

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

June 28, 2022

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

Dear Ms. Isabelle:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **June 6, 2022**. 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

Division of Licensing and Protection

| | | | |
|--|---|---|---|
| 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 06/06/2022 |
|--|---|---|---|

| | |
|--|--|
| 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) COMPLETE DATE |
|--------------------|---|---------------|--|--------------------|
| S 000 | Initial comments During an unannounced, onsite revisit for the survey of 4/13/22, completed by the Division of Licening and Protection on 6/6/22, the following violation of State licensing requirements was identified. | S 000 | The filing of the plan of correction does not consitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed of the facility's continued compliance with applicable law. | |
| S260 SS=D | <p>3.17 (b) FREEDOM FROM RESTRAINTS AND ABUSE- Restraint</p> <p>3.17 (b) The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.</p> <p>1. The facility shall inform residents of its restraint policy and appeal rights under the its grievance procedure.</p> <p>2. The policy must include the release of the restraints at intervals of every two hours or less, for ten minutes for exercise and repositioning.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that a resident restraint was released every two hours or less, for ten minutes for exercise and repositioning, for one resident in the applicable sample (Resident #1). Findings include:</p> <p>Per record review Resident #1 was admitted on 3/19/2022 with diagnoses that includes advanced multiple sclerosis (MS). The resident also has a history of spastic movements and seizures. A Physician's order dated 4/13/2022 states "okay for patient to use [his/her] own leg belt to secure lower extremities to footrest and seatbelt that comes with wheelchair. Release check not</p> | S260 | <p>S260 - There was no negative impact on Resident #1</p> <p>The order and care plan were corrected on 6/17/2022 to reflect the state regulation in which the restraint is to be released every 2 hours for at least 10 minutes for repositioning or exercise.No other residents were affected.</p> <p>Staff education regarding freedom from restraints and abuse was completed on 6/17/2022.</p> <p>Will conduct weekly audits x4 to ensure compliance and then monthly x3. Results will be reviewed at QAPI meeting for futher review and recommendations.</p> <p>TAG S 260 POC Accepted on 6/28/22 by S. Freeman/P.Cota</p> | 6/24/2022 |

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

6/27/22

Division of Licensing and Protection

| | | | |
|--|---|---|---|
| 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 06/06/2022 |
|--|---|---|---|

| | |
|--|--|
| 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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| S260 | <p>Continued From page 1</p> <p>required. [diagnosis]: MS" A care plan focus that was implemented on 4/13/2022 states the "Resident is at risk for complications of restraint use Restraint type: lap belt, lower leg belt." Interventions include "Assess for adverse effects of restraint use such as incontinence, skin breakdown, decrease functional ability and confusion and consult with physician." The care plan does not reflect the need to release the restraint and provide exercise and repositioning every two hours.</p> <p>Licensed Nursing Assistant (LNA) documentation implemented on 4/13/2022 reveals that LNAs are documenting "Restraint: when patient up in wheelchair, secure patient with seat belt and leg belt." However, there is no documentation that reflects that the restraints are being released, as required by the regulation. Nor is there instruction for, or documentation of LNAs providing exercise and repositioning.</p> <p>Review of the facility policy NSG233 Restraints: Use of, last revised on 6/1/2021, there is no mention of the requirement to release the restraints at intervals of every two hours or less, for ten minutes for exercise and repositioning per the regulation.</p> <p>Per interview with the Administrator and the Director of Nursing (DON) on 6/6/2022 at 3:40 PM the restraints are released frequently when the resident is transferred to and from the wheelchair by staff. The restraint is also removed while the resident is working with Physical and Occupational Therapy. The DON confirmed that there is no documented evidence that the restraints are being released and the staff are</p> | S260 | | |

Division of Licensing and Protection

| | | | |
|--|---|---|---|
| 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 06/06/2022 |
|--|---|---|---|

| | |
|--|--|
| 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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| S260 | Continued From page 2 providing exercise and repositioning at least every two hours while in use. S/he also confirmed that the facility policy does not include the release of the restraints at intervals of every two hours or less, for ten minutes for exercise and repositioning per the regulation. | S260 | | |



June 27, 2022

Pamela Cota, Licensing Chief
Division of Licensing and Protection
HC 2 South 280 State Drive
Waterbury, VT 05671

Dear Ms. Cota,

Enclosed is a revised plan of correction for the state deficiency cited during the revisit survey on June 6, 2022 at Mountain View Center. This revision is after speaking with Susan Freeman, RN today June 27, 2022. This plan of correction is our credible allegation of compliance. Should there be any questions please call me at 802-747-6405.

Sincerely,

A handwritten signature in black ink, appearing to read "Teresa Isabelle", written over a horizontal line.

Teresa Isabelle, LNHA
Administrator