

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

September 26, 2016

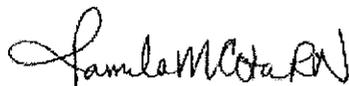
Ms. Melissa Greenfield, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 22, 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

SEP 12 2016

PRINTED: 09/06/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/22/2016
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701	
(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)

F 000 INITIAL COMMENTS

F 000

An unannounced onsite investigation of two complaints was conducted by the Division of Licensing & Protection on 8/22/2016. There was a finding related to one complaint. Findings include:

Resident #1 no longer resides in facility.

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

F 281

Initial audit done of 8/20/2016
Residents receiving oxygen therapy to make sure orders are correct.

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on record review the facility failed to provide services that meet professional standards of quality regarding clarifying incomplete orders and following orders for monitoring of oxygen saturation levels for one resident in a sample of 3 with Respiratory needs (R#1). Findings include:

Nursing staff have been Re-educated regarding the correct procedure for oxygen orders and use.

Per record review R#1 had a diagnosis of Obstructive Sleep Apnea. H/She was admitted with an order for BiPAP (Bilevel Positive Airway Pressure) with an oxygen (O2) bleed-in of 3-4 liters per minute (LPM). There is evidence in the record that the resident had been refusing to use his/her BiPAP for an extended period prior to admission to the facility. There was an admission order from the hospital MD for "O2 as needed to maintain an oxygen level equal to or greater than 90%". The Primary Care Physician (PCP) wrote an order for the use of BiPAP and oxygen that was reflective of the hospital record orders. The order, as written, contains no route of administration or liter flow parameters. In the record there are notes on numerous occasions,

DNS or designee will conduct weekly audits x4 to monitor effectiveness of the plan and then monthly x3 with results to be reviewed at QA meeting for further review and recommendations.

F281 POC accepted 9/22/16 m Higgins RA/AMC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Greenfield

Executive Director

9/10/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 281	<p>Continued From page 1</p> <p>beginning with the evening of admission, that state that the resident is resting with O2 at 2 LPM via nasal cannula-for comfort and related to his refusal to use the BiPAP machine.</p> <p>In an interview at 2:35 PM the Assistant Administrator from a sister facility and the Unit Manager from Unit 1 confirmed that the oxygen order was incomplete and that there was no evidence recorded of SAO2 (saturation of arterial oxygen) levels as related to the O2 use.</p> <p>*Reference: Lippincott Manual of Nursing Practice (9th edition) Wolters Kluwer Health/ Lippincott, Williams, and Wilkins.</p>	F 281		