

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 6, 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 10, 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: 01/24/2018
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 01/10/2018
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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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F 000 INITIAL COMMENTS

An unannounced onsite annual re-certification survey was conducted by the Division of Licensing and Protection from 1/8 -1/10/18. While the facility was found to be in substantial compliance with regulatory requirements, the following issues were identified that require a plan of correction.

F 575 Required Postings
SS=B CFR(s): 483.10(g)(5)(i)(ii)

§483.10(g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives:

(i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and

(ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to provide accurately posted phone

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 continue to provide quality care and services.

F 575 Required Postings

The facility posts names, addresses (mailing and email), and telephone numbers of all pertinent state agencies and advocacy groups. This includes a statement that the resident may file a complaint with the state survey agency concerning suspected violation of State or Federal Nursing Regulation. The information has been corrected on posters throughout the center.

The resident council will receive education regarding the correct contact information, by the Activities Director.

The Administrator and Director of Nursing have verified the informational postings for correctness. The Administrator or her designee will audit the informational posters monthly to ensure continued accuracy.

Audit information will be reported monthly at QAPI and be reviewed and monitored by the Administrator to ensure compliance.

Completion Date: 1/31/2018

F575 POC accepted 2/2/18 BBW/ACLRN/PMU

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

[Signature]

TITLE

Administrator

(X6) DATE

1/29/18

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 675 - Continued From page 1
numbers and address for all pertinent State agencies. Findings include:

Per observation on 1/9/18 at 12:40 PM on the third floor and per staff interview, the address for obtaining outside help with a grievance is incorrect and the phone number for the Survey and Certification Division of the Department of Aging and Independent Living is also incorrect. Per review of the posted information on other resident-occupied floors of the building, 2nd and 4th floor, the contact information for Licensing and Protection is also incorrect. This was confirmed with the DNS (Director of Nursing Services) on 1/9/18.

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

§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.

§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

F 675

F 623 Notice Requirements Before Transfer/Discharge
The facility provides written notice per Regulation 483.15(c)(3) of a residents transfer/discharge including the reason to the Resident, Their Responsible Party, and the Office of the State Long Term Care Ombudsman.
The Administrator and Director of Nursing, or their designee, will provide the Nursing Leadership Team, and the Director of Social Services with education regarding Regulation F623.
The Resident Council will receive education regarding F623 and their rights related to receiving a transfer and discharge notice, by the Activities Director.
The Director of Social Services will audit all recent discharges to ensure transfer/discharge notices were provided.

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F 623 Continued From page 2
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 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

F 623 The Director of Social Services will complete monthly audits of discharged residents to ensure the Center's compliance with the transfer/discharge notification process.
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 for continued compliance.
Completion Date: 1/31/2018

F623 POC accepted 2/2/18 B Borkelund/PMC

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F 623 Continued From page 3

F 623

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 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 residents, the resident's representative and the Ombudsman in writing of a transfer or discharge and the reason for the

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F 623	Continued From page 4 move in writing and in a language and manner they understand, for 4 of 19 applicable residents (Residents #25, 61, 66, and 365). Findings include: 1.) Per record review Resident #61 was transferred to the hospital on 9/29/17 and 12/14/17. There was no evidence in Resident #61's medical record that the Resident, Resident's Representative, and/or the Ombudsman was notified of each of the transfers in writing. During an interview on 1/10/18 at 11:04 AM, the Assistant Director of Nursing (ADNS) confirmed this. 2.) Per record review resident #66 was transferred to an acute care hospital on 10/17/17 and did not return to the facility. There is no evidence in the clinical records that the resident or resident's representative(s) or the Ombudsman was notified in writing of the transfer to the hospital. Per interview with the Director or Nursing on 1/09/17 at approximately 1:30 PM confirmation was made that neither the resident, resident representative(s) or the Ombudsman was notified in writing regarding the transfer to the hospital. 3.) Per record review, Resident #25 was sent to the hospital on 9/28/17 from the facility after a fall with fracture resulting. There was no documentation that the resident, the resident's legal representative or the Ombudsman was notified in writing of the transfer. Per interview on 1/8/18 at 3:12 PM, the Director of Nursing confirmed that there was no documentation to show the written notifications were made. 4.) Per record review, Resident #365 was	F 623	
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F 623	Continued From page 5 transferred to the hospital on 12/16/17 from the facility for acute respiratory issues. There was no documentation that the resident or resident's legal representative or the Ombudsman were notified in writing of the transfer.	F 623		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr 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 625	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.	

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F 625	<p>Continued From page 6</p> <p>Based on record review and confirmed by staff interview, the facility failed to provide written information pertaining to the bed-hold policy to the resident or resident representative(s) for 4 of 19 applicable residents in the survey sample (Resident #25, 61, 66 and 365). Findings include:</p> <p>1.) Per record review resident #66 was transferred to an acute care hospital on 10/17/17 and did not return to the facility. There is no evidence in the clinical records that the resident or resident's representative(s) was provided written notice which specifies the duration of the bed-hold policy after transfer to the hospital.</p> <p>Per interview with the Director of Nursing and the Assistant Director of Nursing on 1/9/18 at approximately 1:30 PM 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.</p> <p>2.) Per record review Resident #61 was transferred to the hospital on 9/29/17 and 12/14/17. For each of these dates, there was no evidence in Resident #61's medical record that the Resident and/or Resident's Representative was notified of the bed-hold policy in writing. During an interview on 1/10/18 at 11:04 AM, the Assistant Director of Nursing (ADNS) confirmed at there was no notice of bed hold provided to the resident or the resident's representative.</p> <p>3.) Per record review, Resident #25 was transferred to the hospital on 9/28/17 from the facility after a fall with fracture resulting. There</p>	F 625	<p>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.</p> <p>Audit results and QAPI reviews will be monitored by the administrator.</p> <p>Completion Date: 1/17/2018</p> <p><i>F625 POC accepted 2/2/18 B. Borker/RN/PMC</i></p>

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F 625 Continued From page 7

F 625

i was no documentation that the resident's legal representative was notified in writing of the bed-hold policy. Per interview on 1/8/18 at 3:12 PM, the Director of Nursing confirmed that there was no documentation to show the written notification was made to the family at the time of transfer.

4.) Per record review, Resident #365 was transferred to the hospital on 12/16/17 from the facility for acute respiratory issues. There was no documentation that the resident or resident's legal representative was notified in writing of the bed-hold policy. Per interview on 1/10/18 at 9:35 AM, the Director of Nursing confirmed that there was no documentation to show the written bed-hold policy notification was made to the resident or legal representative at the time of transfer.