

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 22, 2011

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

Provider #: 475044

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the on-site complaint investigation conducted on **June 2, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



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

RECEIVED  
Division of

PRINTED: 06/28/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____  Licensing and Protection	JUL 13 11  <b>C</b> <b>06/02/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINES REHAB &amp; HEALTH CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 RED VILLAGE ROAD LYNDONVILLE, VT 05851</b>
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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

An unannounced on-site investigation was conducted by the Division of Licensing and Protection for 2 complaints on 06/01/11 and concluded on 06/02/11. The following are regulatory findings.

F 281 SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

F 281 *see attachment for POC*

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to meet professional standards of quality regarding transcribing and implementing physician orders for 1 applicable resident. (Resident #1) Findings include:

1. Per record review on 06/01/11 of Resident #1's admission orders, the physician wrote "P-T (physical therapy) consult, ASA (aspirin), Statin (simvastatin for cholesterol); hold BP (blood pressure) meds until next week" and in addition, noted the "referral list of medications" which contained 2 other medications as well as ASA, Statin, Baza cream and as needed medications (PRNs). Per review of the MAR (medication administration record) dated 4/22/11, ASA 81 mg p.o. (by mouth) was to indicated to be started on 4/29/11 as well as the Simvastatin. Resident #1 did not receive simvastatin or aspirin on 4/23/11.

Per interview on 06/01/11 at 2:30 PM, the transcribing nurse stated "I miss read the the original MD order...I interpreted the aspirin and

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Francis [Signature]*

*Administration*

*7-8-11*

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINES REHAB &amp; HEALTH CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 RED VILLAGE ROAD</b> <b>LYNDONVILLE, VT 05851</b>
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F 281	<p>Continued From page 1</p> <p>Statin to be a blood pressure/heart medication". In addition, the nurse also stated s/he did not have another nurse co-sign the new orders per the facility's policy. Per interview at 3:30 PM the DNS confirmed the transcribing error as well as not implementing physicians's orders.</p> <p>Reference: Nettina, S.M., (2010), Lippincott Manual of Nursing Practice, 8th Edition, p 18, Lippincott, Williams &amp; Wilkins, Philadelphia</p>	F 281		
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**F 281 483.20(k)(3)(i) Services Provided Meet Professional Standards**

**SS=D**

" The facility failed to meet professional standards of quality regarding transcribing and implementing physician orders for one applicable resident. (Resident number one)

**1. Action taken to correct deficiency:**

1. The MD was notified of the transcription error that resulted in the resident not receiving 1-81mg ASA.
2. The MAR was changed to reflect the correct orders.
3. The nurse making the error **DID** have another staff member, but not a nurse cosign new orders, they **BOTH** misinterpreted the order.
4. LN's reminded to call MD with questions or concerns over orders given and to have another **nurse** cosign.
5. Nothing further can be done for resident number one as she has been discharged.

**2. Correction actions monitored so that deficient practice does not recur:**

1. DON to do random ongoing checks on admission orders to ensure accuracy and correct procedure followed.
2. ALL admission orders will continue to be monitored by pharmacy for transcription errors as well.

All residents have the potential to be affected.

**Completion Date:** 06/14/11. Diana LaFountain RN/DON is responsible for the correction of this deficiency.

*Diana LaFountain, RN/DON 7.8.11*

*F281 POC Accepted 7/18/11 Pincot RN*