



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

July 19, 2019

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

Dear Ms. Kohaut:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 19, 2019**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 07/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478
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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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E 000 Initial Comments

E 000

An unannounced onsite emergency preparedness survey was completed by the Division of Licensing and Protection from 6/17 - 6/19/19. The facility was found in substantial compliance with emergency preparedness regulations.

F 000 INITIAL COMMENTS

F 000

An unannounced onsite re-certification survey was conducted by the Division of Licensing and Protection from 6/17 - 6/19/19. The following regulatory violations were identified:

F 580 Notify of Changes (Injury/Decline/Room, etc.)
SS=D CFR(s): 483.10(g)(14)(i)-(iv)(15)

F 580

F 580

§483.10(g)(14) Notification of Changes.
(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-
(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that

Notification to a physician or their designee will occur for all residents that experience a significant change in physical, mental or psychosocial status; is injured in an accident that may require physician intervention; or any other significant alteration to treatment in a timely manner.

Nursing staff will be trained in proper notification following any of the above occurrences.

Audits will be conducted by nurse management to ensure compliance.

Date of Completion: July 10, 2019

F580 POC accepted 7/17/19 Lovell P. Pinc

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Colleen Kohout

TITLE

Administrator

(X6) DATE

7/8/2019

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 580 Continued From page 1

all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.

(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-

(A) A change in room or roommate assignment as specified in §483.10(e)(6); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.

(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

F 580

§483.10(g)(15)
Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to notify the physician regarding a change in condition for 1 of 19 residents sampled (Resident #38). Findings include:

Per record review, Resident #38 has dementia and is a fall risk. On the morning of 5/15/16 at 4:30 AM, the resident had a fall from bed and was discovered by a Licensed Nursing Assistant who heard a noise from the room. The LPN (Licensed Practical Nurse) who was on duty came into the room and checked the resident for injury. The

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F 580	<p>Continued From page 2</p> <p>resident denied having any pain. When the LPN checked the resident's eyes as part of a neurological assessment, they noted in their documentation that the left pupil was sluggish when shining light in the eye, and the right pupil was not reactive to light. This is an abnormal finding that could indicate a head injury.</p> <p>The LPN waited until a Unit Manager came in at 5:51 AM, and then had this RN (Registered Nurse) also check the resident's pupils. The RN noted similar findings with the pupil check, but stated in interview on 6/19/19 at 10:43 AM, that they did not complete a full nursing assessment of the resident at that time. Per interview with the LPN on 6/19/19 at 3:10 PM, the LPN stated that the resident was not very cooperative with the pupil check, was at their baseline for responsiveness to questions, and reported having no pain. The RN also stated that the resident was not very cooperative by being still with the pupil check, but also saw that the left pupil was slow to react and the right one not reacting to light. Neither of the nurses notified the doctor (MD) at that time to see if they thought the resident needed to be evaluated at the Emergency Room.</p> <p>Per interview on 6/19/19 at 2:44 PM, the Director of Nursing stated that the resident had behavior changes the day before this incident, and was upset and anxious after a family visit. The MD was notified of the fall and the behavior changes later that morning, and gave orders for a urinalysis and bloodwork to determine if there was a medical reason. The resident continued to have behavior changes, but according to the DNS did not show any signs of injury from the fall. Later that day on 5/15/19, the Unit Manager witnessed the resident attempting to stand from a</p>	F 580		

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F 580	Continued From page 3 wheelchair, fell backwards and struck their head on the floor. The resident was transferred to the hospital ED at that time, and diagnosed with a head injury and multiple rib fractures. Per interview on 6/19/19 at 2:44 PM, the Director of Nursing confirmed that the LPN who first responded to the early morning fall did not notify the MD, or call for an RN to assess the resident until the Unit Manager came in. The DNS also confirmed that unusual neurological signs should have been reported to the MD immediately after the fall.	F 580		
F 625 SS=B	<p>Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for</p>	F 625	<p>F625</p> <p>Any resident discharging to the hospital or on a therapeutic leave will be informed of the bed hold policy in writing.</p> <p>Staff will document that the bed hold policy has been received by the resident or resident representative.</p> <p>A copy will be given to social services to be filed and to ensure compliance.</p> <p>Date of Completion: July 10, 2019</p> <p><i>F625 POC accepted 7/17/19 Lovell RN/PMC</i></p>	

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F 625 Continued From page 4
hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview the facility failed to assure that residents, transferred and admitted to the hospital within 120 days of the survey, received a notice of bed hold at the time of transfer which specifies the duration of the bed-hold policy, for 3 Residents of 7 in the applicable sample (Residents #3, 23 & 44). Findings include:

F 625

#1. Per record review, Resident #23 was admitted to the hospital on 6/7/19 and Resident #44 was admitted to the hospital on 5/1/19. Per interview with the Director of Nursing Services (DNS) on 6/19/19 at 10:10 AM, Residents #23 & #44 did not receive a bed hold notice per regulatory requirements.

#2. Per record review, Resident #3 was admitted to the hospital on 3/9/19. During an interview with the Registered Nurse (RN) and the Director of Nursing Services (DNS) on 6/18/19 at 12:16 PM confirmation was made that Resident #3, did not receive a bed hold notice per regulatory requirements.

F 658 Services Provided Meet Professional Standards
SS=D CFR(s): 483.21(b)(3)(i)

F 658

§483.21(b)(3) Comprehensive Care Plans
The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-

F658

Nursing staff will be educated on the scope of practice of their license.

All resident assessments will be completed by a Registered Nurse.

Audit checks of assessments will be completed by nurse management.

Date of Completion: July 10, 2019

F658 POE accepted 7/17/19 Lovell/PW/mme

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F 658 Continued From page 5 F 658

(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the facility failed meet professional standards of quality regarding nursing assessment by a registered nurse of a change in condition for 1 of 19 residents sampled (Resident #38). Findings include:

Per record review, Resident #38 has dementia and is a fall risk. On the morning of 5/15/16 at 4:30 AM, the resident had a fall from bed and was discovered by a Licensed Nursing Assistant who heard a noise from the room. The LPN (Licensed Practical Nurse) who was on duty came into the room and checked the resident for injury. The resident denied having any pain. When the LPN checked the resident's eyes as part of a neurological assessment, they noted in their documentation that the left pupil was sluggish when shining light in the eye, and the right pupil was not reactive to light. This is an abnormal finding that could indicate a head injury.

The LPN waited until a Unit Manager came in at 5:51 AM, and then had this RN also check the resident's pupils. The RN noted similar findings with the pupil check, but stated to the surveyor on 6/19/19 at 10:43 AM, that they did not complete a full nursing assessment of the resident at that time. Per interview on 6/19/19 at 3:10 PM, the LPN stated that the resident was not very cooperative with the pupil check, was at their baseline for responsiveness to questions, and reported having no pain. The RN also stated that the resident was not very cooperative by being still with the pupil check, but also saw that the left pupil was slow to react and the right one not

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F 658 Continued From page 6 F 658

reacting to light. Neither of the nurses notified the doctor (MD) at that time to see if they thought the resident needed to be evaluated at the Emergency Room. Per interview on 6/19/19 at 2:44 PM, the Director of Nursing confirmed that the LPN who first responded to the early morning fall did not notify the MD, or call for an RN to assess the resident until the Unit Manager came in almost an hour and a half later, and that the RN at that time had not fully assessed the resident for injury. The DNS also confirmed that unusual neurological signs should have been reported to the MD immediately after the fall.

In the State Board of Nursing Scope of Practice & Decision Tree for RN, APRN, and LPN the following is stated:

"LPN role in assessment, planning, and implementation of a strategy of care:
-LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN/APRN/licensed physician/licensed dentist.
-LPNs may not modify a patient care protocol. If the situation and/or data collected by the LPN are not clearly consistent with a protocol, the LPN must consult with the supervising professional or authorized provider before taking action or making a recommendation to a patient."

F 842 Resident Records - Identifiable Information F 842
SS=D CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)

§483.20(f)(5) Resident-identifiable information.

F842

All resident assessments and significant changes will be documented in the resident chart.

Nursing staff will be educated on proper documentation.

Nurse management will perform chart audits to review for proper documentation.

Date of Completion: July 10, 2019

F842 POC accepted 7/17/19 Lovell RN/PMC

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F 842 Continued From page 7

F 842

- (i) A facility may not release information that is resident-identifiable to the public.
- (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

§483.70(i) Medical records.

§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-

- (i) Complete;
- (ii) Accurately documented;
- (iii) Readily accessible; and
- (iv) Systematically organized

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-

- (i) To the individual, or their resident representative where permitted by applicable law;
- (ii) Required by Law;
- (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
- (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

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F 842 Continued From page 8
§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

F 842

§483.70(i)(4) Medical records must be retained for-

- (i) The period of time required by State law; or
- (ii) Five years from the date of discharge when there is no requirement in State law; or
- (iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-

- (i) Sufficient information to identify the resident;
- (ii) A record of the resident's assessments;
- (iii) The comprehensive plan of care and services provided;
- (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;
- (v) Physician's, nurse's, and other licensed professional's progress notes; and
- (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the facility failed to accurately and completely document in the medical record for 1 of 19 residents reviewed (Resident #38) Findings include:

Per record review, Resident #38 was admitted to the hospital from home with a fractured hip from a fall, and then admitted to the facility for rehab. The resident has diagnoses that include Dementia and Osteoporosis. On 5/15/19 at 4:30 AM, the resident had an unwitnessed fall out of bed. The Unit Manager, who is an RN

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(Registered Nurse), came into the building at 5:51 AM, and the LPN asked them to assess the resident. Per interview on 6/19/19 at 10:43 AM, the RN also noted a sluggish left pupil and a right pupil that was not reactive. The record contained no evidence of an assessment by the RN, and no documentation regarding the findings when they saw the resident. Per interview on 6/19/19 at 2:44 PM, the Director of Nursing confirmed that there was no documentation in the medical record to reflect the observations and assessment completed by the Unit Manager on the morning of the fall.

F 842

See also F658.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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All
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475047	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/19/2019
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 623	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental
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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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475047	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/19/2019
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 623	<p>Continued From Page 1</p> <p>disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that the resident and/or the resident's representative(s) were notified prior to transfer to the hospital in writing and in a language and manner they understand for Resident #44, 1 resident in the applicable sample of 7 reviewed for transfers. Findings include:</p> <p>Per record review Resident #44 was transferred to the hospital for an evaluation of a change in condition. There was no documentation of the transfer notice found in the record. The surveyor requested a copy of the document on the morning of 6/19/19. The resident did not receive a Transfer Notice or a Bed hold Notice per interview with the Director of Nursing Services (DNS) at 10:10 on 6/19/19.</p> <p>*This is an "A" level citation. No plan of correction is required, although the facility must correct the issue.</p>
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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478
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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) COMPLETE DATE
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S 000 Initial comments S 000

During the course of an annual recertification survey, completed on 6/19/19 by the Division of Licensing and Protection, the following violation of the Licensing and Operating Rules for Nursing Homes was identified.

S240 3.14 (e-f) TRANSFER AND DISCHARGE - S240
SS=B CONTENTS

- 3.14 (e) The written notice specified in this subsection shall be on a form provided by the licensing agency or one that is substantially similar and must include the following:
1. the reason for transfer or discharge;
 2. the effective date of transfer or discharge;
 3. the location to which the resident is being transferred or discharged;
 4. a statement in large print or large point type that the resident has the right to appeal the facility's decision to transfer or discharge to the State, with the appropriate information regarding how to do so as set forth in 3.14 h. below;
 5. the name, address and telephone number of the State Long Term Care Ombudsman;
 6. a statement that the resident may remain in place pending the appeal;
 7. for nursing home residents with developmental disabilities, the mailing address and telephone number of the Developmental Disability Law Project and that of the Department's Developmental Disabilities Services Division; and/or
 8. for nursing facility residents with mental illness, the mailing address and telephone number of Disability Rights Vermont.

3.14 (f) Transfer or Discharge Agreement. If the resident agrees to the transfer or discharge, the transfer or discharge may occur prior to the

S240

The font size has been increased on the transfer and discharge form.

All blank copies have been replaced.

Date of Completion: June 19, 2019

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Colleen Kohout

TITLE

Administrator

(X6) DATE

7/8/2019

S240 POC accepted 7/17/19 Llovell/PA/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478
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S240	<p>Continued From page 1</p> <p>effective date of the notice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of transfer notices provided by the facility for 7 of 7 residents in the applicable sample (Residents #3, 23, 30, 38, 40, 44, and 51), the facility failed to ensure that large print or large point type was used for the section on right to appeal to the State regarding the facility initiated transfer. Findings include:</p> <p>The Social Services (SS) office provided copies of the notices provided when Residents #3, 23, 30, 38, 40, 44, and 51 were transferred from the facility to the hospital for acute care. However, as confirmed by SS on 06/18/19 at 11:33 AM, the section outlining the appeal rights did not contain large print or large point type.</p>	S240		
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