

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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

April 20, 2012

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

Provider #: 475044

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the follow-up to the annual recertification survey conducted on **March 27, 2012**. 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, MS  
Licensing Chief

PC:ne

Enclosure



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

RECEIVED  
Division of  
PRINTED: 04/05/2012  
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	(X3) DATE SURVEY COMPLETED  R <b>03/27/2012</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}		
{F 280} SS=D	<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 staff interview and record review, the facility failed to assure ongoing revision of care plans to reflect the current status of 2 of 3 applicable residents in the sample (Residents #1 and #2). Findings include:</p>	{F 280}	<p>Please see enclosed POC dated 4.13.12 D. LaFountain rd</p> <p>POC approved for F280 4/19/12 Bonnie Howe RJ</p>	2/28/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Francis Cheney</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4-12-12</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.

*pm*

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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 280}	Continued From page 1 1. Per record review, the care plan for Resident #1, who sustained a fall on 3/24/12, had not been revised to reflect that fall nor any new interventions implemented to reduce the risk for further falls. A Fall Risk Assessment, conducted the day of admission on 2/13/12, identified the resident's score as 25, (with a total score above 10 representing high risk for falls) and a Fall Risk care plan had been initiated. A nurse's note, dated 3/23/12 stated that the resident was found on the floor and indicated that the resident had hit his/her head. The note further stated that the resident was "unsteady and non-compliant with walker." The resident's care plan was updated at that time to reflect the fall and a new intervention to use a tab alarm when in bed/chair was implemented at that time. A subsequent nurse's note, dated 3/24/12, stated that the resident was found sitting on the floor next to the wall at 2:40 PM and the LNA (Licensed Nursing Assistant) stated it appeared the resident had lost his/her balance and fell. The care plan had not been revised to reflect the fall on 3/24/12 nor had any new interventions been implemented. During interview, at 2:39 PM on 3/27/12, the DNS (Director of Nursing Services) and the RN (Registered Nurse) who had been responsible for oversight of the resident's care at the time of the 3/24/12 fall, both confirmed that care plan had not been updated to reflect the resident's fall and no new interventions identified to reduce the risk of further falls.  2. Per record review, nursing staff failed to revise the care plan for Resident #2 to reflect his/her urinary incontinence status. The resident's most current MDS (Minimum Data Set), dated 12/27/11, indicated that the resident had frequent	{F 280}			

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{F 280}	Continued From page 2 urinary incontinence and a Bladder Incontinence Evaluation; completed on 9/30/11, stated that the resident continued to be frequently incontinent, despite the toilet schedule, and that s/he required extensive assistance with toileting. A subsequent Bladder Incontinence Evaluation, dated 12/27/11, identified continued urinary incontinence. In addition, although there had been no infections identified in greater than 18 months, the resident did have a history of UTI (Urinary Tract Infections). During interview, on 3/27/12 at 2:50 PM, the DNS stated that urinary incontinence had been addressed in the resident's previous care plan, and confirmed that the current care plan had not been revised to address the issue.	{F 280}		

The Pines Rehabilitation and Health Center

Plan of Correction

Survey Completed on 2/1/2012

Revisit Conduction on 3/27/2012

**F208 483.20(d)(3), 483.10(k)(2) Right to Participate Planning Care –Revise Care Plan**

The facility failed to assure ongoing revision of care plans to reflect the current status of 2 of 3 applicable residents in the sample.

**I.) Action taken to correct deficiency:**

1. Resident #1's care plan was updated on 3/27/2012 at 2:30pm by the RN responsible for the oversight of the resident's care at the time of the 3/24/2012 fall to reflect the fall on 3/24/2012 as well as the new interventions.

2. Resident #2's care plan was updated on 3/27/2012 to reflect the goal of urinary incontinence. The reference date for the new MDS started on 3/27/2012 to be re-evaluated anyway.

3. AN in-service on survey results, care plan goals, interventions, falls, safety awareness, documentation and communication of new information was given to all nursing staff by the Director of Nursing on April 5, 2012.

4. Care plan audit done on every resident by Director of Nursing and new Social Service director for accuracy.

**II.) Corrective actions monitored so that deficiency does not recur:**

1. Supervisors check fall and incident reports every morning Monday thru Friday to ensure interventions and falls have been added to Plan of Care.

2. Care Plan team rechecks Plan of Care for accuracy following care plan schedule on an ongoing basis.

3. Supervisors will bring any corrective care plan action to the quarterly QA for review

All residents have the potential to be affected.

Completion date: 4/13/2012

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

POC approved for  
F280 4/19/12  
Bonnie Howe R/L