

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

July 23, 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 **July 1, 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: 07/11/2014  
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 07/01/2014
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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 and investigation of a facility self-reported incident was conducted on 7/1/14 by the Division of Licensing and Protection. There were findings regarding 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 223 SS=D	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION  The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.  The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.  This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and medical record review, the facility failed to keep 1 of 1 residents reviewed, Resident #1, free from sexual abuse.  1.) On 6/20/14 per medical record review, Resident #1 called the State Police and was threatening to commit suicide and to harm anyone that came into his/her room. At this time h/she requested to be taken to the hospital. Per interview with resident on 7/1/14 at 12:55PM h/she stated that h/she felt they no longer could cope. When asked why h/she was feeling that way, Resident #1 stated that the coping mechanisms they used were no longer working. When asked why h/she felt they needed coping mechanisms, h/she stated that h/she felt bad about what had happened. When asked to	F 223	F223  Corrective action for those residents found to have been affected: Resident number one's community councilor was immediately called in to assist the resident in coping, this was in addition to our in-house Social Service support.  All staff have been in-serviced on all aspects of Abuse and Mistreatment, and were required to complete and pass a post in-service test.  Identification of other resident's that have the potential to be affected: All residents have the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *[Signature]* (X6) DATE 7/17/14

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 Z23	<p>Continued From page 1</p> <p>elaborate, h/she stated that h/she had reported someone that h/she liked and it made him/her feel bad. During this interview Resident #1 stated that an employee had asked him/her to perform a sexual act and Resident #1 stated they did so because even though h/she felt there was a relationship developing between him/herself and the employee, h/she had no other choice at the time. Incident occurred during a tub bath and Resident #1 confided in another employee a couple of days later that h/she felt uncomfortable that it had occurred. On 7/1/14 at 2:35PM per interview with the LNA that Resident #1 spoke to, confirmation was made that Resident #1 had told him/her about the incident.</p> <p>2.) On 7/1/14 during record review, it was noted that a nursing entry was written on 5/17/14 at 13:22 that presented that Resident #1 had voiced concerns about a conversation between him/herself and another Resident #2 that made him/her very uncomfortable. Record also reflects that Resident #1 stated that Resident #2 sat outside his/her doorway until late that night. Nursing assured Resident #1 that it would be taken care of and that h/she needed to practice using the call bell to alert staff if continued to feel uncomfortable. A progress note written on 5/19/14 by social services presents that Resident #1 had reported that another resident, (Resident #2), made him/her feel uncomfortable and had spoken to him/her in a sexually inappropriate manner. Resident #1 also stated to the social worker that Resident #2 had called Resident #1 into his/her room and blocked him/her from leaving with his/her wheelchair and when Resident #1 was able to get out of the room, Resident #2 followed to his/her room and came into the room without permission and stated they</p>	F Z23	<p>potential to be affected. All staff members are being required to attend an in-service on abuse and mistreatment of residents. This in service will also include a review of the centers sexual harassment policy and the policy that prohibits having a romantic or inappropriate relationship with a resident. Violation of either of these policies is grounds for immediate dismissal.</p> <p>Measures put into place or systematic changes made to ensure this practice will not recur: A team, consisting of a Clinical social worker, manager of Clinical Operations and Human Resource manager in-serviced all department heads on abuse and mistreatment of residents. Everyone attending this in service was required to complete a post in-service test.</p> <p>Monitoring the corrective action to ensure the practice does not recur: The social worker or their designee will perform 10 random resident</p>

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F 223	Continued From page 2 were not leaving until h/she fell asleep. 7/1/14 at 12:55PM during interview with Resident #1, h/she confirmed feeling as if he/she was held against his/her will by Resident #2 and that Resident #2 made him/her uncomfortable with the sexually inappropriate remarks that h/she has made. 7/1/14 @ 3:45PM Interview with Director of Nursing confirmed that there had been an issue between Resident #1 and Resident #2.	F 223	interviews per month for 3 months asking if the resident feels safe here and if they have been abused. Results of the audit will be presented monthly at the QA meeting. Any affirmative answers will be immediately brought to the administrator and an investigation completed.	
F 225 SS=D	483, 13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and 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 State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225	Completion date: July 15, 2014 <i>F223 POC accepted 7/23/14 pmenturn</i>  225  Corrective action for those residents found to have been affected: No specific resident was cited however the investigation into resident 1 was cited. All residents on that unit were interviewed and asked if they were a victim of abuse neglect or mistreatment and if they had concerns regarding their safety	

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F 225	<p>Continued From page 3</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that all alleged violations involving mistreatment, neglect, or abuse are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency) for 1 of 1 residents reviewed. The facility failed to have evidence that all alleged violations are thoroughly investigated.</p> <p>Findings include:</p> <p>1.) On 7/1/14 upon arrival to the facility at 9:30AM, a request was made for all investigations the facility either have or are currently investigating, regardless of whether they have been reported to the State Agency or not, for the past 60 days. The Administrator presented this surveyor with the current investigation of alleged sexual abuse and stated that the only other investigation was a resident complaint of abuse against an LNA for being rough.</p> <p>Per interview with the Director of Nursing and the Administrator, they confirmed that the</p>	F 225	<p>Identification of other residents that have the potential to be affected: All residents involved in an investigation have the potential to be affected. A survey form was created and all residents were interviewed and asked if they had ever been the victim of abuse, neglect or misappropriation and if they felt safe or had any concern for their safety.</p> <p>Measures put into place to or systematic changes made to ensure this practice will not recur: A team, consisting of a Clinical social worker, Manager of Clinical Operations and Manager of Human Resources interviewed all department heads, on the requirements for conducting an investigation.</p> <p>Monitoring the corrective action to ensure the practice does not recur: The DNS or designee will audit daily to identify any suspicion of abuse, neglect or mistreatment is immediately identified and an investigation is done and is</p>	

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F 225	<p>Continued From page 4</p> <p>Investigation regarding sexual abuse of Resident #1 by an employee (see F223, example #1) was conducted, but during the investigation there were no other residents that were interviewed to determine if this was an isolated incident and to insure that no other residents were affected. Per interview with the Director of Nursing and the Administrator, they confirmed that the investigation regarding sexual abuse of Resident #1 from an employee was conducted, but during the investigation there were no other residents that were interviewed to determine if this was an isolated incident.</p> <p>On 7/1/14 at 2:35PM during interview with LNA that Resident #1 confided regarding a sexual encounter with another employee, h/she confirmed that she had knowledge of the incident on 6/19/14 in the later part of the evening and h/she did not report it to anyone. The LNA said that her supervisor had gone home and h/she did not know what to do with the information, but was going to encourage Resident #1 to report it the next day. H/she found that when she arrived for their scheduled evening shift the next day, that it had already been reported. When asked who else h/she could have told, the response was probably the charge nurse. It was confirmed by the Director of Nursing at 3:45PM that this LNA was not the one that had reported the incident.</p> <p>2.) On 7/1/14 during record review. It was noted that a nursing entry was written on 5/17/14 at 13:22 that presented that Resident #1 had voiced concerns about interactions between him/herself and another Resident #2 that made him/her very uncomfortable (See F223, example #2). Administrator confirmed that an investigation was not conducted and this allegation of sexual abuse</p>	F 225	<p>reviewed to ensure that it is thorough. The DNS will present the findings monthly to the QA committee for further review and recommendations.</p> <p>Completion date: July 15, 2014</p> <p><i>F225 PIC accepted 7/23/14 pmotard</i></p>

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F 225	Continued From page 5 was not reported.	F 225		
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