

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

February 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 **December 9, 2013**. 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

RECEIVED PRINTED: 01/24/2014
Division of 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 _____	FEB -4 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 12/09/2013
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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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(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
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F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>An unannounced onsite complaint investigation was conducted on 12/9/13 by the Division of Licensing & Protection. The following deficiency was identified during 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 and staff interview, the facility failed to assure that services provided were provided according to the written plan of care for one resident (Resident #1). Findings include:</p> <p>Per record review the Resident #1's Care Plan for Restorative Transfer dated 2/14/13, it calls for a 1 person assist transfer with a rolling walker and a gait belt. In a review of the notes, incident reports and the fall investigation there is no indication that a gait belt was used during ambulation. The LNA's written statement does not state that s/he used a gait belt. The investigation states that the LNA was re-educated regarding using the gait belt for transfers. Per interview on 12/9/13, the Director of Nursing Services (DNS) confirmed that the LNA had not used a gait belt to perform the transfer as directed in the plan of care.</p>	F 282	<p>F Tag 282</p> <p>Correction: Resident # 1 no longer resides at the center.</p> <p>Identify Other Potential Residents: All residents that require assistance with transfer have the potential to be affected by the alleged deficient practice.</p> <p>Systemic Changes: Center nursing staff will be re-educated on the policy and procedure for ensuring safe and appropriate transfer technique.</p> <p>Monitoring: DNS or designee will conduct weekly audits x 4 then monthly x 3 to ensure any resident requiring assistance with transfer is properly completed and are appropriate and in compliance. Results to be reviewed at QA meeting for further evaluation and recommendations</p> <p>Responsibility: Director of Nurses</p> <p>Date of Compliance 12/28/13</p> <p><i>F282 POC accepted 2/6/14 PmcotaruN</i></p>	12/28/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David C. Starnach</i>	TITLE Administrator	(X6) DATE 1/31/14
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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.