

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

March 27, 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 **February 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: 03/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER PINES REHAB & HEALTH CTR	STREET ADDRESS, CITY, STATE, ZIP CDDE 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

F 000

An unannounced onsite recertification survey was conducted by the Division of Licensing and Protection from 2/23/15- 2/25/15. The following regulatory deficiencies were identified.

F 155 483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES

F 155

The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.

The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.

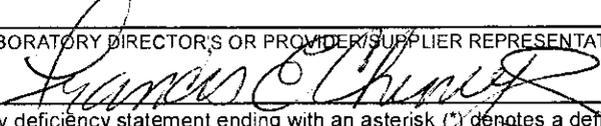
This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to assure that 1 of 20 residents had the right to refuse medication (Resident #15). Findings include:

Per interview and record review, Resident #15

All plan of correction completion date 3/22/15

see POC - accepted by Klampn 3/25/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3-20-15
---	------------------------	----------------------

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.

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 155	<p>Continued From page 1</p> <p>was physically restrained by staff in order to administer an intramuscular (IM) injection of an antipsychotic medication against his/her will. Resident #15 had diagnoses that included dementia with associated behaviors that were sometimes very aggressive. The physician wrote orders for antipsychotic medication that was to be used to alleviate aggressive behaviors as needed. There is a signed order from 4/29/13 for an oral medication Haldol 2 milligrams (mg.) one tab QID (four times daily) PRN (as needed) for aggression. The same telephone order has also Haldol 2 mg IM (Intramuscular injection) BID (twice daily) if unable to take PO.</p> <p>Per review of the nurse's notes from 1/20/15, at approximately 2:00 PM the resident was acting aggressively toward the nurse on duty by trying to take the Medication Administration Record book off the medication cart, and attempting to throw the pill crusher. The note stated that the resident was escorted to their room by an LNA (Licensed Nursing Assistant) and the LPN (Licensed Practical Nurse), and offered an oral dose of Haldol 2 mg., which Resident #15 refused to take. The note continued to state that the nurse "gave Haldol 0.4 ml (2 mg.) IM to R butt cheek with LNAs assisting me to restrain (him/her)". Per interview on 2/24/15 at 2:45 PM, the LPN who administered the injection stated that Resident #15 was very riled on the afternoon of 1/20/15, and was getting very aggressive, especially targeting the nurse. There was concern for the safety of others, so Resident #15 was escorted to their room by staff and offered a PRN Haldol by mouth. After the resident refused, the nurse chose to give the medication by injection.</p> <p>The account given by the nurse was that one LNA</p>	F 155	<p><i>See POC Completion Date 3/22/15</i></p>	

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 155	<p>Continued From page 2</p> <p>held the residents arms and another held the resident's legs, and the nurse gave the injection into the buttocks of the resident. The nurse stated that the resident did not agree to the injection, but the behaviors warranted the antipsychotic administration to keep everyone safe, and the nurse admitted to having staff hold the resident down while administering the injection.</p> <p>Per interview on 2/24/15 at 1:50 PM, the Director of Nursing stated that they had learned of this nurse's note in Resident #15's record on the evening of 2/23/15, and spoke to the nurse about how they worded their documentation, but did not take any further action at that time. Per interview on 2/24/14 at 4:55 PM, the evening supervisor stated that they had not heard about the incident until the surveyor informed the facility staff on 2/24/15. The RN supervisor stated that the nurse who gave the injection could have consulted with the supervisor, especially since the resident seemed to be angry at that nurse specifically, but the supervisor was not told. The expectation in this instance would be that the nurse attempt to talk the resident into willingly receiving the injection, however, restraining someone to give them the injection was not an acceptable practice.</p> <p>Per review of the medical record of Resident #15, there was no consent for the use of restraints, and no physician order for the use of restraints. Per interview with the prescribing physician on 2/25/15 by telephone, it was their expectation that if the resident refused the least restrictive mode of taking the antipsychotic medication by mouth, that they would have to agree to take the injection, and that holding someone down to give the medication by injection was not acceptable</p>	F 155	<p><i>See POC Completion Date 3/22/15</i></p>	

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

PRINTED: 03/10/2015
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 02/25/2015
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	
F 155	Continued From page 3 practice. Per review of the plan of care, there was only the entry that the injectable Haldol was to be given if refusing the PO, however no language in the plan of care to say how it could be given in the least restrictive method, or how to handle refusal by the resident without restraining them.	F 155			
F 221 SS=G	See also F221, F224, F225 and F329. 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that residents were free from physical restraints for 1 of 20 residents (Resident #15). Findings include: Per interview and record review, Resident #15 was physically restrained by staff in order to administer an intramuscular (IM) injection of an antipsychotic medication against his/her will. Resident #15 had diagnoses that included dementia with associated behaviors that were sometimes very aggressive. The physician wrote orders for antipsychotic medication that was to be used to alleviate aggressive behaviors as needed. There is a signed order from 4/29/13 for an oral medication Haldol 2 milligrams (mg.) one tab QID (four times daily) PRN (as needed) for aggression. The same telephone order has also Haldol 2 mg IM (Intramuscular injection) BID	F 221		<i>See POB Completion Date 3/22/15</i>	

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 221	<p>Continued From page 4 (twice daily) if unable to take PO.</p> <p>Per review of the nurse's notes from 1/20/15, at approximately 2:00 PM the resident was acting aggressively toward the nurse on duty by trying to take the Medication Administration Record book off the medication cart, and attempting to throw the pill crusher. The note stated that the resident was escorted to their room by an LNA (Licensed Nursing Assistant) and the LPN (Licensed Practical Nurse), and offered an oral dose of Haldol 2 mg., which Resident #15 refused to take. The note continued to state that the nurse "gave Haldol 0.4 ml (2 mg.) IM to R butt cheek with LNAs assisting me to restrain (him/her)". Per interview on 2/24/15 at 2:45 PM, the LPN who administered the injection stated that Resident #15 was very riled on the afternoon of 1/20/15, and was getting very aggressive, especially targeting the nurse. There was concern for the safety of others, so Resident #15 was escorted to their room by staff and offered a PRN Haldol by mouth. After the resident refused, the nurse chose to give the medication by injection.</p> <p>The account given by the nurse was that one LNA held the residents arms and another held the resident's legs, and the nurse gave the injection into the buttocks of the resident. The nurse stated that the resident did not agree to the injection, but the behaviors warranted the antipsychotic administration to keep everyone safe, and the nurse admitted to having staff hold the resident down while administering the injection.</p> <p>Per interview on 2/24/15 at 1:50 PM, the Director of Nursing stated that they had learned of this nurse's note in Resident #15's record on the evening of 2/23/15, and spoke to the nurse about</p>	F 221	<p><i>See POC Completion Date 3/22/15</i></p>	

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 221	<p>Continued From page 5</p> <p>how they worded their documentation, but did not take any further action at that time. Per interview on 2/24/14 at 4:55 PM, the evening supervisor stated that they had not heard about the incident until the surveyor informed the facility staff on 2/24/15. The RN supervisor stated that the nurse who gave the injection could have consulted with the supervisor, especially since the resident seemed to be angry at that nurse specifically, but the supervisor was not told. The expectation in this instance would be that the nurse attempt to talk the resident into willingly receiving the injection, however, restraining someone to give them the injection was not an acceptable practice.</p> <p>Per review of the medical record of Resident #15, there was no consent for the use of restraints, and no physician order for the use of restraints. Per interview with the prescribing physician on 2/25/15 by telephone, it was their expectation that if the resident refused the least restrictive mode of taking the antipsychotic medication by mouth, that they would have to agree to take the injection, and that holding someone down to give the medication by injection was not acceptable practice. Per review of the plan of care, there was only the entry that the injectable Haldol was to be given if refusing the PO, however no language in the plan of care to say how it could be given in the least restrictive method, or how to handle refusal by the resident without restraining them.</p> <p>See also F155, F224, F225 and F329.</p>	F 221	<p><i>See POC Completion date 3/22/15</i></p>	
F 224 SS=G	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN	F 224		
The facility must develop and implement written				

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 224	<p>Continued From page 6</p> <p>policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents are free from mistreatment for 1 of 20 residents. (Resident #15) Findings include:</p> <p>Per interview and record review, Resident #15 was physically restrained by staff in order to administer an intramuscular (IM) injection of an antipsychotic medication against his/her will. Resident #15 had diagnoses that included dementia with associated behaviors that were sometimes very aggressive. The physician wrote orders for antipsychotic medication that was to be used to alleviate aggressive behaviors as needed. There is a signed order from 4/29/13 for an oral medication Haldol 2 milligrams (mg.) one tab QID (four times daily) PRN (as needed) for aggression. The same telephone order has also Haldol 2 mg IM (Intramuscular injection) BID (twice daily) if unable to take PO.</p> <p>Per review of the nurse's notes from 1/20/15, at approximately 2:00 PM the resident was acting aggressively toward the nurse on duty by trying to take the Medication Administration Record book off the medication cart, and attempting to throw the pill crusher. The note stated that the resident was escorted to their room by an LNA (Licensed Nursing Assistant) and the LPN (Licensed</p>	F 224	<p><i>See POC Completion Date 3/22/15</i></p>	

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 224	<p>Continued From page 7</p> <p>Practical Nurse), and offered an oral dose of Haldol 2 mg., which Resident #15 refused to take. The note continued to state that the nurse "gave Haldol 0.4 ml (2 mg.) IM to R butt cheek with LNAs assisting me to restrain (him/her)". Per interview on 2/24/15 at 2:45 PM, the LPN who administered the injection stated that Resident #15 was very riled on the afternoon of 1/20/15, and was getting very aggressive, especially targeting the nurse. There was concern for the safety of others, so Resident #15 was escorted to their room by staff and offered a PRN Haldol by mouth. After the resident refused, the nurse chose to give the medication by injection.</p> <p>The account given by the nurse was that one LNA held the residents arms and another held the resident's legs, and the nurse gave the injection into the buttocks of the resident. The nurse stated that the resident did not agree to the injection, but the behaviors warranted the antipsychotic administration to keep everyone safe, and the nurse admitted to having staff hold the resident down while administering the injection.</p> <p>Per interview on 2/24/15 at 1:50 PM, the Director of Nursing stated that they had learned of this nurse's note in Resident #15's record on the evening of 2/23/15, and spoke to the nurse about how they worded their documentation, but did not take any further action at that time. Per interview on 2/24/14 at 4:55 PM, the evening supervisor stated that they had not heard about the incident until the surveyor informed the facility staff on 2/24/15. The RN supervisor stated that the nurse who gave the injection could have consulted with the supervisor, especially since the resident seemed to be angry at that nurse specifically, but the supervisor was not told. The expectation in</p>	F 224	<p><i>See POC Completion Date 3/22/15</i></p>	

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

PRINTED: 03/10/2015
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 02/25/2015
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	
F 224	Continued From page 8 this instance would be that the nurse attempt to talk the resident into willingly receiving the injection, however, restraining someone to give them the injection was not an acceptable practice. Per review of the medical record of Resident #15, there was no consent for the use of restraints, and no physician order for the use of restraints. Per interview with the prescribing physician on 2/25/15 by telephone, it was their expectation that if the resident refused the least restrictive mode of taking the antipsychotic medication by mouth, that they would have to agree to take the injection, and that holding someone down to give the medication by injection was not acceptable practice. Per review of the plan of care, there was only the entry that the injectable Haldol was to be given if refusing the PO, however no language in the plan of care to say how it could be given in the least restrictive method, or how to handle refusal by the resident without restraining them. See also F155, F221, F225 and F329.	F 224			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry	F 225		See POC Completion Date 3/22/15	

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 225	<p>Continued From page 9 or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that an act of mistreatment of a resident was reported to the state survey agency for 1 of 20 residents (Resident #15). Findings include: Per interview and record review, Resident #15 was physically restrained by staff in order to administer an intramuscular (IM) injection of an antipsychotic medication against his/her will. On 2/24/15 at 1:50 PM, the Director of Nursing stated</p>	F 225	<p><i>See POC Completion Date 3/22/15</i></p>	

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

PRINTED: 03/10/2015
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 02/25/2015
--	---	--	---

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
--------------------	--	---------------	---	----------------------

F 225 Continued From page 10
that they had learned of this nurse's note in Resident #15's record on the evening of 2/23/15, and spoke to the nurse about how they worded their documentation, but did not take any further action at that time. The nurse in question was scheduled for the following two evenings, was not taken off the schedule, and the incident was not reported within 24 hours of hearing of the event.

F 225

See also F155, F221, F224 and F329.

F 253 483.15(h)(2) HOUSEKEEPING & SS=E MAINTENANCE SERVICES

F 253

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

*See POC
Completion Date
3/22/15*

This REQUIREMENT is not met as evidenced by:
Based on observation and confirmed by staff interview the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior in multiple rooms on all 3 Units through out the facility. The findings include the following:

1. Per initial tour on 2/23/15 at 9:17 AM and continued through 2/25/15, of the annual survey, the following rooms were found to have privacy curtains soiled with dried food, brown liquid spills and other undistinguishable materials:
A Wing Room #15;
C Wing Rooms: #24, # 30, #31 and #33.

2. Per initial tour on 2/23/15 at 9:17 AM and continued through 2/25/15, of the annual survey,

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 253	Continued From page 11 the following rooms were found to have accumulated dust caked on light fixtures, that are located above the head of each resident's bed in the following rooms: A Wing Rooms: #4, #6, #7, #8, #14 and #15; B Wing Rooms: #18, #22 and #23; C Wing Rooms: #21, #24, #26, #27, #28, #29, #30, #31, #32, #33 and the dining room/ kitchenette. Per facility tour on 2/25/15 at 8:20 AM with the Director of Nurses and the Housekeeping/Maintenance Director confirmation was made that the above issues are present and need to be addressed.	F 253	<i>See POC Completion Date 3/22/15</i>	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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.	F 280		

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

PRINTED: 03/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2015
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	
F 280	Continued From page 12 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the plan of care was updated for 1 of 20 residents sampled (Resident #62). Findings include: Per record review on 2/24/15, Resident #62 has diagnoses that include Dementia with aggressive/assaultive behaviors. There are multiple psychoactive medications ordered for this resident to manage these behaviors, including Lorazepam 2 mg PO BID (by mouth twice a day) for moderate agitation, Lorazepam 2 mg IM (intramuscular injection) every 6 hours as needed for severe agitation, and Haldol 5 mg IM three times/ day for behaviors. Per review of the plan of care, all three pharmacological interventions are listed on the plan of care, however there is no clear indication of what interventions are to be tried before medicating, and what criteria to consider before a nurse decides to use one of the medications to alleviate behavior symptoms. Per interview on 2/25/15 at 3:15 PM, the Director of Nursing confirmed that the plan of care for Resident #62 was not updated to contain clear direction to staff for the use of as needed psychoactive medications to treat behavior symptoms.	F 280			
F 329	483.25(i) DRUG REGIMEN IS FREE FROM SS=D UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or	F 329			

*See POC
Completion Date
3/25/15*

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 02/25/2015
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	
F 329	Continued From page 13 without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that residents' drug regimens are free from unnecessary medications and had clear parameters for use for 2 of 20 residents sampled (Residents #15, #62). Findings include: 1. Per record review on 2/24/15, Resident #15 had diagnoses that included dementia with behaviors. The resident was at times aggressive toward staff and other residents. The resident had an order for the antipsychotic medication Haldol 2 mg. PO (by mouth) PRN (as needed) QID (four times daily) for aggression. There was also an order for Haldol 2 mg. IM (Intramuscular) injection	F 329		<i>See POC Completion Date 3/22/15</i>	

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

PRINTED: 03/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2015
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
F 329	<p>Continued From page 14</p> <p>BID (two times daily) that was prescribed "if unable to take PO". Per review of the order, there was no indication of how much time should be allotted between the PO doses or the injection. Also on 1/20/15, the resident was exhibiting aggressive behaviors, and refused to take the PO dose of Haldol. At this time, the nurse on duty chose to administer the IM dose of Haldol to the resident after they refused, and according to the nurse's note and interview with the nurse, the resident needed to be held down in order to administer the injection. There was minimal interventions documented to try and redirect the resident, was brought to their room away from others, however no other interventions documented before the administration of the injectable Haldol.</p> <p>2. Per record review on 2/24/15, Resident #62 has dementia with sometimes aggressive behaviors. Per review of the medications ordered, Resident #62 had the following signed physician orders: (Written 8/11/14) Haldol 5 mg. IM TID PRN/ behaviors, must document on behaviors is using PRN Haldol. (Written on 8/14/14) Lorazepam 2 mg/ml Injection, 2 mg. IM every 6 hours as needed for severe agitation. Four days later, on 8/18/14, there was an order for Lorazepam 0.5 mg. PO BID for moderate agitation. There was no documentation in the record, including the plan of care, to indicate when to utilize the PO dose of Lorazepam, the IM dose of Lorazepam, or the IM dose of Haldol, with the exception of indicating that the Lorazepam PO was to be used to treat moderate agitation, the IM dose of Lorazepam was to be used to treat severe agitation, and there was only "for behaviors" listed as a reason to give Haldol 5 mg. IM. There was also no indication of parameters of</p>	F 329	<p><i>See POC</i></p> <p><i>Completion Date</i></p> <p><i>3/22/15</i></p>	

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

PRINTED: 03/10/2015
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 02/25/2015
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
F 329	Continued From page 15 frequency that the TID Haldol could be given, how many hours must pass between dosages. Per review of the Medication Administration record, the IM Lorazepam had not been given from October 2014- present, the PO Lorazepam had been given a few times over those months, and the IM Haldol given once in October, not at all in November, once in December, and three times in January 2015. Per interview on 2/25/15, the Director of Nursing confirmed that these psychoactive medication orders did not have clear indications for their use, in regards to staff deciding when it would be appropriate to utilize each one, and how long to wait between administering the medication doses to Resident # 62.	F 329	<i>See POC Completion Date 3/22/15</i>	

The Pines Rehabilitation and Health Center

Plan of Correction

Survey completed on 2/25/2015

PLAN OF CORRECTION

Name of Provider or Supplier: The Pines Rehabilitation and Health Center (the "Facility")

Street Address: 601 Red Village Road, Lyndonville, VT 05851

Date Survey Completed: February 25, 2015

Introduction

By letter dated March 10, 2015, the Division of Licensing and Protection of the Department of Disabilities, Aging and Independent Living of the Agency of Human Services of the State of Vermont (the "Division") issued the results of a survey conducted by the Division survey completed on February 25, 2015.

This Plan of Correction, as required under regulation, responds to the survey notice. The Facility has prepared this Plan of Correction (the "Plan") as if the statement of deficiencies were factually accurate in its entirety, unless specifically stated otherwise in the Plan. At points, the Facility has set forth additional, relevant facts and circumstances that it believes have significant bearing on the assessments reflected in the statement of deficiencies and respectfully requests that those be considered when and as appropriate. In response to the summary statement of deficiencies, the Facility offers the following Plan of Correction.

Statement of Facts

The Facility disputes the surveyor's characterization of the underlying facts supporting the survey citations. A number of individuals with material information were not interviewed by the surveyor, including licensed nursing assistants ("LNAs") which precluded the development of a complete factual picture. The Facility offers the following statement to provide a more complete and accurate description of the underlying facts described by the surveyor.

Resident #15 (the "Resident") has been diagnosed with dementia and has a history of exhibiting aggressive behavior. The Resident has a guardian and health care decision making proxy, her daughter. In light of the Resident's aggressive behaviors posing a risk to herself and other residents, an order for Haldol, 2 milligrams, was made on April 29, 2013 to be administered on a PRN basis. The Haldol order allowed for administration either orally or by intramuscular

injection. The Resident's daughter was consulted about this prescription, and she offered her approval for the order and for using the medication when the Resident's behavior presented risk..

On January 20, 2015, the Resident began behaving in an aggressive and threatening manner while in a common area. Much of this behavior was directed at staff. During this outburst, the Resident grabbed at and- attempted to throw the Medication Administration Record Books, as well as a heavy, metal pill crushing device. Other residents, some of whom are not ambulatory, were in close proximity. The Resident's behavior was perceived to pose a substantial safety risk both to herself and other residents. Numerous residents, many of whom are in delicate health and have ambulatory disabilities, were in close proximity to the Resident during the incident, and were at risk of serious injury as a result of the Resident's behavior. For example, if the Resident had thrown the metal pill crusher it likely would have caused significant harm to a nearby resident, Mindful of this risk, staff tried to divert the Resident and escorted the Resident to his/her room.

Two LNAs and a licensed practical nurse ("LPN") were present with the Resident after she was returned to her room. The Resident was lying on the bed while one of the LNAs was holding and rubbing her hand, while the other was rubbing his/her leg in an attempt to comfort her and calm her down. At no time were the LNAs forcibly restraining the Resident she was always free to get up from bed. Given the Resident's agitation and aggressive behaviors, the LPN administered a dose of Haldol intramuscularly. As reported by the LNAs and LPN, the Resident did not resist or refuse administration of the Haldol injection. Although the Resident's guardian was not consulted at the time, as noted above, his/her guardian approved the order for Haldol on a PRN basis and consented to its use when the Resident became aggressive and posed a safety risk to herself or others.

Accordingly, the Facility disputes the assertion that the Resident was restrained or given medication against her will. Moreover, the administration of Haldol was appropriate in light of the safety risk posed by the Resident's volatile behavior that was not resolved by redirection.

F155 483.10(b)(4) Right to refuse; Formulate Advance Directions

The facility failed to assure that 1 of 20 residents had the right to refuse medications (Resident #15).

I. Action taken to correct deficiency:

- 1) All PRN psychiatric medications were discontinued for Resident #15 in consultation with Medical Director.
- 2) The LPN was educated on appropriate medication administration and other alternatives to medication that work effectively for this Resident.
- 3) Care plan adjustments were made to reflect these alternative in the least restrictive methods.
- 4) Director of Nursing and Administrator will review Resident #15 status and medications with Medical Director within twenty (20) days to re-evaluate PRN medications.

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

- 1) Inservice provided to all staff on Residents' right to refuse medication, behavior modification techniques and ways to keep resident and staff safe while providing care to aggressive residents on 3/18/2015
- 2) supervisor will review all medical records to ensure incident reports have been done.
- 3) A chart review for medication administered will be done for next 60 days.

All residents have the potential to be affected.

Completion date: 3/22/2015

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

F155 POC accepted 3/26/15 Karen Campos RN

F221 483.13(a) Right to be Free from Physical Restraints

The facility failed to ensure that residents were free from physical restraints for 1 of 20 residents.

I. Action taken to correct deficiency:

- 1) Resident #15 no longer has an IM antipsychotic medication.
- 2) The LPN was educated on appropriate medication administration and other alternatives to medication that works effectively for this resident.
- 3) Care plan adjustments were made to reflect these alternatives in the least restrictive methods.

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

- 1) In-service provided to all staff on Residents' Rights to refuse medications, behavior modification techniques and ways to keep resident and staff safe while providing care to aggressive residents on 3/18/2015.
- 2) LN's will enlist Supervisors assistance if interventions to redirect behavior currently in place fail.
- 3) If all interventions fail after Supervisors assistance resident will be sent to the hospital by ambulance.
- 4) Supervisor will review all altercations and incidents to ensure compliance thereafter.
- 5) Behavior policies and procedures updated to reflect these changes and copies provided to LN's.

All residents have the potential to be affected.

Completion date: 3/22/2015

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

F221 POC accepted 3/26/15 Karen Campos RN

F224 483.13(c) Prohibit Mistreatment/Neglect/Misappropriation

The facility failed to ensure resident are free from mistreatment for 1 of 20 residents (#15).

I. Action Taken to Correct Deficiency:

- 1) Resident # 15 no longer has an IM antipsychotic medication.

- 2) The LPN was educated on appropriate medication administration and other alternatives that works effectively for this resident.
- 3) Care plan adjustment were made to reflect these alternatives in the least restrictive method.

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

- 1) In-service provided to all staff on Residents' Rights to refuse medications, behavior modification techniques and ways to keep resident and staff safe while providing care to aggressive residents on 3/18/2015.
- 2) LN's will enlist Supervisors assistance if interventions to redirect behavior currently in place fail.
- 3) If all interventions fail after Supervisors assistance resident will be sent to the hospital by ambulance.
- 4) Supervisor will review all altercations and incidents to ensure compliance thereafter.

All residents have the potential to be affected.

Completion date: 3/22/2015

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

F224 POC accepted 3/26/15 Karen Campo RN
F255-483.13(c)(1)(ii)-(iii),(c)(2)-(4) Investigate/Report Allegations/Individuals
F225

The facility failed to ensure that an alleged act of mistreatment of a resident was reported to the state survey agency for 1 of 20 residents. (Resident #15).

I. Action taken to correct the deficiency:

- 1) A report of alleged abuse was electronically filed on 2/25/2015 and LPN was removed from schedule until after phone call and letter received from APS stating that it was a regulatory matter and would be passed back to DAIL due to the resident did not get hurt.
- 2) DNS called Pam Cota for guidance in allowing LN back to work and was advised that it was up to facility. Facility will allow any APS action and take appropriate employment action in the event of any substantiated finding as to LPN.

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

- 1) All staff will have inservice on 3/18/2015 on abuse reporting, Residents' Rights to Refuse medication, behavior modification techniques and ways to keep resident and staff safe while providing care to aggressive residents.
- 2) Supervisor will review all altercations and incidents to ensure compliance thereafter.

All residents have the potential to be affected.

Completion date: 3/22/2015

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

F225 POC accepted 3/25/15 Karen Campo RN

F253 483.15(h)(2) Housekeeping and Maintenance Services

The facility failed to provide housekeeping and maintenance service necessary to maintain a sanitary, orderly, and comfortable interior in multiple rooms.

I. Action taken to correct deficiency:

- 1) All privacy curtains in the facility have been washed and any curtains in need of repair have been repaired or replaced.
- 2) Housekeeping and laundry staff have been educated on steps that need to be followed in order to identify cleaning needs on a daily basis. All rooms have been cleaned and dusted.

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

- 1) Housekeeping and Laundry chore list have been established to help maintain a consistent schedule.
- 2) Extra privacy curtains have been ordered to assure recently soiled curtains can be replaced promptly.
- 3) Supervisor will review rooms on a regular basis to ensure clean and sanitary environment is maintained.

All residents have the potential to be affected.

Completion date: 3/22/2015

Ray Lindhal Housekeeping and Maintenance Supervisor is responsible for the correction of this deficiency.

F 253 POC accepted 3/26/15 Karen Campos RN

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

The Facility failed to ensure that the POC was updated for 1 of 20 residents (Resident #15).

I. Action taken to correct deficiency:

- 1) All PRN Psych meds were D/C'd on 2/26/2015 for Resident #62. Will be re-evaluated by MD as appropriate.
- 2) Care plan was updated to contain "clearer" directions for use of medications to address behaviors.

II. Measures put in place to correct the deficiency:

- 1) Care plan and medications will be reviewed by MD, DNS, and Supervisors for possible needed changes on 3/11/2015 and will adjust care plans accordingly.
- 2) DNS will check care plans monthly following care plan schedule to ensure ongoing compliances.

All residents have the potential to be affected.

Completion date: 3/22/2015

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

F280 POC accepted .. Karen Campos RN

F329 483.25(1) Drug Regimen is Free From Unnecessary Drugs

The facility failed to ensure that residents drug regimens are free from unnecessary medications and had clear parameters for use for 2 of 20 residents sampled (resident

I. Action taken to correct the deficien

1) All PRN Psych meds were D/C'd for Residents #15 and #62. Will be re-evaluated by MD as appropriate.

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

1) Inservice provided to all staff on Residents Rights to Refuse, Behavior modification techniques and ways to keep residents and staff safe while providing care to aggressive residents on 3/18/2015.

2) The instructional sheet for LN's that provide the nurses with guidance prior to prn use was added to each behavior POC for "clearer parameters" (for other residents with prn's)

3) MD, DNS, and Supervisors reviewed all residents' medications and POC for possible unnecessary drugs on 3/11/2015.

4) DNS will check care plans monthly following care plan schedule to ensure ongoing compliance.

All residents have the potential to be affected.

Completion date: 3/22/2015

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

F329 POC accepted Karen Campo RN
3/26/15