

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

March 19, 2014

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

Dear Ms. Campbell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 19, 2014**. 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

PC:jl



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

PRINTED: 02/28/2014
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 _____	RECEIVED Division of MAR 14 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 02/19/2014
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NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
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F 000	INITIAL COMMENTS	F 000	Rowan Court provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. This plan of correction is prepared and executed solely because it is required by federal and state law.	
F 225 SS=B	<p>An unannounced on-site complaint investigation of multiple self reports was conducted by the Division of Licensing and Protection that began on February 18, 2014 and concluded on February 19, 2014. The findings include the following:</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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 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</p>	F 225	<p>F225 483.13(c)(1)(ii-iii),(c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility has completed an internal investigation for the incident(s) involving Resident #1 and Resident #2.</p> <p>The facility has completed an internal investigation for the incident involving Resident #3 and Resident #1.</p> <p>Residents involved in incidents of a reportable nature are identified as having the potential to be affected. The facility conducted an internal audit of reportable events occurring between November 12, 2013 and March 6, 2013 and each reportable event was found to have been investigated.</p> <p>Ongoing, the Regional Director of Quality Improvement will conduct audits of reportable events to monitor that the facility has conducted an internal investigation. Remedial measures will be initiated based upon audit findings.</p> <p>Findings and trends for compliance with this F tag will be reviewed at the Quality Assurance meeting for a minimum of 3 meetings.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kim Campbell ED TITLE: Temporary Manager (X6) DATE: 3/12/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that the institution's 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 225	<p>Continued From page 1</p> <p>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 medical record review and staff interviews the facility failed to thoroughly investigate abuse and prevent further potential abuse of 2 of 8 sampled residents. Internal investigations reviewed for Resident #1, #2 and #3 have no evidence that an internal investigation of a self-reported resident of resident abuse was conducted. The findings include:</p> <p>1. Resident #1, who was admitted on 09/06/10 with diagnoses to include Alzheimer's Disease, Coronary Atherosclerosis, Dysphagia, Urinary Tract Infections, Adult Failure to Thrive, Hypertension, Depression, Congestive Heart Failure and Osteoarthritis.</p> <p>Per Licensing and Protection Intake information dated 11/14/13 at 8:28 AM and medical record review on 02/18/14, Resident #1 while sitting in the sun/day room on 11/12/13 at 3:55 PM slapped Resident #2 on the arm after s/he placed a doll directly in front of the resident's personal belongings. Resident #2 then returned the slap to the arm of Resident #1. A nurse was sitting with Resident #1 as the incident occurred, but did not anticipate the altercation.</p>	F 225		
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F 225	<p>Continued From page 2</p> <p>2. Resident #2 who was admitted on 02/08/12 with diagnoses to include Atrial Fibrillation, Cognitive deficit, Depression and Hypothyroidism.</p> <p>Per Licensing and Protection Intake information dated 11/14/13 at 8:28 AM and medical record review on 02/18/14, Resident #1 while sitting in the sun/day room on 11/12/13 at 3:55 PM, slapped Resident #2 on the arm after s/he placed a doll directly in front of the resident's personal belongings. Resident #2 then returned the slap to the arm of Resident #1. A nurse was sitting with Resident #1 as the incident occurred, but did not anticipate the altercation.</p> <p>3. Resident #3 who was on admitted on 04/08/12 with diagnoses to include Alzheimer's Disease, Osteoarthritis, Dysphagia, Urinary Tract Infections, anxiety with Psychosis, Hypertension and Hypothyroidism.</p> <p>Per Licensing and Protection Intake information dated 11/14/13 at 9:13 AM and medical record review on 02/18/14, Resident #3 while propelling her/his wheel chair into the day room accidentally bumped into Resident #1 who was sitting at the table in the sun/day room on 11/12/14 at 5 PM. Resident #1 immediately responded by yelling, the nurse present attempted to move Resident #3 away from Resident #1's wheel chair, when Resident #1 reached out and slapped Resident #3.</p> <p>Per interview with the Registered Nurse who made the report to Licensing and Protection, confirms on 02/18/14 at 10:07, the Director of Nurses (DNS) who was on vacation on the day of the incident and was to complete an internal investigation on her/his return. The internal</p>	F 225	<p>The Executive Director is responsible for the overall management of this individual plan of correction.</p> <p>This deficiency has been corrected as of March 19, 2014.</p> <p><i>F225 PDC accepted 3/18/14 M.Bertrand RN/PMC</i></p>		

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F 225	Continued From page 3 investigation is unable to be located and the DNS is no longer employed at the facility. 02/18/14 at 2 PM interview with the current DNS also confirms that there is no internal investigation in the file.	F 225		
F 387 SS=B	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to ensure that residents are seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. 7 of 69 sampled medical record reviews demonstrate inconsistencies in physician visits. The findings include: 1. Resident #4 who was admitted on 10/09/12 with diagnosis to include Schizophrenia, Renal Dialysis, Renal Failure, Osteoarthritis, Diabetes and Hypertension. Per medical record review on 02/19/14 Resident #4 was seen by the Medical Doctor (MD) on 08/25/13, 12/01/13 and 01/21/14.	F 387	F387 483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISITS Resident(s) #4, #6, #8, #9, #10, and #11 have been visited by their attending physician. Residents who reside in the facility are identified as having the potential to be affected. The facility has conducted an internal audit to ensure that each resident has been visited by their physician timely. The facility's Medical Director has communicated to each attending physician and each attending physician has received communication of the facilities policy regarding timely physician visits. The facility has implemented a system change; the unit secretary will continue to track physician visits and will notify the Director of Nursing if the physician has not made the visit by the due date. Medical Director will then be notified not later than 10 days after the date the visit was required. Medical record audits will be conducted to monitor that each resident receives a	

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F 387	<p>Continued From page 4</p> <p>2. Resident #6 who was admitted on 12/20/10 with diagnosis to include Hemiplegia, Anxiety, Urinary Tract Infections and Hypertension.</p> <p>Per medical record review on 02/19/14 Resident #6 was seen by the MD on 03/21/13, 08/08/13 and 12/12/13.</p> <p>3. Resident #7 who was admitted on 03/05/13 with diagnosis to include Adult Failure to Thrive, Falls, Dysphagia, Cognitive Impairment, Hypertension, Depression and Dementia.</p> <p>Per medical record review on 02/19/14 Resident #7 was seen by the MD on 07/17/13, 09/21/13 and 11/30/13.</p> <p>4. Resident #8 who was admitted on 12/28/11 with diagnosis to include Convulsions, Psychosis, Depression and Glaucoma.</p> <p>Per medical record review on 02/19/14 Resident #8 was seen by the MD on 07/17/13, 09/21/13 and 11/30/13.</p> <p>5. Resident #9 who was admitted on 10/01/08 with diagnosis to include Neurogenic Bladder, Diabetes, Depression, Osteomyelitis, Spinal Stenosis and Anxiety.</p> <p>Per medical record review on 02/19/14 Resident #9 was seen by the MD on 07/17/13, 09/21/13 and 11/30/13.</p> <p>6. Resident # 10 who was admitted on 10/15/10 with diagnosis to include Cerebral Degeneration, Osteoporosis, Dysphagia, Urinary Tract Infections, Hypertension, Depression, Anemia</p>	F 387	<p>physician visit timely. This will be done a minimum of weekly with remedial measures initiated as identified.</p> <p>Findings and trends for compliance with this F tag will be reviewed at the Quality Assurance meeting for a minimum of 3 meetings.</p> <p>The Director of Nursing is responsible for the overall management of this individual plan of correction.</p> <p>This deficiency has been corrected as of March 19, 2014.</p> <p><i>F387 POC accepted 3/18/14 M Bertrand RN PMC</i></p>	

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F 387	<p>Continued From page 5 and Cerebral Arterial Occlusion with Infarct.</p> <p>Per medical record review on 02/19/14 Resident #10 was seen by the MD on 08/08/13 and 12/12/13.</p> <p>7. Resident # 11 who was admitted on 06/16/12 with diagnosis to include Cerebral Artery Occlusion with Infarct, Dysphagia, Psychosis, Peripheral Vascular Disease, Chronic Pain, Diabetes and Personality Disorder.</p> <p>Per medical record review on 02/19/14 Resident #11 was seen by the MD on 08/25/13, 12/01/13 and 01/21/14.</p> <p>Per interview with Unit 1 Unit Manger (UM) on 02/19/14 at 10:20 AM s/he confirms Resident #4, #6 and #7 are not in compliance with MD visits.</p> <p>Per interview with Unit 2 UM on 02/19/14 at 10:30 AM s/he confirms Resident #8, #9, #10 and #11 are not in compliance with MD visits.</p>	F 387			