

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 19, 2016

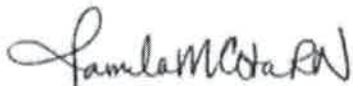
Mr. Francis Cheney, Administrator
Pines Rehab & Health Ctr
601 Red Village Road
Lyndonville, VT 05851-9068

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on March 23, 2016. 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: 03/31/2016
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 03/23/2016
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
F 000	INITIAL COMMENTS An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 3/23/16. The following are regulatory violations.	F 000		
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of	F 203		

*See POC
Completion Date
4/13/16*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4/12/16

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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F 203	Continued From page 1 this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a resident received written notification of discharge with the required information provided to them for one resident sampled (Resident #1). Findings include: Per record review on 3/23/16, Resident #1 was admitted to the facility on 10/28/15 after a hospital admission. Diagnoses included Diabetes with poor control, and many medical complications related to the disease. There were safety concerns regarding this resident during their stay at the facility, including being caught twice smoking marijuana inside their room creating a fire hazard, as well as outdoor infringements of the facility's smoking policy. Per the Administrator, they were about to issue an involuntary discharge to the resident due to the	F 203		

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F 203	Continued From page 2 serious safety concerns and the resident disregarding the rules of the facility. Before the Administrator issued an involuntary discharge notice to the resident, they were hospitalized on 2/22/16. Later on that same day, the resident's spouse came to the facility to pick up the rest of the resident's belongings, and stated that Resident #1 was not going to return to the facility, and they were looking for options closer to their home. The Administrator did not issue an involuntary discharge notice after hearing this, as Resident #1 was considered discharged per their own choice. The Administrator stated that about two weeks later, a Social Services staff person from the hospital called to say that Resident #1 wished to return to the nursing home. The Administrator refused to readmit the resident, citing the safety concerns as the reason. Per interview on 3/23/16 at 3:45 PM, the Administrator confirmed that the resident wished to return to the facility, however this was denied, and done so without issuing an involuntary discharge notice with all the required appeal rights and information included.	F 203		
F 205 SS=D	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to	F 205	<i>See Pac Completion Date 4/13/16</i>	

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F 205	<p>Continued From page 3 return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that residents being transferred out of the facility to a hospital received written information that specified policy regarding bed-hold and permitting residents to return for one resident sampled (Resident #1). Findings include:</p> <p>Per record review on 3/23/16, Resident #1 was admitted to the facility on 10/28/15 after a hospital admission. Diagnoses included Diabetes with poor control, and many medical complications related to the disease. Resident #1 was admitted to the hospital on 1/15/16 for two days, and returned to the facility on 1/17/16. There was no evidence that a written notice of bed hold policy was given to the resident upon transfer. Also per record review, the resident was discharged to the hospital again on 2/22/16 and there was also no documentation of a written notice of bed hold policy provided to the resident at that time. Per interview on 3/23/16 at 3:45 PM, the Administrator confirmed that they provide the bed hold policy to residents upon admission, however they do not issue a bed hold policy notice to residents when they are discharged to a hospital. The Administrator stated that they always take back</p>	F 205		

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F 205 F 280 SS=D	<p>Continued From page 4</p> <p>their residents after a hospital admission so this did not usually come up as an issue. The Administrator also confirmed that Resident #1 was discharged however did not receive notification of the policy upon discharge.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that a plan of care was updated to include current wound information for one resident sampled (Resident #1). Findings include:</p>	F 205 F 280	<p>See POC Completion Date 4/13/16</p>

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F 280	Continued From page 5 Per record review, Resident #1 was admitted in October 2015 with medical problems that included Diabetes with related problems to this diagnosis. The resident sustained a laceration to the bottom of their foot on 2/10/16 that required stitches at the local Emergency Dept. Staff were monitoring the wound, and removed the stitches after the time recommended by the MD. Per review of the plan of care for Resident #1, there was no revision made to include the new wound, with the interventions to care for it. Per interview on 3/23/16 at :15 PM, the Director of Nursing confirmed that the plan of care for Resident #1 had not been updated to include the presence and care of the laceration on the foot.	F 280		

**The Pines Rehabilitation and Health Center
Plan of Corrections
Complaint Survey completed on March 23, 2016**

F203 483.12(a)(4)-(6) Notice Requirements before Transfer/Discharge

The facility failed to ensure notification of involuntary discharge with all required appeal rights and information included for resident #1.

I. Action taken to correct deficiency:

- 1) Two involuntary discharges were issued to resident #1 on 4/11/2016. One Discharge was for violating Life Safety Rules, and the 2nd was because resident #1 refused, after reasonable and appropriate notice, to pay patient share for Medicaid stay in the facility.
- 2) Information was sent to Resident #1 on his appeal rights under the involuntary discharge requirements. This included notification of various agencies involved and their contact information.
- 3) See attached copies of all information sent to Resident #1.

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

- 1) An involuntary Discharge Notice will be given at the time a resident leaves this facility if possible, or within 24 hours of discharge from this facility. The facility will issue an involuntary discharge following the guidelines put forth in 483.12 to ensure ongoing compliance.

All residents have the potential to be affected.

Completion date: 4/13/16

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

F203 ROC accepted 4/14/16 K Campos/PA/Pme

F205 483.12(b)(1)+(2) Notice of Bed Hold Policy Before/Upon Transfer

The facility failed to provide the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy or notification of the policy upon discharge.

I. Action taken to correct deficiency:

- 1) Nothing can be done about resident #1 not receiving a bed hold notice as the facility missed the deadline on discharge.

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

- 1) A Bed-hold Notice will be given within 24 hours of transfer for discharge.
- 2) The Discharge Planner and Social Service staff person will verify that a notice was given by both parties initialing and dating the Bed-Hold Notice to ensure continued compliance.
- 3) The original bed-hold notice will be given to the resident/responsible party. A copy placed in the residents chart and a copy will be placed in the Discharge Planners file.

All residents have the potential to be affected.

Completion Date: 4/13/16

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

F205 POC accepted 4/14/16 KCamposRN/pme

F280 483.20(d)(3), 483.10(k)(2) Right to Participate Planning Care Revise CP

The facility failed to ensure that a POC was updated to include current wound information for one resident (Resident #1).

I. Action taken to correct the Deficiency:

- 1) Nothing can be done for resident #1 as he is no longer a resident here.
- 2) LN's were all reminded that when a resident returns from an acute hospital stay that all new treatments must be added to the care plan with the interventions to care for it.

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

- 1) Supervisors will add changes to care plans for residents re-admitted on 6a-2p shift.
- 2) For residents re-admitted on off hours LN's will make needed care plan adjustments and supervisors will check on the care plan the following morning to ensure compliance.

All residents have the potential to be affected.

Completion date: 4/13/16

Diana LaFountain, RN is responsible for the correction of this deficiency.

F280 POC accepted 4/14/16 KCamposRN/pme

Unauthorized Discharge

Release of Responsibility

I, _____, hereby release this facility of all liabilities and responsibilities resulting from this discharge. I fully realize this discharge is against the medical practices of this facility and is being made without the written or verbal consent of my Attending Physician.

_____ Date

_____ (Signature - Resident/Representative)

_____ Date

_____ (Signature - Charge Nurse)

_____ Date

_____ (Signature - Witness)

_____ Date

_____ (Signature - Witness)

Resident/Representative refused to sign release

Comments: _____

_____ (Signature - Charge Nurse)



The Pines Rehabilitation and Health Center

601 Red Village Road • Lyndonville, VT 05851
(802) 626-3361

Frank Cheney, Administrator

Bed Hold Agreement

I, _____, a resident of this facility, or my representative _____, request that the facility hold my bed space during my absence from the facility. According to Vermont Medicaid guidelines, the facility must hold the bed space for 10 days.

If my absence is more than 10 days I understand that if I request the facility continue to hold my bed space I am responsible for payment of the basic per-diem rate of \$ _____ per day.

Signed _____ Date _____

Resident/Representative

Signed _____ Date _____

Signature/Title of Facility Representative

Release of Bed Space

I, _____, a resident of this facility, or my representative _____, have been informed of the facility's bed hold policy and request that the facility **not** hold my bed space during my absence from the facility. I understand that by releasing the bed space that I may be readmitted to the first available semi-private room if I continue to meet the facility's readmission policies.

Signed _____ Date _____

Signed _____ Date _____

Signature/Title of Facility Representative

Holding Bed Space

Highlights	Policy Statement
	<p>Our facility shall inform residents upon admission and prior to a transfer for hospitalization or therapeutic leave of our bed-hold policy.</p>
	<p style="text-align: center;">Policy Interpretation and Implementation</p>
Informing Residents of Bed-Hold Policy	1. Upon admission and when a resident is transferred for hospitalization or for therapeutic leave, a representative of the business office will provide information concerning our bed-hold policy.
Emergency Transfers	2. When emergency transfers are necessary, the facility will provide the resident or representative (sponsor) with information concerning our bed-hold policy within <u>24</u> hours of such transfer.
Contents of Bed-Hold Policy	3. The bed-hold information will include any charges that the resident may incur as well as the time limit established by the State Medicaid Plan for which the facility will reserve the resident's bed-space. (Note: Reissuance of the "admission notice" will be made if the bed-hold policy under the State Medicaid Plan or the facility's policy changes.)
Maximum Bed-Hold Days	4. The maximum number of days that our State Medicaid Plan will pay for holding a Medicaid resident's bed is <u>10</u> days per year.
Bed-Hold Days in Excess of State Medicaid Plan	5. Bed-hold days in excess of our State Medicaid Plan are considered non-covered services. A resident will be required to pay for any additional days that he/she wishes the facility to hold the bed.
Medicaid Residents' Expiration of Bed-Hold Days	6. Medicaid residents whose bed-hold days have expired will be required to provide the facility with written authorization to either reserve or release the bed-space within <u>24</u> hours of the expiration of such bed-hold days.
Reserving/Releasing Space by Non-Medicaid Resident	7. Non-Medicaid residents will be required to provide the facility with written authorization to either reserve or release the bed space within <u>24</u> hours of the resident's transfer from the facility.
Documentation	8. A copy of the resident's bed-hold or release record will be filed in the resident's medical record.
Excessive Leave for Hospitalization or Therapy	9. A Medicaid resident who elects not to pay for non-covered services and whose hospitalization or therapeutic leave exceeds the bed-hold period established by the State Medicaid Plan will be readmitted when a bed in a semi-private room becomes available.

continues on next page

Payment as Precondition
or Expedited Admission

Inquiries

10. Our facility will not charge, solicit, accept, or receive payments as a precondition of admission or expedited admission for holding a bed space during a Medicaid resident's hospitalization or therapeutic leave.
11. Inquiries concerning bed-hold policies should be referred to the business office.

References	
CDB Regulatory Reference Numbers	483.12(b)(1)-(3); 483.12(d)(3)
Survey Top Numbers	F205; F206; F208
Related Documents	Bed-Holding Agreement (<i>Admissions, Transfers and Discharges - Appendix B</i>)
Policy Revised	Date: <u>04-11-16</u> By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____