



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 Reporting Line (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 1, 2019

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

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Russell:

On **September 23, 2019**, the Division of Licensing and Protection, completed a complaint investigation at Mountain View Center Genesis Healthcare. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As the cited deficiency was corrected at the time of our visit, no plan of correction is required. Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by October 13, 2019.**

Sincerely,

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 10/01/2019
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 09/23/2019
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	
F 000	INITIAL COMMENTS An unannounced onsite entity reported incident was investigated by the Division of Licensing and Protection on 9/23/19. The following regulatory deficiency was identified, and due to the corrective actions completed by the facility prior to the onsite investigation, it is considered to represent noncompliance, whereby no plan of correction is needed.	F 000			
F 602 SS=E	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to assure that several residents were free from misappropriation of 28 (twenty-eight) medications as identified by the admission of a Licensed Practical Nurse. Findings include: A concern was raised when there was an investigation conducted by the Attorney General's office in regards to possible drug diversion. The facility conducted audits of all the controlled substance logs and the medical records of the residents that were to receive these type of medications. It was found that on 28 separate occasions, for several different residents in the facility and on various units, a Licensed Practical Nurse (LPN) had not followed the procedure for	F 602	Past noncompliance: no plan of correction required.		

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

TITLE

(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 602	Continued From page 1 having a witness to the wasting/destruction of a controlled medication that had been dropped, refused or spit out by a resident and was therefore not administered. These medications included Oxycodone, Tramadol, Ativan, Ultram, Morphine, Roxanol, Dilaudid and Xanax. During the process of conducting the facility internal investigation, the facility questioned licensed nursing staff regarding the policy for destruction of controlled medications if they are refused or dropped. During the investigation the (LPN) was questioned and his/her answers regarding policies, raised concerns about other nurses that may or may not have been following the policies. The LPN was involved in 28 incidents of wasting medications that were either dropped, refused or spit out, and the LPN was placed on leave until an internal investigation could be completed. When the LPN was informed of his/her termination s/he admitted to taking medications from the residents. During the onsite investigation on 9/23/19, it was confirmed that the facility had written strategy plans and completed multiple corrective actions in response to this incident of 8/9/19. These corrective actions included: termination after suspension, policy revision and education to staff, nursing competencies, audits, initiated a QA (Quality Assurance) project. These corrective actions were completed and will be on-going. Based on corrective actions completed prior to the onsite, this citation is designated as past noncompliance.	F 602		