AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 27, 2023

Ms. Coleen Condon, Administrator
Franklin County Rehab Center, LLC
110 Fairfax Road
St Albans, VT 05478-6299

Dear Ms. Condon:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **December 6, 2023.** 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

Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475047	A. BUILDING ______ B. WING ______	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COUNTY REHAB CENTER LLC	110 FAIRFAX ROAD ST ALBANS, VT 05478

(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
E 000	Initial Comments The Division of Licensing and Protection conducted a survey of Emergency Preparedness during the recertification survey, from 12/4/2003 through 12/6/2003 to determine if the facility was in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was found to be in substantial compliance regarding Emergency Preparedness requirements.	E 000		
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, on-site, annual recertification survey from 12/4/2023 thru 12/4/2023 to determine if the facility was in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following regulatory violation was identified as a result:	F 000		
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested,	F 791	F 791 – Routine/Emergency/Dental Services in NFs 1. Corrective action has occurred for this resident who visited the dentist on 12/5/2023 for complaints of upper teeth pain on 12/5/2023 (same day due to pain). Some upper teeth were removed at this appointment. The dentist noted that the bottom teeth looked good and there was not much she could do. However, if at anytime the patient was experiencing pain to call and she would remove them. A follow-up appointment has been made for February 2024.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Coleen Condon
TITLE: Administrator
(X6) DATE: 12/19/2023

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 791	Continued From page 1 assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay; §483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and §483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to promptly provide routine and emergency dental services to meet the residents' needs related to loose decaying teeth for 1 of 17 residents in the applicable sample (Resident #7). Findings include: A record review reveals Resident #7 has resided at the facility since 01/6/21; diagnoses include adult failure to thrive.	F 791	2. Other residents that have the potential to be affected by this deficiency will be identified through LNA ADL care, nursing services to include monitoring for pain and weight loss and by monitoring the resident's ability to eat at their diet level. No other residents were found to have untreated dental needs during review. 3. Education was provided to all LNAs regarding the importance of oral hygiene. All Nurses were provided education on the dental services policy. 4. Corrective actions will be monitored through the QAPI program by adding a section to discuss the dental needs of any residents with follow up action as necessary to include with resident representative. Date of Completion: 12.22.2023 **Tag F 791 POC accepted on 12/27/23 by D. Hoffman/P. Cota**	

PRINTED: 12/14/2023
FORM APPROVED
OMB NO. 0938-0391

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F 791	Continued From page 2 An interview on 12/4/23 at approximately 1:30 PM, Resident # 7 is observed to have several missing teeth and obvious decay on most of her/his remaining teeth; there are pockets of black decay evident in and around the gaps with broken teeth visible. Resident #7 explains that it has become difficult to chew food, and some of the teeth are loose and uncomfortable. She/he had a bottom bridge, but it has been missing for quite some time. Her/his son is aware and wants to use a family friend who is a dentist to save money. She/he has asked about the appointment but does not know if it is scheduled. A record review reveals a nursing note dated 9/28/23 indicating, "[Resident # 7] came to this nurse regarding her bottom teeth .... [S/he] has had increased difficulty chewing food and feels embarrassed by having little to no bottom teeth ...Resident #7's son was called and is going to come in to speak with [Resident #7] today and to set up an appointment with a family dentist that she will feel comfortable at." An interview with the Unit Manager on 12/6/2023 at approximately 9:29 AM reveals no evidence of any scheduled dental care for Resident #7. On 12/6/2023 at approximately 10:30 AM, the Director of Nursing and the Assistant Director of Nursing confirmed no evidence of scheduled dental care, and the facility had failed to assist Resident #7 in obtaining routine and 24-hour emergency dental care.	F 791		