

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

January 4, 2013

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

Provider #: 475037

Dear Ms. Welch:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 10, 2012**. 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:ne

Enclosure



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

JAN 02 2012

PRINTED: 12/18/2012  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475037 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>12/10/2012 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ROWAN COURT HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE<br>378 PROSPECT STREET<br>BARRE, VT 05641 |
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| F 000         | INITIAL COMMENTS  | F 000 |   |  |
| F 280<br>SS=D | <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interview and record review, the facility failed to revise the care plan for 1 of 3 residents in the sample (Resident #1). Findings include:</p> <p>Per record review on 12/10/12, Resident #1's care plan was not revised to reflect new</p> | F 280 | <p><b>Resident #1 was not harmed by this alleged deficient practice.</b></p> <p>Any resident requiring care plan revision may be affected by this alleged deficient practice.</p> <p>Any resident requiring care plan updates will be identified at concurrent review and changes will be revised and/or made. Nurses will be re-educated on the care plan update process.</p> <p>Random audits of care plans will be conducted weekly.</p> <p>Results of any audits will be reviewed at the monthly CQI meeting.</p> <p>DNS/Designee will be responsible for compliance by January 5, 2013.</p> <p>F880 POC accepted 1/3/13 PmcetARN</p> |  |

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|---|----------------------------|---------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><i>[Signature]</i> | TITLE<br><br>Administrator | (X8) DATE<br><br>12/28/12 |
|---|----------------------------|---------------------------|

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.

*Pmc*

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F 280 Continued From page 1  
interventions in a timely manner following changes in behavior and falls. Per review of the nursing progress notes, the resident exhibited threatening behavior on 11/15/12, had falls noted on 11/16/12, 11/19/12, and 11/29/12 with one fall resulting in a fracture. A revision to the care plan was noted on 12/06/12. Per interview on 12/10/12 at 3:52 P.M. the unit manager and DNS confirmed the care plan was not revised after the above incidents until 12/06/12.

F 323 SS=D 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the facility failed to ensure that the environment was free of accident hazards and that each resident received adequate supervision to prevent accidents for 1 of 3 applicable residents in the sample. (Resident #1) Findings include:

Per record review on 12/10/12, Resident #1's diagnoses include diabetes, frequent falls, CVA (stroke), left-sided weakness, and dementia. Per review of the nursing notes, the resident exhibited threatening behavior on 11/15/12, and had falls noted on 11/16/12, 11/19/12 (resulting in a fracture) and 11/29/12. Per review of the

F 280

F 323

Resident #1 is currently at the hospital for treatment unrelated to the fracture.

Any resident at risk for falls may be affected by this alleged deficient practice.

All residents who are at risk will be audited for assistance devices if applicable.

Random audits of assistance devices will be performed weekly.

Nursing Staff will be re-educated on the need for documentation as per policy and procedure.

Results of audits will be reviewed at the monthly CQI Committee meeting.

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| F 323  | Continued From page 2<br>incident report of 11/15/12 staff were to implement 15 minute checks and neurological check after any incidents of falls, to use a hand held call bell and the bed in the lowest position. There were no 15 minute checks documented during the day and evening of 11/16/12, and no documentation for November 17, 18 and 19, 2012. The resident fell on 11/19 in the early afternoon. When the resident returned to the facility on 11/23/12, the 15 minute checks were to be continued. There is no documentation of the 15 minute checks for the following:<br>a. 11/29/12 during the daytime hours;<br>b. 11/30/12 evenings;<br>c. 12/03/12 night shift and day shift; and<br>d. 12/06/12 early morning hours and day shift.<br><br>In addition, per observation on 12/10/12 at 12:15 PM the resident was in the bed without the hand call bell, which out of reach on the left side of the bed side table. Also, the bed was not at the lowest position. Per interview at 3:52 P.M. the Unit manger stated "we didn't have a 3 ring binder for staff to consistently follow and track" the 15 minute checks. The DNS at 4:30 P.M. confirmed that the resident didn't receive adequate supervision and assistance devices. | F 323  | DNS/Designee will be responsible for compliance by January 5, 2013.<br><br>F323 POC accepted 1/3/13 PmactaRN   |                      |   |
| F 356<br>SS=C  | 483.30(e) POSTED NURSE STAFFING INFORMATION<br><br>The facility must post the following information on a daily basis:<br>o Facility name.<br>o The current date.<br>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:   | F 356  | Residents were not affected by this alleged deficient practice.<br><br>DNS/Designee will review the required posting daily.<br><br>Nursing staff scheduler has been educated on the posting requirement. |                      |   |

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| F 356  | <p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure that daily census and staffing information was posted as required. This potentially affects all Residents in the facility. Findings include:</p> <p>During observation of the facility on Monday 12/10/12 at 9:30 AM P.M., the facility's census and daily staffing information was inaccurate. The posting showed 9 total LNAs (Licensed Nursing Assistants) were on 2 units. Per observation there were a total of 8 LNAs on the units. The unit manager on Unit 2 stated one</p> | F 356   | <p>Weekly random audits of the staff posting will be done to check for update and correctiveness</p> <p>Reports will be made to the Center CQI Committee monthly x 3 months.</p> <p>DNS/Designee will be responsible for compliance by January 5, 2013.</p> <p><i>F356 POC accepted 1/3/13 pmcotARN</i></p> |

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| F 356 | Continued From page 4<br>LNA called out sick, but there will be another LNA coming in later in the morning. Per interview with the scheduler at 12:29 P.M. s/he stated that the schedule is posted in the morning for the day and did not make the necessary changes to reflect the accurate staffing. S/he was not aware of who would make changes, if any, to the evening and night schedule. The nurse surveyor asked to look at the three previous days schedule. The DNS at 3:52 PM stated that the Friday, Saturday and Sunday posting was not done and confirmed that the information was inaccurate for LNA coverage, the weekend schedule was not posted on those days and that the accurate data is not posted on a daily basis at the beginning of each shift. | F 356 |  |  |
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