



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/01/2009
NAME OF PROVIDER OR SUPPLIER  THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
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F 329 SS=D	<p>Continued From page 1</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to identify a clear indication for and monitor the use of an antipsychotic drug for 1 of 4 applicable residents in the sample. (Resident #9). Findings include:</p> <p>Per review, on 3/31/09, Resident #9's clinical record, lacked a comprehensive assessment of the need for, and a clear indication for the use of, Risperdal (an antipsychotic drug) which the</p>	F 329	<p><b>F329 Unnecessary Drugs</b> The facility continues to ensure that each resident's drug regimen is free from unnecessary drugs. Resident #9's Risperdal was in the process of a gradual dose reduction and was discontinued in it's entirety on 4/1/09. Residents records were reviewed by the RN Nurse Managers, ADNS, and DNS, in order to ensure that all physician ordered psychoactive medications identify a clear indication for use, with ongoing monitoring of targeted behaviors. Nursing staff will receive inservice education regarding the "Unnecessary Drug" regulation and the facility's policies related to psychoactive medications, by the Staff Development Coordinator, or her designee. Weekly audits of at least 10% of psychoactive medication orders will be performed by the DNS, or her designee, to ensure compliance with the unnecessary drug regulation. Audit findings will be reviewed monthly by the Quality Assurance Committee, and monitored by the Administrator. Completion Date: May 7, 2009</p> <p><i>PDC audits 4/28/09</i> <i>B Hone /SK</i></p>		

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F 329	Continued From page 2 resident had received on a daily basis, from admission on 4/7/07 through 3/31/09. In addition there was no evidence that the resident had been monitored for the presence of identified targeted behaviors to assess the effectiveness of the drug. The resident, who was admitted to the facility on 4/7/07, from a hospital following an acute care stay there, had a physician progress note, dated 4/1/07, that stated: "anxious and confused today....."alert but confused". The physician's assessment stated, "confusion d/t (due to) UTI (urinary tract infection), hypotension and anemia" and the plan included, in addition to other treatments; "..... and start Risperdal." A fax form, dated 4/9/07, from the nursing staff to the physician requesting a diagnosis for the use of Risperdal identified only "agitation related to dementia" as the indication for its use.  Per interview, on the morning of 3/31/09, the Unit Nurse Manager confirmed that, although the patient had recently undergone a GDR (gradual dose reduction) for the drug, targeted behaviors had not been identified or monitored on an ongoing basis.	F 329			
F 334 SS=E	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION  The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been	F 334			

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F 334	Continued From page 3 immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.  The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive	F 334	<b>F334 Influenza and Pneumococcal Immunization</b> The facility has policies and procedures related to the patient education, consent, declination, administration, and documentation of influenza and pneumococcal immunizations. Residents # 8, #9, #10, #11, #12, #14, #18, and #19 were provided with written information/education regarding the risks and benefits of the influenza vaccine, and although they have already chosen to receive the vaccine, acknowledgement forms related to the above were signed and made part of the medical record. Nursing Staff will receive education related to the Immunization regulation and the facility's policy and procedure for immunizations, by the DNS or her designee. A new consent form was developed and implemented effective 4/1/09, which includes all of the mandated regulatory information. The form will be used for upcoming influenza and pneumococcal immunizations that are administered in the facility. Monthly audits of immunizations will be completed by the DNS, or her designee, in order to ensure compliance with the regulation and facilities policies. Audit findings will be reviewed by the Quality Assurance Committee monthly, and monitored by the Administrator. Completion Date: May 7, 2009 <i>Doc, ananta 4-28-09</i> <i>AB</i>	

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F 334 Continued From page 4  
the pneumococcal immunization due to medical contraindication or refusal.  
(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the facility failed to obtain written informed consents, including education regarding the benefits and risks, from residents or their legal representatives in advance of administering the influenza vaccine, during the 2008-2009 Influenza season, to 8 applicable residents in the sample. (Residents #8, #9, #10, #11, #12, #14, #18 and #19). Findings include:

Per record review there was no evidence that staff had obtained informed consents from Residents #8, #9, #10, #11, #12, #14, #18 and #19, or a respective responsible person, that included provision of education regarding risks and benefits of Influenza vaccine prior to receiving the vaccine during the recent influenza season of 2008-2009. During interview, on the afternoon of 3/30/09 and the morning of 4/1/09, the staff member responsible confirmed that although a form, signed only by the staff member, and placed in the respective charts indicated that education had been provided to each resident, no written consents had been obtained.

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F 371 SS=D	<p><b>483.35(i) SANITARY CONDITIONS</b></p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to assure a clean and sanitary food storage environment in all areas of the kitchen. Findings include:</p> <p>During tour of the kitchen area, with the Food Services Supervisor (FSS) @ 9:40 AM on 3/30/09, the following observations were made:</p> <p>1. There was a heavy build up of frost and ice along the outsides of the pipes leading from the condenser unit to each of the side walls of the walk in refrigerator and there were boxes of individual creamers, as well as crates filled with cartons of milk and creamers stored directly beneath the frost coated pipes.</p> <p>2. There was a large piece of meat stored on a rack approximately 1-2 feet off the floor of the walk in freezer that was covered with a thick coat of ice. The floor directly beneath the meat was also covered with a thick layer of ice.</p> <p>The FSS confirmed these findings at the time of tour and, during interview, on the afternoon of</p>	F 371	<p><b>F371 Sanitary Conditions</b></p> <p>The facility continues to store food under sanitary conditions. The frost on the pipe of the walk in refrigerator was removed, and the refrigerator is scheduled for service on 4/21/09, to correct the frost build up. The meat that was in an airlock sealed bag was discarded. As of 3/30/09, food has not been stored near the frost build up area, and the freezer floor has been kept free of ice. The Dietary staff will be provided with inservice education regarding the sanitary conditions regulation and , by the Administrator, and her designee. Daily sanitation rounds will be completed on the refrigerator and freezer, by the Food Service Director or her designee, to ensure continued compliance with the sanitary conditions regulation. Audit findings will be reviewed by the Quality Assurance Committee monthly, and monitored by the Administrator. Completion Date: May 7, 2009</p> <p><i>DC complete Scott H. Dore</i> 4.28.09</p>	

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F 371	Continued From page 6 3/30/09, the Director of Maintenance Services stated that the frost and ice build up in the walk in refrigerator and freezer was the result of moisture dripping from the pipes that carry the Freon for each of the respective condenser units.	F 371	<b>F386 Physician Visits</b> The facility assures that physicians review the total program of care for their residents. Resident #18 did not receive any medications by mouth, as noted on the MAR when they were documented as administered via tube. The physician orders now reflect the current, and accurate, NPO status, and the prn medications have been ordered to be given via peg tube. Resident records were reviewed by the DNS, ADNS, and RN Nurse Managers in order to ensure that all other residents with an NPO status, have it clearly ordered on their physician orders, and that all medications are ordered to be administered via peg tube. Nursing staff will be provided with inservice education related to assuring that the physician reviews the total program of care, and more specifically that the physician orders are complete and accurate, by the Staff Development Coordinator. Monthly audits of at least 10% of resident medical records will be completed by the DNS, or her designee, in order to assure that the physician reviews the total program of care and compliance with the physician visit regulation. Audit findings will be reviewed monthly by the Quality Assurance Committee, and monitored by the Administrator. Completion Date: May 7, 2009 <i>BC anpti 4.28.09</i> <i>J. B. Stone</i>		
F 386 SS=D	<b>483.40(b) PHYSICIAN VISITS</b> The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.  This REQUIREMENT is not met as evidenced by: Per record review the facility failed to assure that the physician reviewed the total program of care, including all orders for treatment, for 1 of 21 applicable residents (Resident#18) Findings include:  1. Per record review, Resident #18, who had been on NPO ( nothing by mouth) status related to a medical condition which had not improved since admission in November of 2008, had signed physician orders dated 3/11/09 that did not include NPO status. Per review of the resident's medications, there were two PRN (as needed) orders listed to be given by mouth, "Naproxen 500mg. tablet, Take one tablet by mouth twice a day as needed with food, pain 3-5" and "Maalox Suspension/Alamag Suspension, take 30CC by mouth as needed for indigestion". Per interview on 4/01/09 at 4:00 PM, the ADNS (Assistant	F 386			

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F 386	Continued From page 7 Director of Nursing Services) stated that the physician was called, and confirmed that the physician's orders should have included the NPO status, and that no medications were to be administered orally for this resident.	F 386	<b>F4331 Pharmacy Services</b> The facility stores all drugs and biologicals in locked compartments and removes expired medications from medication storage areas.		
F 431 SS=F	<b>483.60(b), (d), (e) PHARMACY SERVICES</b>  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431	The second floor medication cart is kept locked at all times, and the Nurse responsible for the cart was provided with re-education related to the facility's policies and procedures for medication/treatment storage, by the DNS. Medication storage areas were reviewed on all nursing units on 3/31/09 and any/all expired medication was removed, as well as a review of all insulin bottles for an "open" date, by the DNS and the RN Nurse Managers. Nursing Staff will be provided with inservice education regarding the storage, expiration, dating, and disposal of medication, by the Staff Development Coordinator, or her design. Weekly audits will be performed, by the Director of Nursing, or her designee, to ensure that all medication storage areas are kept locked, that expired medications are immediately disposed of, and that open medications such as insulin are properly dated and appropriate for use. Audit findings will be reviewed monthly by the Quality Assurance Committee, and monitored by the Administrator. Completion Date: May 7, 2008 <i>POC accept SS=F / B.H. 4.28.09</i>		

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F 431	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store all drugs and biologicals in locked compartments, and failed to remove expired medications from medication storage areas. Findings include:</p> <ol style="list-style-type: none"> <li>1. Per observation on 3/30/09 at 9:50 AM and 10:20 AM, the treatment cart on the second floor was left unlocked and out of view of the nurse. The treatment cart contains ointments, sprays, and various treatment supplies. The above was confirmed at the times of observation with the Unit Manager.</li> <li>2. Per observation on 3/31/09, the medication storage room on the second floor contained stock medications that were expired and the medication refrigerator contained 4 opened multidose vials of insulin that were not labeled with an open date. The following medications were observed in the active stock medication area at 1:45 PM: 2 bottles of Bisacodyl (expiration date 12/08), 2 bottles of Enteric coated aspirin (expiration date 1/09), 2 bottles of Buffered aspirin (expiration dates 6/08 and 1/09), and 1 bottle of Ascriptin (expiration date 2/09). The unlabeled insulins were viewed with the surveyor by a nurse at 1:45 PM, who confirmed they were not labeled with an open date. The Unit Manager confirmed that the above listed medications were expired at 1:55 PM.</li> <li>3. Per observation on 3/31/09 at 1:12 PM, accompanied by the nurse, the following expired medications were found in the active stock medications in the medication storage room on</li> </ol>	F 431		

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F 431	Continued From page 9 the fourth floor: 2 bottles of Buffered aspirin (expiration date 6/09) and 1 bottle of Buffered aspirin (expiration date 1/09).  4. Per observation of the medication cabinets and the medication carts on Unit 3, on the afternoon of 3/31/09, the following observations were made:  a. There was a multidose vial of Humulin R Insulin labeled with an opening date of 1/20/09. During interview, at that time, the medication nurse confirmed the date of the open vial and stated that it was the only vial of Insulin currently in use for Resident #12. The med nurse also stated that the pharmacy had been contacted, that day, and confirmed that Insulin should be disposed of 30 days after opening.  b. There were multidose bottles of Oyster Shell Calcium tablets (2 bottles), Enteric Coated Aspirin (4 bottles) and liquid Antacid (1 bottle) with expiration dates of 10/08, 2/09, 1/09 and 10/07 respectively located in the stock medication cabinet. In addition, one of the two medication carts, in use, contained multidose bottles of Enteric Coated Aspirin, dated 10/08, and 2 bottles of Oyster Shell Calcium tablets, dated 10/08 and 2/09 respectively. The expiration dates were confirmed by the medication nurses at the time of observation.	F 431	<b>F444 Preventing Spread of Infection</b> The facility requires staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice. Residents #5 and #25 are now provided with tracheostomy care by the RT from RRMC following the facility's policies and procedures and accepted professional practice. Other tracheostomy patients care was observed in order to ensure that all residents were receiving care following the facilities policies and procedures and within regulatory compliance. The staff member observed to be performing the trach care was provided with re-education related to the facilities Infection Control policies and procedures, and accepted professional practice, by the Staff Development Coordinator and the Respiratory Director. Inservice education will be provided to staff related to handwashing and the facility's policies and procedures related to infection control, by the Staff Development Coordinator. Weekly audits of care will be completed by the DNS, Staff Development Coordinator, and their designees, in order to ensure continued compliance with the facility's infection control policies and procedures. Audit findings will be reviewed monthly by the Quality assurance Committee, and monitored by the Administrator. Completion Date: May 7, 2009 <i>POC agents SA AB line</i> <i>SA 4-28-09</i>	
F 444 SS=D	483.65(b)(3) PREVENTING SPREAD OF INFECTION  The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.	F 444		

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F 444	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, staff failed to change gloves and/or wash or sanitize hands in between contaminated and clean procedures for 2 applicable residents (Residents #5, 25). Findings include:  1. Per observation on 3/31/09 at 10:02 AM, the staff member performing tracheostomy care for Resident #5 failed to change gloves or wash hands in between contaminated and clean procedures. During the observation of care, the staff member donned gloves, removed the soiled dressing from around the tracheostomy site, disposed of it in the garbage, and proceeded to pick up the trash can to move it with a gloved hand. With the same contaminated gloves, the staff member cleaned the site and placed the new dressing. At 10:28 AM on the day of observation, the staff member confirmed that the same gloves were used throughout the procedure.  2. Per observation on 3/31/09 at 10:20 AM, the staff member performing tracheostomy care for Resident #25 failed to change gloves or wash hands in between contaminated and clean procedures. During the observation of care, the staff member donned gloves, cleaned around the tracheostomy site, then picked up a wrapper that had fallen on the floor using a gloved hand. With the same contaminated gloves, the staff member then placed the new dressing around the tracheostomy site. At 10:28 AM on the day of observation, the staff member confirmed that the same gloves were used throughout the procedure.	F 444	<b>3.14 Transfer and Discharge</b> Residents of the facility are provided with written notice, 72 hours in advance, prior to room transfers within the facility. All residents who transfer to another room, within the facility, are currently receiving a written notice, which is in compliance with the Vermont regulations, and is provided to the resident and responsible party 72 hours in advance of the transfer. The Director of Social Services will provide the Resident Council with education related to regulation 3.14 Transfer and Discharge, and will review the new transfer form with the residents in order to encourage self advocacy. The Director of Social Services will track and log all room transfers to ensure that appropriate notice is given 100% of the time. Room transfer and notice data will be reviewed by the Quality Assurance Committee monthly. Copies of all transfer and discharge notices will also go to the Administrator in order to monitor continued compliance. Completion Date: May 7, 2008 <i>As per 428.09</i> <i>10-2-09</i>		
F9999	FINAL OBSERVATIONS	F9999			

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/01/2009
NAME OF PROVIDER OR SUPPLIER  THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
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F9999	<p>Continued From page 11</p> <p>Vermont State Operating Rules for Nursing Homes</p> <p>3.14 Transfer and Discharge</p> <p>(d) Notice before transfer or discharge. Before a facility transfers or discharges a resident, the facility must:</p> <p>(1) notify the resident and, if known, a family member, including a reciprocal beneficiary, or legal representative of the resident, of the proposed transfer or discharge and reasons for the move. The notice shall be in writing and in a language and manner they understand, and shall be given at least 72 hours before a transfer within the facility and 30 days before the discharge from the facility.</p> <p>(2) record the reasons in the resident's clinical record; and</p> <p>(3) include in the notice the items described in subsection 3.14(e) below.</p> <p>Based on interview and record review, the facility failed to give residents written notice 72 hours in advance of a transfer within the facility for 3 of 3 applicable residents. (Resident #7, #15 and #20). Findings include:</p> <p>1. Per interview, on 3/31/09 at 2:00 PM, Resident #7 verbalized feeling upset at having to pack up personal belongings and/or put some in storage or send home as the result of a room change that occurred the day after the resident's admission. Per record review, and confirmed with Resident #7's Power of Attorney, no written notice was given prior to the room change.</p> <p>2. Per record review Residents #15 and #20 both underwent room changes within the facility without evidence of written 72 hour notice. A</p>	F9999			

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F9999	Continued From page 12 nurse's note, dated 3/9/09, identified that Resident #20 was moved from a room on Unit 2 to room #305 on that date. Per review of Resident #15's record the only evidence that a room change had occurred was the change in the identified room number on a physician's order form between November 21 and 26, 2008. The rooms identified were listed as #301 and #410 respectively. During interview, on the afternoon of 4/1/09 the Social Services Director confirmed that each of the respective residents had undergone room changes, without receiving a written notice at least 72 hours in advance of the change.	F9999			