

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

April 26, 2013

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

Dear Ms. Craig:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 1, 2013**. 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



APR 19 13

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

Licensing and Protection  
PRINTED: 04/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROWAN COURT HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>378 PROSPECT STREET BARRE, VT 05641</b>	
(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  An unannounced on-site investigation of a complaint and a facility-reported incident was conducted by the Division of Licensing and Protection on 4/1/13. There was a regulatory finding.	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 223 SS=G	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION  The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.  The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that residents were free from abuse by a facility employee for one sampled resident (Resident #1). Findings include:  Per record review on 4/1/13, Resident #1 has dementia with behaviors that include sometimes being resistant to care. According to documentation by staff, on the evening of 3/17/13 at 8:45 PM, a Licensed Nursing Assistant (LNA#1) was walking by the room of Resident #1 and observed another LNA (#2) attempting to put a nightgown on the resident. The resident was observed pinching LNA#1, and LNA#1 responded by hitting Resident #1 in the head and pushing the resident down onto the bed in a forceful manner. LNA#1, who was providing care, turned around and saw LNA#2 at the door	F 223	Resident #1 was not affected by this alleged deficient practice. LNA#2 is no longer employed at this center.  All residents have the potential to be affected by this deficient practice. Residents were interviewed regarding abuse with no other incidents being identified.  Facility staff was provided with in-servicing on stress reduction techniques, Employee Assistance Program, and preventing resident abuse.  Interviews with residents and staff members will be conducted on each shift weekly. Random on-going resident interviews will continue x's 90 days with results to be reported to the monthly QA meeting. The Executive Director and or designee will be responsible for compliance.	4/17/2013
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Rebecca J. Craig, NHA Executive Director</i>		TITLE  <i>Executive Director</i>		(X6) DATE  <i>4/17/2013</i>

*F223 POC accepted.  
Karen Campos RN  
4/25/13*

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 223	Continued From page 1 and asked them what they needed. LNA #2 stated that they were looking for a staff person, and went out to tell a supervising nurse about the incident that they observed. LNA #1 left the building shortly after the incident, however telephoned another LNA on duty that evening (LNA #3) at 10:00 PM on 3/17/13 to ask if they would retrieve a personal item left behind. LNA #3 wrote a statement for the facility investigation that stated that LNA#1 told LNA#3 in that phone conversation that Resident #1 had pinched them, and that they struck the resident. The incident was reported to the local police department, and to the state agency within the required timeframe, and a follow-up investigation was conducted which confirmed the abuse of Resident #1.	F 223			