

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

November 22, 2010

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

Provider ID #:475037

Dear Mr. Beeler:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 2, 2010**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



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

PRINTED: 11/05/2010  
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  <b>C</b> <b>11/02/2010</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  F 202 SS=D	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 11/2/10.</p> <p><b>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES</b></p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide written documentation by the resident's physician of the reasons for transfer or discharge for one of three resident's in the applicable sample. (Resident #1) Findings include:</p> <p>1. Per staff interview and record review, there is no documentation by the physician in the clinical record of Resident #1 stating the reasons for transfer or discharge to another facility. Per interview with the Assistant Director of Nursing (ADON) and record review on 11/2/10 at 1:30 PM, Resident #1 was transferred and then discharged from the facility on 1/31/10 in order to be evaluated and treated at another health care facility. While the Nurse's Notes on 1/31/10 indicate that there was a change in the resident's</p>	F 000  F 202	<p>F 202 No residents were affected by this alleged deficient practice.</p> <p>All charts of residents transferred or discharged to another facility will be reviewed by the Unit Manager to ensure proper documentation of the nurse and MD. Any chart that does not have the proper documentation will be updated with the proper documentation.</p> <p>Nursing staff will be re-educated on the proper documentation for transfer or discharge of a resident to another facility</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 November 26, 2010</p> <p><i>F 202 POC Accepted 11/19/10 AmcaturN</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **Administrator** (X6) DATE **11/16/2010**

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 202	Continued From page 1	F 202		
F 203 SS=D	<p>condition, there is no documentation by the resident's physician of the reasons for the transfer or discharge. This was confirmed with the ADON in interview on 11/2/10 at 1:30 PM.</p> <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is</p>	F 203	<p>F203 No residents were affected by this alleged deficient practice.</p> <p>All nursing staff will be educated on the transfer/discharge policy. A bed hold policy and information on the right to appeal will accompany all transfers or discharges from the center.</p> <p>Random audits of all discharges and/or transfers will be conducted during concurrent review 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 November 26, 2010.</p> <p><i>F203 POC Accepted 11/11/10 [Signature]</i></p>	

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F 203	<p>Continued From page 2</p> <p>transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide the resident, and a family member or legal representative of the resident, with notice of discharge in writing and in a language and manner they understand, which includes the effective date of discharge, the location to which the resident is discharged, a statement that the resident has the right to appeal the action to the State, and contact information for the State long term care ombudsman for 2 residents in the applicable sample. (Resident #1, Resident #2) Findings include:</p> <p>1. Based on staff interview and record review, the facility did not provide written notification of discharge from the facility to Resident #1 and Resident #2, or their legal representatives, as soon as practicable after they were transferred and discharged to an outside health care facility.</p>	F 203			

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F 203	Continued From page 3 Per record review both residents experienced a change in their condition which necessitated evaluation and treatment at an outside health care facility. Per interview with the Assistant Director of Nursing (ADON) and the Admission Director on 11/2/10 at 1:48 PM, the facility did not give written notification of discharge to these two residents, even though the facility's own Admission Agreement document, which is given to all residents prior to their admission, states on page 5, under 11 d. "Transfer or Discharge by the Center: The Patient will receive written notification of the Center's plan to discharge or transfer the Patient and the reasons such a discharge or transfer is necessary, in accordance with the requirements of state and federal law."	F 203		