



AGENCY OF HUMAN SERVICES  
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) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

September 14, 2010

Mr. James Beeler, Administrator  
Rowan Court Health & Rehab  
378 Prospect Street  
Barre, VT 05641

Dear Mr. Beeler:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **August 25, 2010**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief



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

PRINTED: 08/31/2010  
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  C <b>08/25/2010</b> Division of <b>SEP 07 10</b> Licensing and Protection
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	F 000		
F 225 SS=D	<p>An unannounced on-site complaint investigation was completed on 8/25/10 by the Division of Licensing &amp; Protection.</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 representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the</p>	F 225	<p>F 225 No residents were affected by this alleged deficient practice.</p> <p>Incident reports will be reviewed daily by the nursing supervisor. Any incident that could have the potential for abuse or neglect will be reported to the DNS or ADNS for review. The DNS/ADNS will then report incidents to State Survey and Certification Agency within 48 hrs.</p> <p>All nursing supervisors and department heads will be re-educated on guidelines for reporting suspected abuse/neglect.</p> <p>Random audits will be done weekly x 90 days.</p> <p>The results of all audits will be reported to the facility QA committee for review x 90 days.</p> <p>The DNS/designee will be responsible for compliance.</p> <p>Corrective Action date September 12, 2010</p>	

F225 PDC Accepted 9/13/10 D. Chittenden RN / Pmcota RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **Administrator** (X6) DATE **9/13/2010**

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 225	Continued From page 1 incident, and if the alleged violation is verified appropriate corrective action must be taken.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report an allegation of verbal abuse and neglect to the State Survey & Certification Agency in accordance with State law. Findings Include:  Per record review and staff interview on 8/25/10, an allegation of verbal abuse, which occurred on 3/6/10 towards one resident by an LNA (Licensed Nursing Assistant), was not reported to the State Survey and Certification Agency. In addition, this same LNA left the facility and failed to return to work after a lunch break on 3/16/10, thus abandoning her assignment. On 8/25/10 at 12:00 PM, the DNS (Director of Nursing Services) confirmed that neither the incident of alleged verbal abuse nor the possible neglect, which occurred when the LNA abandoned his/her assignment, were reported to the State Survey & Certification Agency within 48 hours per state law.	F 225		