



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

April 3, 2019

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 **March 20, 2019**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 03/27/2019
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 03/20/2019
NAME OF PROVIDER OR SUPPLIER PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R		STREET ADDRESS, CITY, STATE, ZIP CODE 107 OAK GROVE AVENUE BRATTLEBORO, VT 05301	
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E 000	Initial Comments During an unannounced, on-site recertification survey, which was conducted by the Division of Licensing and Protection on 02/18/2019 through 02/20/2019, the facility was found to be in substantial compliance with the emergency preparedness planning process.	E 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 000	INITIAL COMMENTS	F 000	
F 656 SS=D	An unannounced, on site recertification survey was conducted by the Division of Licensing and Protection on 02/18/2019 through 02/20/19. The following regulatory findings were identified: Develop/Implement Comprehensive Care Plan 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	F 656	F656 Comprehensive Care Plans The facility develops and implements a comprehensive person-centered care plan for each resident. Resident #38 was screened and evaluated by Physical Therapy on 3/19/19. Resident #38's care plan was updated to reflect her current ambulation status per the physical therapy recommendations on 3/20/19. An audit of "person centered care plans" was completed to ensure that there were no other residents affected. Nursing staff, and the interdisciplinary team, received education regarding "Comprehensive Person Centered Care Plans", including development, implementation, and revisions/updates, by the DNS or his designee. (Continued)

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

Name Sullivan

TITLE

Admin. Shator

(X5) DATE

4/2/19

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 656 Continued From page 1
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)-
(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 observation, staff interview and record review the facility staff failed to ensure that the person-centered care plan was implemented/followed for ambulation, for 1 of 22 sampled residents, (Resident #38). The detailed findings are as follows:

Per record review, Resident # 38 has limited physical mobility related to a right hip fracture that required a surgical hip replacement. The person-centered care plan identifies limited physical mobility with an intervention that directs Certified/Licensed Nurse Aides (LNA/CNA) to ambulate the resident with assistance, to walk 60 feet.

Per observation during 3/18/19 and 3/19/19 the resident was observed throughout the survey sitting in a wheel chair. Confirmation was made

F 656 A random audit of 25% of resident care plans will be conducted weekly to ensure implementation of all interventions, and the results will be reported at the weekly standards of care meeting, by the DNS or his designee.
Audit results will be presented monthly at the QAPI Committee meetings until 3 consecutive months of 100% compliance have been achieved.
Monthly QAPI audit results will be reviewed and monitored by the Administrator.
Completion Date: 4/12/19

*F656 POC accepted 4/12/19 mbc|and RNF/PM
| |*

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F 656	Continued From page 2 by the Rehabilitation Director on 3/19/19 at approximately 12:42 PM, that the resident was discontinued from therapy because s/he had plateaued. Resident #38 was able to ambulate 60 feet with a rolling walker and assist of one (1). Confirmation was made by two LNA's/CNA's on 03/19/19 that they have not ambulated Resident #38 during the two (2) days identified. They confirm that the resident has not been very steady, but also confirm they have not reported the information to the interim unit manager. Per review of the LNA ambulation log (walk in corridor), the resident has required limited assistance for ambulation twice, during the month of March 2019. There is no further evidence that the resident has been assisted to ambulate throughout the month of March 2019. Confirmation was made by the Director of Nurses on 3/20/19 that the facility does not have a Restorative Nursing Program.	F 656	
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of	F 657	F657 Care Plan Timing and Revision The facility continues to revise and update the comprehensive person centered care plan for each resident. Resident #38's discharge care plan was revised to reflect the fact that discharge to the community, or lower level of care, is not feasible, on 3/19/19. Resident #38's care plan was revised to reflect her "Long Term Care" status on 2/16/19. Resident #38's care plan was revised to reflect the completion of antibiotic therapy on 3/22/19. Resident #38's care plan was revised to reflect her long standing cough and associated interventions as a care plan focus on 3/20/19. (Continued)

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F 657	<p>Continued From page 3</p> <p>the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to revise the person-centered care plan for 1 of 22 sampled residents at the time when there was a change in medications and a change in the discharge plan, (Resident #38). The detailed findings are as follows:</p> <p>1. Confirmation was made by Resident #38 on 3/18/19 during the resident interview, that s/he will be staying in the facility long term, s/he is unable to return to the previous setting. Per review of Resident #38's person-centered care plan, identifies that there is a focus in place for a safe and appropriate discharge with a goal to identify feasibility of returning to the community, the resident is unable to return to assisted living.</p> <p>Confirmation was made by the interim unit manager on 03/19/19 at approximately 12:30 PM, that the resident is unable to care for him/herself, unable to return to his/her previous living situation and will be transferring to the third floor, here in the nursing home. Confirmation is made at this</p>	F 657	<p>An audit of "person centered care plans was completed to ensure that no other residents were affected.</p> <p>Nursing staff, and the interdisciplinary team, received education regarding "Care Plan Timing and Revisions", and the importance of revising person centered care plans and interventions as well as focus changes as they are needed/occurring, by the DNS or his designee.</p> <p>A random audit of 25% of resident care plans will be completed weekly, in order to ensure compliance with care plan timing and revisions/updates.</p> <p>Audit results will be reported weekly at standard of care meetings, by the DNS or his designee.</p> <p>Audit results will be reported to the QAPI committee monthly and reviewed and monitored by the Administrator.</p> <p>Completion Date: April 12, 2019.</p> <p><i>F657 POC accepted 4/2/19 M.Bertrand RW/pmm</i></p>

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F 657	<p>Continued From page 4</p> <p>time that the person-centered care plan has not been revised since 02/06/19.</p> <p>2. Per medical record review for Resident #38, identifies the physician ordered Azithromycin 250 mg tablets (antibiotic) by mouth (po) one time a day for infection for 4 days ending on 01/24/19. On 02/06/19, the physician ordered Prednisone (a steroid) 20 mg po daily and on 02/07/19, Prednisone 30 mg po daily taper down to 10 mg daily. On 02/20/19 the resident is to receive Prednisone 9 mg po daily ongoing and to be reevaluated by the physician on 4/10/19, for chronic cough that has been going on since January 2019.</p> <p>Per review of the person-centered care plan, there is a focus identifying that the resident is on an antibiotic, for an upper respiratory infection. Confirmation was made by the interim unit manager on 3/19/19 at approximately 12:30 PM, that the resident is not on antibiotics, is receiving Prednisone daily and confirms that the person-centered care plan has not been revised since 01/24/19.</p>	F 657	<p>F108 Qualified Dietary Staff</p> <p>The facility has employed its Food Service Director, in his current role, for approx.. 2 years, and during 2 annual recertification surveys by the Division of Licensing and Protection, with no findings of deficient practice or recommendations. The center recognizes that there is a new requirement and interpreted the FSD as having 5 years to achieve his certification as a Certified Dietary Manager. Therefore, the FSD will enroll in the CDM program by 4/19/19 and provide the Administrator with monthly updates regarding progress toward completion with an estimated date of completion at each update.</p> <p>The Registered Dietician will continue to provide Weekly Consultant Reports regarding her audit findings, not limited to: Sanitation, Meal Acceptance and presentation, Menu recommendations, Therapeutic Diet recommendations, and other general remarks, to the Administrator. These weekly reports will be presented to the QAPI Committee, as well as updates related to CDM certification being presented.</p> <p>The Administrator and DNS will review and monitor all audits and updates for continued compliance with all best practice and regulatory guidelines.</p> <p>Completion Date: 3/19/19 for enrollment 4/19/19</p>
F 801 SS=C	<p>Qualified Dietary Staff</p> <p>CFR(s): 483.60(a)(1)(2)</p> <p>§483.60(a) Staffing</p> <p>The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)</p>	F 801	

F801 POC accepted 4/2/19 mBertrand, RN/PMU

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F 801	Continued From page 5 This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose, (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who-	F 801	

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F 801	<p>Continued From page 6</p> <p>(i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is:</p> <p>(A) A certified dietary manager; or</p> <p>(B) A certified food service manager; or</p> <p>(C) Has similar national certification for food service management and safety from a national certifying body; or</p> <p>D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and</p> <p>(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and</p> <p>(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to employ a Food Service Director with the appropriate qualifications to meet the regulation as noted above. Findings include:</p> <p>Per staff interview and review of the Food Service Director's (FSD) credentials, the FSD does not have the requisite qualification to meet the regulation. On 3/20/19 at 9:08 AM the Food Service Director confirmed that s/he does not have the qualifications as required by the regulation.</p> <p>The facility does not employ a Registered Dietician (RD) on a full time bases to over see the</p>	F 801	