

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

May 17, 2013

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

Dear Ms. Craig:

### **INITIAL NOTICE OF IMMEDIATE JEOPARDY**

On **May 15, 2013** a complaint survey was 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 deficiencies identified in your facility constitute isolated deficient practices at **42 CFR Part 483.10(b)(11) - Notification of Changes (F157)**; **42 CFR Part 483.20(k)(3)(ii) - Care Plan Implementation (F282)**; and **42 CFR Part 483.25(j) - Hydration (F327)**.

During the investigation from May 14 - May 15, 2013, staff interviews and record review revealed that Resident #1 was admitted to the facility on 4/30/13 from hospital for short term rehabilitation. Upon nursing home admission, diagnoses included pneumonia, azotemia (a condition which causes high nitrogen levels in the blood and compromised kidney function), dementia with behavioral disturbance, Chronic Obstructive Pulmonary Disease (COPD), cellulitis, dysphagia oropharyngeal phase (difficulty swallowing), hypertension, tremors, cardiovascular disease, and anxiety. The medical record included a nursing plan of care dated 4/30/13. This admission plan of care included the following section: "Fluid volume deficit related to: azotemia/dementia: assess for dehydration, monitor intake and output, encourage PO (by mouth) fluids, and medications as ordered". The Registered Dietician (RD) conducted an admission nutrition assessment on 5/1/13. This assessment estimated the fluid intake needs of Resident #1 as 1,500 cc to 1,700 cc per day. Fluid intake records provided by the facility documented the following daily fluid intake totals: 4/30/13 120 cc; 5/1/13 420 cc; 5/2/13 240 cc; 5/3/13 420 cc; 5/4/13 480 cc; 5/5/13 0/no entry. On 5/3/13, Resident #1 was



noted in day shift nursing progress notes as having difficulty keeping in the mouth the crushed medications taken with pudding and water. On 5/4/13, the day shift nursing progress notes documented that Resident #1 was observed having difficulty swallowing foods and liquid, with frequent coughing. The facility did obtain on 5/2/13 an evaluation by the Speech Language Pathologist (SLP) who recommended treatment and staff assistance with eating and drinking due to slow and laborious swallow and choking. However, on 5/15/13 neither the charge nurse, nor the Director of Nursing (DON), nor the physician's office could provide evidence that the physician had been informed regarding the low oral fluid intake since admission, nor the difficulty with swallowing medication, food and drink on 5/3 and 5/4. On the morning of 5/5/13 at 10:30 AM, Resident #1 was found by the nurse to be unresponsive. Resident #1 was transported emergently to hospital where the physician documented him/her to "appear extremely dehydrated" and "lab values significant for severely elevated creatinine of 3.8, hypernatremia [high sodium, indicator of dehydration] of 151". Further in the physician's report of 5/5/13, comments include: "Further evaluation also reveals that [s/he] has acute kidney injury on chronic kidney disease and hypernatremia [high sodium in the blood]. These are most likely due to dehydration." Hospital records of 5/5/13 also indicate that Resident #1 was admitted to the Intensive Care Unit.

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 termination of your Provider Agreement effective **June 7, 2013**, giving the facility **21 days** to remove the immediate jeopardy.

**CMP:** A per instance civil money penalty of not less than **\$4500.00** is recommended for the Immediate Jeopardy. A change in remedies may be recommended upon the completion of the extended survey and you will receive notice under a separate cover.

### **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 **May 21, 2013**. Failure to submit a credible letter of compliance by **May 21, 2013** will result in the imposition of termination of your Provider Agreement by **June 7, 2013**.

Your credible letter of compliance must contain the following:

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

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

Sincerely,

Handwritten signature of Pamela M. Cota, RN in cursive.

Pamela M. Cota, RN  
Licensing Chief

CC: CMS Regional Office, Boston  
State Medicaid Agency