

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 25, 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 **June 1, 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



The Pines
at Rutland
Center for Nursing & Rehabilitation

June 24, 2021

Pamela Cota

Licensing Chief

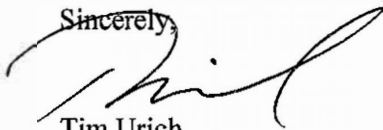
Division of Licensing and Protection

Dear Pam,

Please see the attached Plan of Correction for the unannounced on-site complaint investigation completed at The Pines at Rutland on June 1, 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 Urich,

Administrator

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

PRINTED: 06/14/2021
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 06/01/2021
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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
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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
F 000	INITIAL COMMENTS	F 000		
F9999	FINAL OBSERVATIONS	F9999	<p>Corrective Action: The resident in question is deceased therefore no corrective action can be implemented.</p> <p>Identify Others: All residents and patients may be affected by this practice, therefore the systemic change applies to all patients and residents.</p> <p>Systemic Change: The facility will incorporate the review of all Incident and Accident reports into the facility's Daily Clinical Review meeting for the purpose of timely identification of incidents that require report to the regulatory body. Additionally, the IDT will review the 24-hour progress report in the EMR for the same purpose. Any incident that meets the appropriate criteria for reporting will be investigated and reported to the regulatory body within the appropriate timeframe.</p> <p>Monitoring: A log of all Incident and Accident Reports will be for 3 months to ensure compliance. The log will be reviewed monthly by the facility's Quality Assurance Committee to ensure compliance.</p> <p>Responsible Party: Administrator Date of Completion: 7/5/2021</p> <p>TAG F9999 POC approved 6/24/21 G. Mercure/S. Leavitt</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE ADMINISTRATOR (X6) DATE 6/24/2021

A 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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F9999	<p>Continued From page 1 close of the next business day.</p> <p>d. Any breakdown or cessation to the facility's physical plant that has a potential for harm to the residents, such as a loss of water, power, heat or telephone communications, etc., for four hours or more, shall be reported within 24 hours to the licensing agency.</p> <p>This requirement was NOT MET, as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to report an untimely death after a fall with major injury and hospitalization of a resident.</p> <p>Findings include the following:</p> <p>Per record review, Resident # 3 had a fall with major injury on 05/04/21 at approximately 1700. This resident was sent to the emergency room and was hospitalized due to vertebral (spinal) and pelvic fractures. The resident also sustained a laceration to the head. S/he was discharged back to The Pines at Rutland Center for Nursing & Rehabilitation on 05/06/21. This resident was placed on comfort care and died four days later on 05/10/21.</p> <p>A nurse note (05/04/21 - 16:04) indicated that the resident was feeling "woozy" on the 11-7 shift. An assessment was conducted by the nurse. The resident was reminded to use the call light for assistance to get up. The nurse practitioner was notified. The nurse practitioner assessed the resident. The practitioners note (05/04/21) indicates the "patient presents for dizziness and weight gain and reports that [s/he] got dizzy when</p>	F9999			

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F9999	Continued From page 2 standing earlier this morning. The patient thought [s/he] was going to fall." New physician orders were to seek respiratory therapy evaluation, lab work, orthostatic blood pressure readings and nebulizer treatment as needed. The resident then fell an hour later. Per interview on 06/02/21 at 5:00pm, the administrator confirmed that this untimely death was not reported to Licensing & Protection.	F9999			