

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

May 6, 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 **April 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:jl

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

PRINTED: 04/21/2014
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 04/08/2014
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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 F 282 SS=D	<p>INITIAL COMMENTS</p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 4/7 and 4/8/14. There were findings regarding the investigation.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and observation the facility failed to provide services by qualified persons in accordance with each resident's written plan of care for 1 of 3 residents reviewed. The findings include:</p> <p>Per record review, Resident #1 requires total assist with transfers, toileting and grooming. Resident requires a mechanical lift with 2-person assist for transfers and is non-ambulatory and wheel chair bound. Per care plan, initiated 9/3/09 and revised on 11/9/10 and last review completed on 2/11/14, h/she is incontinent of urine and feces and is unable to cognitively or physically participate in a retraining program due to decreased cognition and is at risk for skin breakdown due to decreased bed mobility. Resident #1 is to have incontinence care needs met by staff to maintain dignity and comfort to prevent incontinence related complications. Interventions include that Resident #1 be checked and changed upon rising, between 8AM</p>	F 000 F 282	<p>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.</p> <p>F-282 Resident #1 care plan and kardex was reviewed and updated, staff were re-educated on the plan of care for patient #1. No other residents were negatively impacted by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. An audit of all toileting plans has been done and the care plan and kardex have been reviewed to assure they match and the status of each resident reflects their current needs.</p> <p>Center nursing staff will be re-educated on the importance of following the kardex and care plan. Administrator or designee will conduct weekly audits Comparing the care plan and Kardex to</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

POC accept. Rechecked if Kern R. M. M. ON
TITLE
Administrator
5/15/14 (X8) DATE
4/29/14

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 282	<p>Continued From page 1 & 10AM, 12Noon & 2PM, 4PM & 6PM, HS and every 2 hours thru the night. This was confirmed by the unit manager.</p> <p>Per observation on 7/8/14 at 6:30AM Resident #1 was assisted out of bed and brought to the common area to watch television. At 7:15 the resident was then wheeled for breakfast to dining room, set up and verbally cued for breakfast. After completion of breakfast h/she was wheeled back to the common room to once again watch television. Staff was observed to be in and out of the common area several times to bring in or remove residents for various reasons. At 9:15AM the resident remained in the television room and at 10:40AM it was confirmed by the LNA (Licensed Nursing Assistant) that was providing care that Resident #1 had not been toileted. H/she stated that the resident is a hooyer lift and needs to be put to bed to be changed and that they don't do that until after lunch. H/she further stated that there is not enough staff on to put him/her to bed before then and there are still 4 residents requiring care. Per interview with the other LNA present, h/she stated that the resident would have to go back to bed because h/she is a hooyer lift and they do not have the time or staff to do this.</p> <p>Reviewed care plan with LNA and h/she reported that h/she had been at the facility for over a year and h/she has never toileted him/her until after lunch. Further stated that h/she was not aware of the care plan and that the care plans are in the walking rounds notebook and they carry them around between shifts for report, but don't look at them.</p> <p>See also F353.</p>	F 282	<p>care given for 3 weeks to ensure compliance, and then monthly for 3 months. The results will be reviewed at the QA meeting for further review and recommendations. Date of compliance: 5-25-14</p> <p>F353 Resident # 3 has since discharged from the facility. An outdoor call system has been installed for residents who choose to smoke. The staff has been educated on the use of this new call system.</p> <p>Resident #1 toileting status was reviewed and the care plan and kardex were update to reflect current needs. The staff have been educated on care needs per care plan and kardex for this patient.</p> <p>Resident #2 a review of preferences related to care needs has been reviewed and care plan and kardex have been updated to reflect her choices. Staff have been educated on the preferences of this patient.</p> <p>No other residents were negatively impacted by the alleged deficient practice. All residents have the potential</p>		

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<p>F 353 F 353 SS=E</p>	<p>Continued From page 2 483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, and record review, the facility failed to assure that there were sufficient staff to provide nursing and related services to maintain the highest practicable well-being for 3 of 3 residents reviewed (Residents #1, #2, #2). This also has the potential to affect all residents on the second floor. Findings include:</p> <p>1.) Per interview with Resident #3 on 4/7/14 at</p>	<p>F 353 F 353</p>	<p>to be affected by the alleged deficient practice.</p> <p>An audit of all residents' toileting needs, has been conducted to ensure the resident care needs matches the care plan, is clear and is being followed.</p> <p>Center staff will be re-educated on The importance of following the care plan And kardex .</p> <p>All nursing staff will be re-educated on the facility practice of notifying a supervisor if for any reason, they are not going to be able to complete their assignments.</p> <p>Director of Nursing or designee will conduct weekly audits of care per the care plan and Kardex to ensure compliance. This audit will be done weekly for 3 weeks and then monthly for 3 months with results being reported to the QA meeting for further review and recommendations.</p> <p>Date of compliance: 5-25-14</p> <p>F9999</p> <p>Waivers were applied for and obtained for the two identified employees.</p> <p>An audit was conducted to identify any other missing waivers. No other missing waivers were noted.</p> <p>An audit will be conducted monthly on all new hires, x 3 months to ensure that all necessary waivers have been identified</p>	
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F 353	<p>Continued From page 3</p> <p>1:35PM, h/she reported that h/she was a smoker and in February required assistance with mobility and used a wheelchair. Staff had brought him/her to the smoking area and left, on February 9, 2014. Resident #3 stated that h/she was dressed warm enough for the very cold weather, but could not get back into the building by his/herself and needed staff to help her. Another resident that was with him/her called the facility on their private cell phone to ask for assistance, when assistance did not come, the call was placed a second time. Resident #3 stated that it may have been only 10-15 minutes, it was a very cold day and the staff was busy and forgot her. Per review of an internal investigation, the facility acknowledged that the the resident had been left outside for a length of time.</p> <p>2.) Per record review, Resident #1 requires total assist with transfers, toileting and grooming. Resident requires a mechanical lift with 2-person assist for transfers and is non-ambulatory and wheel chair bound. Per care plan, initiated 9/3/09 and revised on 11/9/10 and last review completed on 2/11/14, h/she is incontinent of urine and feces and is unable to cognitively or physically participate in a retraining program due to decreased cognition and is at risk for skin breakdown due to decreased bed mobility. Resident #1 is to have incontinence care needs met by staff to maintain dignity and comfort to prevent incontinence related complications. Interventions include that Resident #1 be checked and changed upon rising, between 8AM & 10AM, 12Noon & 2PM, 4PM & 6PM, HS and every 2 hours thru the night. This was confirmed by the unit manager.</p> <p>Per observation on 7/8/14 at 6:30AM Resident #1</p>	F 353	<p>and requested.</p> <p>The findings of the audits will be reviewed for further recommendations at QA meeting.</p> <p>Date of compliance 5-25-14</p>	
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F 353	Continued From page 4 was assisted out of bed and brought to the common area to watch television. At 7:15 the resident was then wheeled for breakfast to dining room, set up and verbally cued for breakfast. After completion of breakfast h/she was wheeled back to the common room to once again watch television. Staff was observed to be in and out of the common area several times to bring in or remove residents for various reasons. At 9:15AM the resident remained in the television room and at 10:40AM it was confirmed by the LNA (Licensed Nursing Assistant) that was providing care that Resident #1 had not been toileted. H/she stated that the resident is a hoier lift and needs to be put to bed to be changed and that they don't do that until after lunch. H/she further stated that there is not enough staff on to put him/her to bed before then and there are still 4 residents requiring care. Per interview with the other LNA present, h/she stated that the resident would have to go back to bed because h/she is a hoier lift and they do not have the time or staff to do this. Reviewed care plan with LNA and h/she reported that h/she had been at the facility for over a year and h/she has never toileted him/her until after lunch. Further stated that h/she was not aware of the care plan and that the care plans are in the walking rounds notebook and they carry them around between shifts for report, but don't look at them. 3.) Per interview with staff at 10:40AM, there were still 4 residents that required morning care and they were the only two LNAs on second floor South Unit. One LNA went out on a transport at 9:00AM and had not yet returned. This was confirmed by the other LNA that two of the residents still requiring care needed to have a	F 353		

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F 353	Continued From page 5 showers and one of them would take at least 1 hour from start to finish and meals would be coming during this time and they don't know how to get all of the tasks they need to finish done on time. 4.) Per interview with Resident #2 at 10:45AM, the resident was still in bed waiting to get up. H/she stated that h/she likes to get up before 9:00AM but that does not happen often. H/She says that sometimes h/she has to wait longer than 15 minutes for someone to assist him/her and h/she is often incontinent by that time. H/she stated that it is worse in the evenings and h/she likes to go to bed between 7:30 and 8:00PM, but that does not happen unless she goes to bed when the evening shift first comes on duty. At 10:50AM the LNA confirmed that the resident had not yet received care. The LNA reported that one LNA went out on a transport at 9:00AM and had not yet returned. This was confirmed by the other LNA and that Resident #2 was one of the two residents still requiring care. Further stated that meals would be coming during this time and they don't know how to get all of the things they need to finish done on time.	F 353		
F9999	FINAL OBSERVATIONS 3.17 (e) A nursing facility shall report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the Vermont State Nurse Assistants Registry or the appropriate licensing authority and the licensing agency. Actions by a court of law which indicate unfitness for service include a charge of abuse, neglect or exploitation substantiated against an	F9999		

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F9999	<p>Continued From page 6</p> <p>employee or conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction within or outside the State of Vermont.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to report any knowledge it has of actions by a court of law against an employee to obtain waivers from the State Agency for 2 of 8 employee records reviewed. Findings include:</p> <ol style="list-style-type: none"> 1. Review of employee files present that the facility has on staff an part-time employed Registered Nurse that has a misdemeanor conviction of theft and there is no evidence the State Agency was notified or variance request was submitted. Confirmation made by DNS that the variance was not obtained and there is no evidence to support a request for one. 2. Review of employee files present that the facility has on staff a full time employed Licensed Practical Nurse that has a misdemeanor conviction of theft and there is no evidence the State Agency was notified or variance request was submitted. Confirmation made by the DNS that the variance was not obtained and there is no evidence to support a request for one. 	F9999		