

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

December 11, 2013

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 **November 25, 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

Division of Licensing and Protection

RECEIVED  
Division of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DEC - g 13  Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>11/25/2013</b>
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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>
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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) COMPLETE DATE
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N 001	Initial Comments  An offsite survey was performed for this facility on November, 25, 2013. The following regulatory violation was noted for the Vermont State Nursing Home Regulations effective December 15, 2001.	N 001		
N314E SS=D	3.14(e) 1-8 3.14 Transfer and Discharge  e. Contents of the notice. The written notice specified in this subsection shall be on a form provided by the licensing agency or one that is substantially similar and must include the following: 1. the reason for transfer or discharge; 2. the effective date of transfer or discharge; 3. the location to which the resident is being transferred or discharged; 4. a statement in large print or large point type that the resident has the right to appeal the facility's decision to transfer or discharge to the State, with the appropriate information regarding how to do so as set forth in 3.14 (h.) below; 5. the name, address and telephone number of the State Long Term Care Ombudsman; 6. a statement that the resident may remain in place pending the appeal; 7. for nursing facility residents with developmental disabilities, the mailing address and telephone number of the Developmental Disability Law Project and that of the Vermont Department of Developmental and Mental Health Services, Division of Developmental Services; and/or 8. for nursing facility residents who are mentally ill, the mailing address and telephone number of Vermont Protection and Advocacy, Inc.  This Statute is not met as evidenced by: Based on record review the facility failed to issue	N314E	<p><b>Corrective Action N314E</b></p> <ol style="list-style-type: none"> <li>1. Resident #1's Medicaid has not been approved and a revised letter in the appropriate format has been sent.</li> <li>2. Resident #2's Medicaid has been approved and the involuntary discharge notice has been rescinded.</li> <li>3. Resident #3's Medicaid has been approved and the involuntary discharge notice has been rescinded.</li> <li>4. Resident #4's Medicaid has not been approved and a revised letter in the appropriate format has been sent.</li> <li>5. Residents receiving involuntary discharge notices have the potential to be affected by this alleged deficient practice.</li> <li>6. The format for the Involuntary Discharge Notice has been revised to meet the requirements set forth in the regulation.</li> </ol> <p><i>POC accepted 12/10/13 Frances h. Kuhn RN MSN DPA</i></p>	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Maria C. Plante*      *Kim Campbell*      TITLE      (X6) DATE

*Executive Director*      *12-5-13*

STATE FORM 6899 VEUK11 If continuation sheet 1 of 2

Division of Licensing and Protection

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N314E	<p>Continued From page 1</p> <p>proper involuntary discharge notices to 4 of 4 residents in the targeted sample. Findings include:</p> <p>Per record review on the morning of November 25, 2013, involuntary discharge notices given to Residents 1, 2 and 3 did not contain a specific discharge location and were written in a very large font that made them difficult to read. In addition the notices were presented to residents who had completed Medicaid applications and whose applications were pending.</p> <p>Per record review on the morning of November 25, 2013, an involuntary discharge notice given to Resident 4 did not contain a specific discharge location and was also written in a very large font that made it difficult to read.</p>	N314E	<p>7. The Executive Director will be responsible for monitoring the system and will report to the QAA committee monthly x3 months. The QAA committee will determine further action at that time.</p> <p>8. Corrective Action is completed by 12/5/13.</p>	
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