
NAME OF PROVIDER OR SUPPLIER PINES REHAB & HEALTH CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851	

(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

An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 8/25/15. The following regulatory deficiencies were identified.

F 250 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE

F 250

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:

Based on record review, resident and staff interview, the facility failed to ensure that medically-related social services were provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 2 residents sampled (Resident #1, 2). Findings include:

1. Per record review, Resident #1 was admitted to the facility on 5/8/15, for end of life care. Based on record review, there was no social service notes available to indicate that there had been any visits made to the resident to evaluate their needs for social services intervention. Per interview on 8/25/15 at 2:15 PM, the Director of Social Services stated that the Social Worker, who was assigned to this resident at admission had not recorded any notes for this resident to indicate that their needs and possible concerns were assessed, and was also no care plan developed for the Social Service needs of

*Act POC
Completion Date
9/21/15*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James O'Brien</i>	TITLE <i>James O'Brien</i>	(X8) DATE <i>9-24-15</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 PINES REHAB & HEALTH CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 801 RED VILLAGE ROAD LYNDONVILLE, VT 05861
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F 250 Continued From page 1
Resident #1 on palliative care goals and interventions as appropriate for end of life care.

F 250

2. Per record review, Resident #2 was admitted to the facility 6/19/15, and already admitted to Hospice services through the local Home Health agency. Per review of the resident's record, there were no social service notes available in the paper chart. When asked for any other information on this resident, the facility was able to print out three social service notes from 6/19/15, 7/6/15, and another note identical to the one on 7/6/15 that was dated 8/20/15. The first note on 6/19/15 was signed by one of the social workers, however the other notes were not signed to indicate who wrote the note. Per interview on 8/25/15 at 2:15 PM, the Director of Social Services confirmed that these notes were printed from the former social worker's computer, and were not put in a place accessible to staff or practitioners to read them. Also the Director of Social Services confirmed that there was no care plan developed by the facility to reflect the social service needs, goals, and interventions appropriate to this resident on end of life care.

F 279 483.20(d), 483.20(k)(1) DEVELOP
SS=D COMPREHENSIVE CARE PLANS

F 279

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.

*see POC
Completion Date
9/21/15*

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F 279 - Continued From page 2	<p>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).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interview, the facility failed to develop a plan of care related to social services for 2 residents sampled (Residents #1, #2). Findings include:</p> <ol style="list-style-type: none"> 1. Per record review, Resident #1 was admitted to the facility on 5/8/15, for end of life care. Based on record review, there was no social service care plan in the resident's record. Per interview on 8/25/15 at 2:15 PM, the Director of Social Services stated that the Social Worker who was assigned to this resident at admission had not recorded any notes for this resident to indicate that their needs and possible concerns were assessed, and was also no care plan developed for the Social Service needs of Resident #1 on palliative care goals and interventions as appropriate for end of life care. 2. Per record review, Resident #2 was admitted to the facility 6/19/15, and already admitted to Hospice services through the local Home Health agency. Per review of the resident's record, there was no social service care plan developed to address end of life psychosocial needs, goals, 	F 279	
(X5) COMPLETION DATE			

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F 279 Continued From page 3
and interventions. Per interview on 8/25/15 at 2:15 PM, the Director of Social Services confirmed that the only notes written by the social worker had to be printed from the former social worker's computer, and were not put in a place accessible to staff or practitioners to read them. Also the Director of Social Services confirmed that there was no care plan developed by the facility to reflect the social service needs, goals, and interventions appropriate to this resident on end of life care.

F 279

The Pines Rehabilitation and Health Center

Plan of Correction

Survey completed on 8/25/2015

F 250 483.15(g)(1) Provision of Medically Related Social Service

The Facility failed to ensure that medically-related social service were provided to attain or maintain the highest practicable, physical, mental and psychosocial well-being of each resident for 2 residents sampled (Resident #1 and #2).

I. Action taken to correct deficiency:

- 1.) Nothing can be done about resident #1 as this person was discharged on 5/21/2015.
- 2.) Even though Social Service did not put a note in chart for resident # 2- She did receive a mental health screening on 7/24/2015, and again on 8/5/2015- see enclosed MD progress note dated 8/5/2015 indicating "improvement in her mood and little chance of depression".
- 3.) Social Service did visit with resident #2 on 8/25/2015 – notes and care plans updated.

II. Measures put in place to ensure practice does not recur:

- 1.) Chart review done on all residents to ensure that any medically related Social Service issues were provided to attain or maintain mental and psychosocial well-being.
- 2.) A new section was added to the Care Plan Meeting Form that is to be initialed by all disciplines ensuring progress notes and Care Plans are up to date (see enclosed copy) for each resident. This will be checked on an ongoing basis by the Care Plan Team Leader.
- 3.) Ongoing discussions with Deer Oaks representative for VT- Dee Dee Gaiton to find suitable Mental Health coverage. Currently all Psychiatrists in the area are overbooked and unable to cover The Northeast Kingdom despite our current contract to do so.

All residents have the potential to be affected.

Completion date: September 21, 2015

Francis E. Cheney Jr. is responsible for the correction of this deficiency.

F250 POC accepted 2/17/15 K Campos RN/PML

F 279 483.20(d), 483.20(k)(1) Develop Comprehensive Care Plans

The facility failed to develop a plan of care related to social services for 2 residents sampled (Resident #1 and #2).

I. Action taken to correct deficiency:

- 1.) Nothing can be done about resident #1 as this person was discharged on 5/21/2015.
- 2.) A care plan related to social service was developed for resident #2 on 8/27/2015.

II. Measures put in place to ensure deficient practice does not recur:

- 1.) Chart review done on all residents to ensure that there was a care plan related to social service in the record.
- 2.) A new section was added to the Care Plan Meeting Form that requires all disciplines to initial completion of progress notes and care plans to ensure they are up to date (see enclosed copy) for each resident. This will be checked on an ongoing basis by the Care Plan Team Leader for continuing compliance.

All residents have the potential to be affected.

Completion date: September 21, 2015

Francis E. Cheney Jr. is responsible for the correction of this deficiency.

F219 POC accepted 2/17/15 Kcampson/pme