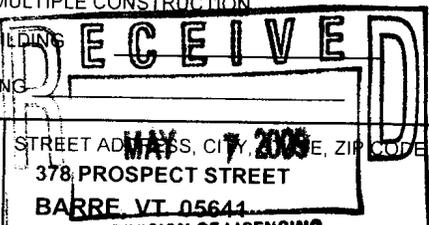


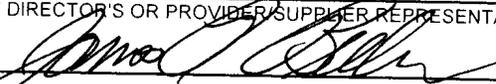
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 04/23/2009
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NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05644
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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 (X5) COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
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<p>F 000 INITIAL COMMENTS</p> <p>An unannounced onsite complaint investigation was initiated on 3/5/09 by the Division of Licensing and Protection, and completed on 4/23/09.</p>	<p>F 000</p>
<p>F 281 SS=D 483.20(k)(3)(i) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to administer medication and a nutrition supplement per physician's orders for 1 applicable resident (Resident #1). Findings include:</p> <p>Per record review, staff failed to administer 3 medications and 1 nutritional supplement to Resident #1, including a pain medication, a migraine medication, a cough medication, and a protein supplement, per the physician's orders. Per record review, the MAR (Medication Administration Record) for January 2009 shows that the resident was not given a scheduled pain medication, ordered for every 4 hours, for 4 doses on 1/27/09. Per review of nurses' notes for 1/27/09, the "Resident feeling quite sick this AM with migraine pain. Dilaudid not available until 1230. Migraine medication not available until afternoon as well." The resident missed the following doses of Dilaudid: 0000, 0400, 0800, and 1200 on 1/27/09, and did not receive the next dose until 1600. The resident did not receive the 0800 migraine medication until 1300 on 1/27/09. Per interview on 4/23/09 at 12:35 PM, the nurse caring for Resident #1 on 1/27/09 confirmed that</p>	<p>F 281</p> <p>05/08/09</p> <p>Resident #1 is no longer at the facility.</p> <p>All residents have the potential to be affected by this alleged different practice. <i>deficient Per T.E. & Jeanne Jones, D.O. on 5/14/09</i></p> <p>Nurses will be re-educated regarding availability of medication & notifying the M.D. for directions.</p> <p>Re-Education will be provided regarding ordering of medication, Pixies refills & utilization of a local pharmacy when necessary.</p> <p>Random audits of medication records/nurses notes x 3 months. Results of audit will be responded to the QA committee monthly x 3 months.</p> <p>DNS and or designee will be responsible for compliance.</p> <p><i>P.O.C. Accepted 5/14/09 - Panlamarantani</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 5/6/09
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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.

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

PRINTED: 04/27/2009
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 04/23/2009
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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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(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 281 Continued From page 1
the resident was "in so much pain" on that day, and was experiencing migraines. Per review of the discharge summary from Fletcher Allen Health Care, completed 1/26/09, it states that when tapering down the dose of Dilaudid, Resident #1 was experiencing withdrawal symptoms that included migraines.

F 281

The MAR for January 2009 further shows that a cough medication, scheduled every 8 hours, was not given for 3 doses on 1/26/09 and 1/27/09. A protein supplement ordered to be administered three times a day was not administered for the duration of Resident #1's admission to the facility. During an interview on 3/5/09 at 1:30 PM, the Assistant Director of Nursing confirmed that Resident #1 did not receive the above listed medications and the nutritional supplement per physician's orders.

F 425 483.60(a),(b) PHARMACY SERVICES
SS=D

F 425

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

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F 425 Continued From page 2

F 425

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to provide routine drugs to 1 applicable resident (Resident #1). Findings include:

Per record review, staff failed to administer 3 medications to Resident #1, including a pain medication, a migraine medication, and a cough medication. Per record review, the MAR (Medication Administration Record) for January 2009 shows that the resident was not given a scheduled pain medication, ordered for every 4 hours, for 4 doses on 1/27/09. Per review of nurses' notes for 1/27/09, the "Resident feeling quite sick this AM with migraine pain. Dilaudid not available until 1230. Migraine medication not available until afternoon as well." The resident missed the following doses of Dilaudid: 0000, 0400, 0800, and 1200 on 1/27/09, and did not receive the next dose until 1600. The resident did not receive the 0800 migraine medication until 1300 on 1/27/09. Per interview on 4/23/09 at 12:35 PM, the nurse caring for Resident #1 on 1/27/09 confirmed that the resident was "in so much pain" on that day, and was experiencing migraines. Per review of the discharge summary from Fletcher Allen Health Care, completed 1/26/09, it states that when tapering down the dose of Dilaudid, Resident #1 was experiencing withdrawal symptoms that included migraines.

The MAR for January 2009 further shows that a cough medication, scheduled every 8 hours, was not given for 3 doses on 1/26/09 and 1/27/09.

05/08/09

Resident #1 is no longer at the facility.

All residents have the potential to be affected by this alleged ~~different~~ practice.

deficient

Per T.E. & Jamie Jan...

Nurses will be re-educated regarding availability of medication & notifying the M.D. for directions.

Re-Education will be provided regarding ordering of medication, Pixies refills & utilization of a local pharmacy when necessary.

Random audits of medication records/nurses notes x 3 months. Results of audit will be responded to the QA committee monthly x 3 months.

DNS and or designee will be responsible for compliance.

Handwritten signature/initials

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

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F 425	Continued From page 3 During an interview on 3/5/09 at 1:30 PM, the Assistant Director of Nursing confirmed that Resident #1 did not receive the above listed medications due to them not being available in the facility.	F 425		
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