

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

September 30, 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 8, 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



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

PRINTED: 09/17/2014
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 09/08/2014
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NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701
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F 000	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 9/8/14. There were regulatory findings.	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 250 SS=E	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 3 of 4 residents in the sample, Resident #2, #3 and #4. Findings include: 1. An incident occurred on 8/25/14, in the evening, when Resident #1 began using foul language and was verbally abusive to staff. On 9/8/14 at 3:15 PM, Resident #2 stated that h/she was in their room and the noise and language was intense. H/she stated that she is afraid of Resident #1 when h/she is around because of the foul language that h/she uses. H/she said that Resident #1 is always complaining about the food, the room that he is in (Resident #1 was offered a private room and declined), and that if things don't go his/her way, h/she starts yelling at the staff and swearing. H/she stated that the	F 250	Corrective actions for those residents found to have been affected: All 3 residents have been identified and the social worker made aware that her notes were not saved by the computer. Resident # 2 was offered a room change by both the social worker and the administrator and refused. We will continue offering her a room change. The social worker has re-interviewed these residents and found that they are satisfied with their stay here and understand the situation. Nursing and Social work will follow them monthly for the next 3 months to insure they feel safe and are comfortable.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Donald Starnes* TITLE: Administrator (X6) DATE: 9/24/14

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 250	Continued From page 1 resident is pleasant to visit with when h/she is not upset. Resident #2 stated that the social worker came and talked to her once about the incident, but not since then. Per review of the medical record there no social service notes to indicate that the resident was seen by social services. Per interview at 4:15 PM with the Registered Nurse (RN), Unit Manager, there is no evidence of follow up for social well-being. At 4:30 PM per interview with the Director of Nurses, the social worker obtained statements from Resident #2, #3 and #4 and the statements were included in the incident sent to the State Agent. H/she further stated that the social worker had made notes, but the electronic medical record system did not save the information and h/she stated that the same thing had happened to them and they had to go in the next day to input information. H/she stated at 4:30 PM that there is no evidence in the medical record that indicates the resident was seen regarding the incident and there is no follow up for psychosocial well-being. 2. Resident #3 was also affected by the incident as stated in the above example on 8/25/14. Per interview with Resident #3 on 9/8/14 at 3:35 PM, h/she was "very upset" about the outburst of Resident #1. H/she that h/she has those kind of outbursts at least once a week and it bothers him/her to talk about it. H/she stated that the incident was because there wasn't enough pizza and Resident #1 began swearing and yelling at everyone. H/she "was saying words that no one should have to listen to." Resident #3 stated that h/she doesn't scare him/her and h/she is not afraid, but doesn't like to hear those things and this place is their home and they don't like that kind of language in their home. H/she stated that the social worker did speak with him/her after the	F 250	Identification of other residents that have the potential to be affected. All residents that reside on this unit have the potential to be affected. All residents that were able to be interviewed were interviewed immediately after the incident and no other residents felt threatened or worried about the outburst. Nursing and social services will monitor the unit for any signs that a resident is uncomfortable and will intervene immediately. Systematic changes put into place to ensure this practice does not re-occur: The social worker has been educated that when the computer system takes too long to save an entry she should check that the entry has actually been saved. If not she is to do a hand written note and update the system once it is back up and operating. Both social work and nursing have been reeducated on the necessity of follow up interviews when an incident like this occurs.		

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F 250	Continued From page 2 incident, but there hasn't been any visits since. Medical review presents that on 8/28/14, the social worker did meet with Resident #3 and that the request to stay away from Resident #1 was made. There is no evidence of follow up notes. Per interview at 4:15 PM with the Registered Nurse (RN), Unit Manager, there is no evidence of follow up for social well-being. 3. Resident #4 was also affected by the incident as stated in the above example on 8/25/14. Per interview with Resident #4 at 3:55 PM on 9/8/14, h/she stated that they were sitting in the hall and they get nervous when Resident #1 begins yelling and swearing as they do. H/she stated that they grew up in a home where a lot of yelling and foul language occurred and they had to listen to it as a child, but they don't feel they should have to as an adult. H/she stated that staff tries to redirect Resident #1, but it just seems to make him/her angrier and louder. Review of medical record finds no evidence that social services spoke to Resident #4 about the incident. H/she stated that the social worker came and asked some questions after the incident, like whether they were afraid and if they felt safe, but h/she does not recall any other visits regarding the incident. Per review of medical record, there is no evidence that Resident #4 was seen by the social worker in regards to the incident. Per interview at 4:15 PM with the Registered Nurse (RN), Unit Manager, there is no evidence of follow up for social well-being.	F 250	Monitoring of the corrective action: The Social worker has been instructed to check that her notes are being saved and any issues are to be reported immediately to the administrator. The social worker and nursing will continue to monitor the residents' behaviors on that unit and continue to offer a room change to resident #2. Nursing and social work will report any issues directly to the administrator. <i>F250 POC accepted 9/24/14 BBN/UCRN/jmm</i>		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain	F 309	Identification of other residents that may be affected: All residents	9/24/14	

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F 309	<p>Continued From page 3</p> <p>or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to provide the necessary care and services to attain or maintain the highest level of practicable mental and psychosocial well-being for 1 of 4 residents in the sample, Resident #1, regarding following up on recommendations made for medication change to manage Resident #1's mood/behavior. Findings include:</p> <p>Per record review, the Minimum Data Set (MDS) information for Resident #1 on 4/21/14 reflects that the resident was feeling down, depressed or hopeless for a period of 2 to 6 days during the look back period and it had increased to 12 to 14 days on the 6/30/14 quarterly MDS. His/her thoughts of feeling bad about self or that h/she was a failure in the 6/30/14 MDS reflected an answer of yes for 12 to 14 days and it was negative on the 4/21 MDS. Resident #1 has diagnoses that include: Intermittent Explosive Disorder and Depression. H/she has been followed by psychiatric services and telecommunication conferences have been utilized. Resident #1 was on a trial of Seroquel (an antipsychotic medication), which h/she did not feel was working and it was not reordered by the Primary Care Physician.</p> <p>On 7/16/14 Resident #1 had an intake done by the psychiatrist and there were recommendations</p>	F 309	<p>that are seen by tele-psych have the potential to be affected. All of the session recommendations have been reviewed and no other missed recommendations were found.</p> <p>Systematic changes put into place to prevent this from reoccurring: The nurse involved in this incident has been reeducated on the importance of developing a care plan for all diagnosis. Additionally the facility has implemented a faxed messages book to ensure that when a fax is sent out to a PCP it is responded to in a timely manner.</p> <p>Monitoring the corrective action: An Audit tool has been developed to go along with the faxed message book. This audit will be completed weekly for 3 weeks and then monthly. The director of nursing will review the findings of this audit and report to the QA committee for further action or recommendations.</p> <p><i>F309 POC accepted 9/24/14 BBoone RRM/PMC</i></p>	9/24/14

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F 309 Continued From page 4
to include Depakote ER to medication regimen as it may allow him/her to think about his reactions to other people before h/she acts on his/her reactions. Review of medications for Resident #1 does not include Depakote ER and there are no PCP notes to indicate notification of the psychiatrist recommendations. Per interview with Resident #1 at 1:45 PM, h/she stated that the psychiatrist had mentioned the new medication (Depakote), but the resident was unsure if it would work, but would give it a try. The Registered Nurse, Unit Manager on 9/8/14 at 1:50 PM stated that the PCP had not been made aware of the recommendation.

F 309