

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

March 3, 2021

Mr. Timothy Urich, Administrator  
The Pines At Rutland Center For Nursing And Rehab  
99 Allen Street  
Rutland, VT 05701-4501

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 9, 2021**. 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

FEB 26 2021

PRINTED: 02/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/09/2021
NAME OF PROVIDER OR SUPPLIER  THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET 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	F 000		
F 609 SS=D	<p>An unannounced on site investigation of five complaints and one facility-reported incident was conducted by the Division of Licensing and Protection on 2/8/2021 through 2/9/2021. There was a regulatory finding identified as a result of the investigations.</p> <p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 609	<p>Corrective Action:</p> <p>The facility was notified by the hospital that a former patient had made an allegation of abuse. However, since the patient did not present that allegation while still a patient within the facility, the facility was neither able to interview the patient nor enter any notation in the patient's record as he was discharged. Once notified by the hospital of the allegation, the facility conducted a thorough and comprehensive investigation. As a result of the investigation, the allegation could not be substantiated. Since the allegation had been reported by the social worker at the hospital to the licensing agency, the facility believed the requirement for reporting had been met. Since the licensing agency investigated the allegation on 2/8/21, there is no further reporting required at this time.</p> <p>Identify Others:</p> <p>All patients and residents of the facility would be at risk for the same deficient practice.</p> <p>Systemic Changes:</p> <p>All staff will receive education regarding the reporting requirements related to allegations of abuse, neglect and mistreatment.</p> <p>Monitoring:</p> <p>A log will be maintained with all allegations to ensure reporting has been completed to the licensing office. The compliance officer will maintain this log and will present the information to the facility's Quality Assurance Committee on a Quarterly basis.</p> <p>Responsible Party: Administrator</p> <p>Completion Date: 3/31/2021</p>	

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



TITLE

ADMINISTRATOR

(X6) DATE

2/22/2021

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 609	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to report an allegation of abuse to the state as required. Findings include:  Per record review, Resident #1 was admitted to the facility in February 2020 and the resident was sent to the hospital a few days later for mental status changes. While at the hospital, a social worker from the hospital stated that on 3/4/2020, Resident #1 had stated to the social worker that a nurse at the nursing home had slapped the resident in the face. The social worker stated that they called the Administrator of the facility to tell them, and also reported the allegation to the licensing agency as required. Per review of the resident's nursing home record, there was no mention of any incident or allegation documented. Per interview on 2/8/2021 at 1:45 PM, the social worker from the nursing home confirmed that they had heard about the allegation from the hospital staff, however there was no documentation available to indicate that there was an internal investigation conducted or that the allegation was reported to the state by the nursing home. Per telephone interview on 2/9/2021 at 11:32 AM, the Administrator acknowledged that they were aware of the allegation of abuse described by the hospital social worker, and completed an investigation internally regarding the same, concluding that the allegation was unfounded. The Administrator also confirmed that the investigation notes were probably lost when the facility had a major data breach, and that they did not have any information in the computer or on paper to indicate an investigation was conducted. The Administrator also stated on this phone call that	F 609	F609 POC accepted 3/3/21 K. Campos, RN/P.Cota, RN		

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F 609	Continued From page 2 the facility had not reported the allegation of abuse to the state agencies as required.	F 609			



**The Pines**  
**at Rutland**  
*Center for Nursing & Rehabilitation*

February 22, 2021

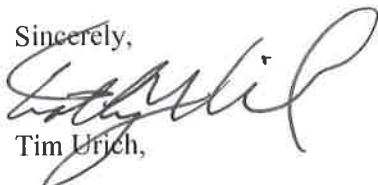
Pamela Cota  
Licensing Chief  
Division of Licensing and Protection

Dear Pam,

Please see the attached Plan of Correction for the unannounced on-site investigation completed at The Pines at Rutland on February 8, 2021.

I trust that we have provided all necessary information however; should you have any questions, please do not hesitate to contact us.

Sincerely,



Tim Urlich,  
Administrator