VERMONT

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

January 22, 2018

Mr. Casey Keefe, Administrator
Barre Gardens Nursing And Rehab Llc
378 Prospect Street
Barre, VT 05641-5421

Dear Mr. Keefe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 2, 2018.** 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	C 01/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROWAN COURT HEALTH AND REHAB	378 PROSPECT STREET BARRE, VT 05641

(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	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced, on-site investigation of a self reported event was conducted by the Division of Licensing and Protection on 01/02/2018. No deficiencies were identified with the allegations, but an un related finding was noted. The specifics are detailed below:	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced	F 657	F657 **How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?** Resident #1 COLST, Physician order and care plan reviewed and updated to reflect current code status. **How will the facility identify other residents having the potential to be affected by the same deficient practice?** Code status and plans of care audited for all residents. **What measures will be put in place to ensure that the deficient practice will not occur?** Education provided to licensed nurses on reviewing the code status of residents and updating plans of care upon admission/readmission. **How will the facility monitor its corrective actions to ensure that the deficient practice will not occur?** Random audits to ensure plans of care reflect current code status will be completed by the DNS or designee weekly for 4 weeks then monthly for 2 months or until substantial compliance is achieved.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

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 657	Continued From page 1 by: Based on medical record review and staff interviews, the facility failed to revise an existing care plan for 1 of 2 residents in the sample (Resident # 1) regarding code status. Specifics are detailed below: Per medical record review, the care plan for Resident # 1 reflects that they wish to be resuscitated in the event of cessation of breathing or pulse. The care plan, available to staff reads "Full Code." Resident # 1 was originally admitted to the facility in 2012, discharged and readmitted on 12/14/2016. Resident # 1 was then discharged to the hospital in July of 2017, with an expectation to return to the facility. S/he was admitted back to the facility on 7/7/2017. Parts of the 2012 plan of care were used to formulate the current care plan, including that the resident was "a full code." Further review of the medical record reflects that there is a 'Do Not Resuscitate' order, dated 02/2017, that is present in both the electronic medical record and the hard copy of the chart. Only the care plan directs staff to perform a full code. The Assistant Director of Nursing confirms, during interview that the care plan is not revised to reflect the current status of Resident # 1.	F 657	The results of the audits will be reported to the monthly QAPI Committee for a minimum of three months at which time the QAPI Committee will determine the continued duration of the audits. Corrective action will be completed by January 21, 2018. F657 POC accepted 1/19/18 GColemanRN/PMA	