

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

February 20, 2018

Ms. Amy Russell, Administrator  
Mountain View Center Genesis Healthcare  
9 Haywood Avenue  
Rutland, VT 05701-4832

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 4, 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



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

PRINTED: 01/18/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/04/2018
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW CENTER GENESIS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT 05701	

(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

An unannounced on-site investigation of 1 entity self-report, 2 anonymous complaints, and 1 known complaint was conducted on 1/2/17 through 1/4/17 by the Division of Licensing and Protection. There were no regulatory findings identified for the 4 complaints; however, there were other regulatory violations identified.

1/15/18

F 623 Notice Requirements Before Transfer/Discharge SS=D CFR(s): 483.15(c)(3)-(6)(8)

F 623

§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-

- (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.

The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.

F623- There was no negative impact on resident #1 or #3. No other residents were affected.

§483.15(c)(4) Timing of the notice.

- (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-
  - (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of

Ombudsman and Responsible party were notified of acute transfer of resident #1 and #3 on 1/3/18. An audit was conducted to identify residents who were transferred out of the facility from 11.28.17 to present. Ombudsman and Responsible party were notified of transfers. Audits will be conducted weekly x4, and monthly x3 to ensure Ombudsman and Responsible party notification. Results of the audit will be discussed at QAPI for further evaluation and recommendations.

Education regarding notification of transfer was completed on 1/15/18.

*F623 ROC accepted 2/20/18 Dmdewacka/RSJ/PM*

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

*[Signature]*

TITLE

(X6) DATE

2-1-18

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 623 Continued From page 1

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.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

- (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,

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F 623 Continued From page 2  
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 disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§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.

§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 staff interviews and record review the facility failed to notify the resident and/or resident's representative; and the ombudsman in writing of a transfer to the hospital for 2 of 4 applicable residents (Resident #1 & Resident #3). Findings include:

Per record review Resident #1 was transferred to the hospital on 12/17/17, readmitted to the facility on 12/28/17; and then subsequently transferred back to the hospital on 12/31/17. Resident #3

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F 623 Continued From page 3  
was transferred to the hospital on 7/26/17. There was no evidence in either of the residents' medical records that the residents', residents' representatives, and/or the ombudsman were notified of the transfers in writing. During an interview on 1/3/18 at approximately 5:30 PM, this was confirmed by the Administrator.

F 656 Develop/Implement Comprehensive Care Plan  
SS=D CFR(s): 483.21(b)(1)

§483.21(b) Comprehensive Care Plans.  
§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -

- (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
- (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
- (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
- (iv) In consultation with the resident and the resident's representative(s)-

F 623

1/19/18

F656- There was no negative impact on resident #1. No other residents were affected.

F 656

Other residents who currently have behavior monitoring sheets were reviewed for compliance. Staff education regarding behavior monitoring was completed on 1/19/18.

Weekly audits x4 to ensure compliance and then monthly x3 with results to be reviewed at QAPI meeting for further review and recommendations.

*F656 POC accepted 2/14/18 Dwideawakapn/pme*

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F 656 Continued From page 4

(A) The resident's goals for admission and desired outcomes.

(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.

(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

This REQUIREMENT is not met as evidenced by:

Based on staff interviews and record review the facility failed to implement the care plan for monitoring behaviors and effects of psychotropic medication for 1 of 4 applicable residents (Resident #1). Findings include:

Per record review Resident #1's care planned interventions read, "Complete behavior monitoring sheet, monitor for continued need of medication as related to behavior and mood, monitor for side effects and consult physician and/or pharmacist as needed." Resident #1 received clonazepam (medication for anxiety) 12 times from 12/3/17 to 12/17/17. The Medication Administration Record (MAR) noted that the resident received the medication for increased anxiety. There was no evidence in the medical record as to what was causing the resident's anxiety, what non-pharmacological methods were used to reduce the resident's anxiety, the resident's response to the medication, and the continued need of the medication. There was also no documentation to indicate that the resident had any behaviors during this time period. During an interview on 1/2/18 at

F 656

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F 656	Continued From page 5 approximately 3:00 PM, this was confirmed by the Administrator and Director of Nursing.	F 656:	

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 NFES	PROVIDER #  475012	MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	DATE SURVEY COMPLETED:  1/4/2018
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW CENTER GENESIS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 842	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (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.</p> <p>§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-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§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-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(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.</li> </ul> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> <li>(ii) Five years from the date of discharge when there is no requirement in State law; or</li> <li>(iii) For a minor, 3 years after a resident reaches legal age under State law.</li> </ul> <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> <li>(i) Sufficient information to identify the resident;</li> <li>(ii) A record of the resident's assessments;</li> <li>(iii) The comprehensive plan of care and services provided;</li> <li>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</li> </ul>		

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 cured, an approved plan of

The above isolated deficiencies pose no actual harm to the residents.



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ALL  
"A" FORM

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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 842	<p>Continued From Page 1</p> <p>(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 staff interviews and record review the facility failed to maintain an accurate medical record for 1 of 4 applicable residents (Resident #1). Findings include:</p> <p>Per review of Resident #1's Medication Administration Record (MAR) from December 2017, a physician's order read, "Clonazepam 0.5 mg (milligram) tablet, 1 tablet by mouth every 4 hours as needed for anxiety." A physician's order from 12/5/17 read, "Continue with clonazepam 0.5 mg every 6 hours as needed for anxiety for 14 days." The MAR did not reflect the physician's order from 12/5/17. Per interview on 1/2/18 at 10:47 AM, the Unit Manager confirmed that the order on the MAR did not reflect the physician's order from 12/5/17 for clonazepam for Resident #1.</p> <p>*This is an "A" level deficiency.</p>		