

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 17, 2018

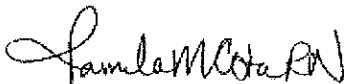
Ms. Diane Sullivan, Administrator
Pine Heights At Brattleboro Center For Nursing & Rehab
187 Oak Grove Avenue
Brattleboro, VT 05301-6642

Dear Ms. Sullivan:

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



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

PRINTED: 01/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/02/2018
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NAME OF PROVIDER OR SUPPLIER PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R	STREET ADDRESS, CITY, STATE, ZIP CODE 187 OAK GROVE AVENUE BRATTLEBORO, VT 05301
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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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F 000 INITIAL COMMENTS

An unannounced on-site investigation of a self-report, was conducted by the Division of Licensing and Protection on 1/2/18. The findings include the following:

F 625 Notice of Bed Hold Policy Before/Upon Trnsfr SS=D CFR(s): 483.15(d)(1)(2)

§483.15(d) Notice of bed-hold policy and return-

§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-

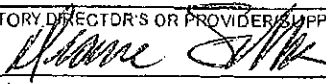
- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;
- (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;
- (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and
- (iv) The information specified in paragraph (e)(1) of this section.

§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for 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:

F 000 This plan of correction is the facility's credible allegation of compliance. The filing of this plan does not constitute an admission that the deficiencies alleged did in fact exist. This plan is filed and executed as evidence of the facility's desire to comply with the provisions of federal and state law, and to continue to provide quality care and services.

F 625

F625 Notice of Bed-Hold Policy
Residents of the facility, and their responsible party, are provided with written notice regarding the center's bed-hold policy upon transfer to the hospital, or when going on therapeutic leave. The bed hold notice includes the duration of the bed-hold period. Nursing staff and Social Service staff will receive education regarding the F625 regulation and the center's notification process of the policy by the Administrator, DNS, or their designee.
The Director of Social Services will audit all recent discharges to ensure that Bed-Hold notification was completed for all current residents.
The Director of Social Services will meet with the Resident Council to provide education regarding the Bed-Hold Policy and the related regulation F625, as well as the systematic process that the center uses for resident notification upon transfer.
The Director of Social Services will complete monthly audits of discharged residents to ensure the center's compliance with the bed-hold notification process.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/12/18
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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 correction is requisite to continued program participation.

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F 625 Continued From page 1
Based on record review and confirmed by staff interview, the facility failed to provide written information pertaining to the bed hold policy (specifics as described above), for 1 applicable resident or the resident's representative, at the time of transfer to the acute hospital setting. The findings include the following:

Per medical record review on 1/2/18 at approximately 10 AM, nurses' notes identify that on 9/23/17 at 11:55 AM, Resident #1 was found lying on the floor at the foot of his/her bed. The resident was unresponsive for approximately 5 minutes. The resident was transferred to the acute hospital via ambulance at approximately 12:30 PM.

Per interview with the Registered Nurse, Director of Nurses on 1/2/18 at approximately 12 noon confirmation was made that all residents admitted to the facility are provided the Bed Reservation Policy contained in the Admission Agreement. The facility does not issue the resident or representative a notice of bed hold at the time of transfer.

F 625 Audit findings will be reviewed by the QAPI Committee monthly until 3 consecutive months of 100% compliance have been achieved. Audits will then be performed semi-annually to ensure continued compliance. Audit results and QAPI reviews will be monitored by the Administrator. Completion Date: January 17, 2018

F625 POC accepted 1/16/18 M.B. Strand R/P/PMC