

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

June 8, 2016

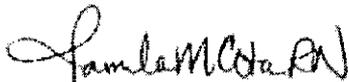
Ms. Heather Filonow, Administrator
Rowan Court Health & Rehab
378 Prospect Street
Barre, VT 05641-5421

Dear Ms. Filonow:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 18, 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: 06/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2016
NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641		
(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)	(X6) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the</p>	F 431	<p>F431</p> <p>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents # 6 and #4 had no negative effects as a result of the alleged deficient practice.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Residents requiring insulin per physician's orders have the potential to be affected by the alleged deficient practice.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature] TITLE: Executive Director (X6) DATE: 6/7/2016

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 431	<p>Continued From page 1 quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that all medications were properly stored and labeled or discarded when they reached their expiration date in accordance with accepted professional principles on 2 of 4 medication carts for 2 residents receiving insulin (Residents #4 & #6). Findings include:</p> <p>Per observation on 5/18/16 at 1:19 PM, the medication cart for the Wing 2 short hall contained 1 vial of Lantus (insulin) for Resident #4 that was in use and was not dated when opened or when it should be discarded. According to the manufacturer, Lantus vials should be thrown away after 28 days even if there is still insulin left in the vial. The medication cart nurse confirmed that the above findings at the time of the observation.</p> <p>On 5/18/16 at 2:10 PM, the medication cart for the wing 1 short hall, contained 1 NovoLog pen (NovoLog FlexPen = an injectable insulin) that was dated as opened on 5/5/16 and had a discard date of 5/15/16 (an interval of 10 days). The manufacturer states that the pens may be kept unrefrigerated and used for 28 days and then must be discarded. The medication nurse confirmed that the pen was not correctly dated for its discard/expiration date at the time of the observation.</p>	F 431	<p>What measures will be put in place to ensure that the deficient practice will not occur?</p> <p>Education will be provided to licensed staff on the protocol for opening and dating insulin. Insulin vials and pens will be checked for proper labeling at change of shift by two nurses.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</p> <p>Random audits will be completed weekly by the DON or designee to monitor the effectiveness of the plan. The results of the audits will be reported to the monthly QAPI Committee for a minimum of three months at which time the QAPI Committee will determine the continued duration of the audits.</p> <p>Corrective action will be completed by June 18, 2016.</p> <p><i>F431 PC accepted 6/18/16 SDennis/pna</i></p>		

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F 431	Continued From page 2 < http://products.sanofi.us/lantus/lantus.html > < https://www.novologpro.com/prescribing/insulin-pens/novolog-flexpen.html >	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and	F 441	F441 How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? Residents #2, #4 and #5 had no negative effects as a result of the alleged deficient practice. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the alleged deficient practice. What measures will be put in place to ensure that the deficient practice will not occur? Education will be provided to licensed staff on proper infection control measures during med pass and the policy for managing hand held nebulizer equipment.		

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F 441	Continued From page 3 transprt linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review, the facility failed to ensure that staff consistently implemented proper infection control measures during 2 of 5 medication pass observations (Resident #4 & Resident #5) and failed to ensure that hand-held nebulizer equipment was sanitized and stored or discarded per infection control standards for one applicable resident (Resident #2). Findings include: 1. On 5/18/16 starting at 9:02 AM, a staff nurse failed to follow infection control practices during a medication pass observation to 2 residents by failing to sanitize the surface of the medication cart prior to pouring medications and failing to handle the replacement of a dropped pill in sanitary manner. Per observation, the surface of the medication cart was soiled and there were several dried dark stains on the surface where the medication cups were placed while being filled. The nurse separated medications (based on whether they were crushed, chewable, or to be taken whole) into 2 different medication cups while preparing medications (individually) for Resident #4 and #5. After the medication cups were filled, the nurse nested one cup on top of the other with the bottom of the cup that had been in contact with the soiled surface of the cart in contact with the pills in second medication cup.	F 441	How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur? Random medication pass audits and nebulizer cleaning/storage audits will be completed weekly by the DON or designee. The results of the audits will be reported to the monthly QAPI Committee for a minimum of three months at which time the QAPI Committee will determine the continued duration of the audits. Corrective action will be completed by June 18, 2016. <i>F441 POC accepted 6/8/16 SDennis RN/PME</i>		

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F 441	<p>Continued From page 4</p> <p>Also, per observation, when the nurse brought Resident #4 his/her medications, the resident dropped one pill on the floor. The nurse retrieved the pill from the floor and placed it in the medication cup and brought it back to the cart to be replaced. After destroying the first pill, the nurse poured the replacement pill into the same medication cup that had held the pill that had fallen on the floor.</p> <p>After the medication pass, the nurse confirmed the above findings and that infection control standards had not been followed, though she thought that she had used a new medication cup for the replacement pill for Resident #4.</p> <p>2. Per 5/18/16 at 1:57 PM observation, a handheld nebulizer face mask and connected medication chamber and tubing for Resident #2 was not cleaned, stored or discarded in a manner consistent with infection control standards. Per observation, the nebulizer face mask with attached medication chamber was observed stored uncovered on a stand that was cluttered with clothing, a tissue box and other personal items; the mask was on its side and in contact with the surface of the wall. At the time of the observation, the unit nurse confirmed that the nebulizer equipment had not been stored in a manner consistent with infection control practices and discarded the mask set up and tubing after the observation.</p> <p>Per review of the facility policy, Administering Medications through a Small Volume (Handheld) Nebulizer (Revised October 2012), step 27 & 29 state: after rinsing and disinfecting the nebulizer equipment according to facility protocol, the</p>	F 441			

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F 441	Continued From page 5 equipment should be stored in a plastic bag with the resident ' s name and date on it.	F 441			