

Division of Licensing and Protection
103 South Main Street
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

October 8, 2014

Mr. David Lamando, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Dear Mr. Lamando:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 22, 2014**. 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:kc

Enclosure



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

PRINTED: 10/01/2014
FORM APPROVED
OMB NO. 0938-0391

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 09/22/2014
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)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 9/22/14. There were regulatory findings with this investigation.	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
F 280 SS=D	483.20(d)(3), 483.10(K)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the revision of plan of care regarding administering of psychoactive medications and monitoring for 1 of 1 residents in the sample, Resident #1. Findings include:	F 280	F280 Corrective action accomplished for the resident found to have been affected: The resident identified has expired due to unrelated causes. No further intervention is possible. Identification of other residents that have the potential to be affected: All residents that are on Psychotropic medications have the potential to be affected. All of these residents on psychotropic	

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

TITLE

(X8) DATE

[Signature]

Admiral

10/3/14

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 280	Continued From page 1 During review of medical record for Resident #1 on 9/22/14, there was documentation regarding the resident's behavior and addition of Trazadone 25 mg on 8/25/14 and Seroquel 12.5 mg to be given twice a day (both are psychoactive medications). The documentation presents evidence that the resident was exhibiting increased behaviors of anxiety and fast pacing, along with aggression toward staff during attempts to assist during ambulation or care. The care plan dated 5/5/14 presents for behaviors and interventions, but nurse progress notes presented with documentation of behaviors escalating and being more difficult to manage. There was no evidence of revision to the care plan to indicate changes in the behaviors and other interventions to manage. There also was no evidence of the Trazadone or Seroquel usage and the monitoring for side effects of the 2 new psychoactive medications. Confirmation made by the Director of Nursing at 12:20 PM that the care plan should reflect the medications and should have been revised to reflect the current status of the resident.	F 280	medications have had their care plans reviewed and all were found to have appropriate care plans in place. Systematic changes to ensure this practice does not recur: The DNS/designee will review all residents that receive orders for Psychotropic medications to ensure a care plan is put in place. Monitoring the corrective actions: The DNS/designee will audit all residents that receive Psychotropic medications care plans weekly x4 then monthly x3 with the results being reported to the QA committee. The DNS will be responsible for assuring compliance.	
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 provide services that meet professional standards of quality for 1 of 1 resident, Resident #1, in the sample regarding the qualifications of staff who assessed a resident	F 281	<i>10/6/14</i> F280 POC accepted 10/7/14 Reported RUI/PMC F281 Corrective action accomplished for the resident found to have been affected: The resident identified	

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F 281

Continued From page 2
after a fall. Findings include:

Based on record review, Resident #1 had an unwitnessed fall on 7/13/14 at 9:57 AM. Nurse progress note indicates that the fall was during ambulation and per the investigation by the facility and per witness statements, the resident actually fell in another resident's room when attempting to sit on bed. The Licensed Nursing Assistant (LNA) that found the resident sought the assistance of the Licensed Practical Nurse (LPN), who per confirmation from the Director of Nursing (DON) on 9/22/14 at 10:45 AM, assessed Resident #1 and instructed the LNAs to get him/her up. Per statement from the DON, the resident went "ballistic" and the LNAs were unable to get the resident up off the floor with the mechanical lift and were instructed by the LPN to get him/her up. The LNAs got resident up and walked him/her back to own room. The LPN did not notify the in-house registered nurse (RN) of the fall and it was not discovered by the RN until 45 minutes after the fall occurred. Documentation by the LPN presented that the physician and family were made aware of the fall. When the afternoon shift arrived for duty, the resident was presented with gait abnormality and was indicative of being in pain. Calls made to the physician with a request for Resident #1 to be assessed, the covering on call stated that they were not made aware of the fall prior to this call. The family, when notified, also indicated that they were not made aware of the fall until being advised of transfer to the emergency room.

Reference: Per review of the Vermont Board of Nursing Position Statement titled "THE ROLE OF THE LICENSED PRACTICAL NURSE IN PATIENT ASSESSMENT AND TRIAGE", it states

F 281

has expired due to unrelated causes. No further intervention is possible.

Identification of other residents that have the potential to be affected: All residents experiencing a fall have the potential to be affected. A review of all falls during that month were re-reviewed and no other residents were found to be affected.

Systematic changes to ensure this practice does not recur: nursing staff will be re-educated on the management of a patient after a fall.

An audit will be completed after any fall to ensure the fall management process has been followed. This will be done by the DNS/ designee weekly x4 then monthly 3. The results will be brought to QA meeting to review for further recommendations.

10/6/14

F281 POC accepted 10/7/14
BBorkell RN/AME

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F 281	Continued From page 3 "LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN, or other authorized health care practitioner."	F 281		
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