

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

January 31, 2013

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

INITIAL NOTICE OF IMMEDIATE JEOPARDY

Dear Ms. Welch:

On **January 30, 2013** a complaint survey and extended survey were completed at your facility by the Vermont Division of Licensing and Protection to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with the participation requirements, and the conditions in your facility constituted immediate jeopardy to resident health or safety and constituted substandard quality of care.

Immediate Jeopardy with Substandard Quality of Care

The most serious deficiency identified in your facility constitute deficient practices at **42 CFR part 483.25(h) - F323 Accidents**.

The complaint survey, initiated on January 23, 2013 and concluded on January 30, 2012 found the following immediate jeopardy concerns:

1. Per record review on 1/28/13, Resident #2 was found on 1/25/13 by facility staff with his/her head caught between the side rail and the mattress of his/her bed. The remainder of the resident's body was off the bed on the floor. Per staff interviews, the resident was unable to remove his/herself from the position s/he was found in and staff had to lift the resident to release his/her head from the wedged position. The facility removed the siderail from this resident's bed, but failed to assure that other residents in the facility were not at risk.

Per surveyor observation on 1/28/13, during a facility-wide check on proper fit of siderails, Resident #2's bed was observed to have an ill-fitting siderail. Resident #2 was observed to be lying in bed asleep at 1:34 PM. The bed was against the wall and the siderail was raised on the open side of the bed. At that time, it was observed that there was a significant gap of

approximately 6 inches between the raised siderail and the mattress. Maintenance staff confirmed the observation on 1/28/13, and while facility staff stated the intent to address the issue immediately by securing the mattress to prevent shifting and creation of a large gap, observation on 1/30/13 revealed that the issue had not been addressed by the facility and the accident hazard remained.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Recommended Enforcement

Termination: As a result of the survey findings, the Vermont Division of Licensing and Protection is recommending to the CMS Regional Office that termination of your Provider Agreement effective **February 21, 2013**, giving the facility **22 days** to remove the immediate jeopardy.

CMP: A per instance civil money penalty of no less than **\$3050.00 (three thousand and fifty dollars)** is recommended for the Immediate Jeopardy.

Allegation of Compliance

In order to avoid termination you must **remove the Immediate Jeopardy and submit to this office a letter of credible allegation of compliance**. You need not submit a full plan of correction until you have received a complete CMS Form 2567 from this office.

Your credible letter of compliance must be submitted by **February 5, 2013**. Failure to submit a credible letter of compliance by **February 5, 2013** will result in the imposition of termination of your Provider Agreement by **February 21, 2013**.

Your credible letter of compliance must contain the following:

- **How the jeopardy is removed (in sufficient detail the steps taken to remove the jeopardy).**
- **When the jeopardy was removed.**

If you believe that immediate jeopardy has been removed, you may contact the undersigned at the Division of Licensing and Protection, with your written credible allegation of compliance.

If you have questions, please contact me at (802) 871-3317.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN". The signature is written in a cursive style with a large initial 'P'.

Pamela M. Cota, RN, BS
Licensing Chief

CC: CMS RO
State Medicaid Agency