

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 5, 2016

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

Dear Ms. Filonow:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 13, 2016. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2016
NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641	
(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 An unannounced onsite recertification survey was conducted by the Division of Licensing and Protection on 4/11 through 4/13/16. The following regulatory violation was cited as a result:	F 000	F281 How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to adhere to professional standards of care for 3 applicable residents regarding following physician's orders and/or assessing residents after accidents (Residents #81, #119 and #121). Findings include: 1. Per record review, staff failed to obtain blood pressure and heart rates three times daily as ordered by the physician for Resident # 119 on 3/1/16. Resident # 119 had returned from the hospital on 2/29/16 with a diagnosis of Non ST Elevation Myocardial Infarction (NSTEMI). On 4/13/16 at 10:27 AM, the Director of Nurses confirmed that staff had not obtained heart rates and blood pressures as ordered by the physician for Resident #119.	F 281	Resident # 119 no longer resides in facility and did not experience any negative outcomes. Residents # 81 and # 121 have remained in the facility without any negative impact. How will the facility identify other residents having the potential to be affected by the same deficient practice? Residents requiring heart rate and blood pressure monitoring per physician's orders or neurological assessments per facility policy have the potential to be affected. What measures will be put in place to ensure that the deficient practice will not occur? Facility nurses have been educated on the process for following heart rate and blood pressure monitoring per physician's orders and the neurological assessment policy.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Executive Director* (X6) DATE: *4/20/2016*

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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2. Per record review, Resident #121 had an unwitnessed fall on 3/26/16. Per facility policy a neurological assessment is to be completed after an unwitnessed fall. Neurological Evaluation flow sheet identifies that the frequency of the evaluation is to be completed every 15 minutes for 1 hour, every 30 minutes for 4 hours, every hour for 2 hours and every shift for 72 hours. Per review of Resident #121's neurological flow sheet, there is not evidence that neurological checks were completed for the 3-11 and 11-7 shifts on 3/27/16 nor were they completed on the 7-3 shift on 3/29/16. Per interview with the Unit Manager on 4/12/16 at 1:21 PM confirmation is made that the evaluations were not completed per policy. Further confirmation was made by the Director of Nurses at 3:07 PM that the evaluations were not complete.

3. Per record review, Resident #81 had an unwitnessed fall on 3/14/16. Per facility policy a neurological assessment is indicated following an unwitnessed fall. Upon review of Resident #81's neurological flow sheet for 3/14/16, there was no evidence that neurological checks were done at 0830 and 0900. Per interview on 4/12/16 at 1:16 PM with the Unit Manager, he/she confirmed that the neurological checks were not completed for the times of 0830 and 0900 on 3/14/16.

How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?

Random audits will be completed, as needed, by the DON or designee for residents requiring heart rate and blood pressure monitoring per physician's orders or neurological assessments per facility policy.

The results of the audits will be reported to the monthly QAPI Committee for a minimum of three months at which time the QAPI Committee will determine further frequency of the audits.

Corrective action will be completed by May 13, 2016.

F281 POC accepted 4/26/16 MBestrandRNP/PMU