Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<a href="http://www.dail.vermont.gov">http://www.dail.vermont.gov</a>
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

August 18, 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 **July 14, 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

Pamila MCotaRN

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

PRINTED: 07/26/2021 FORM APPROVED OMB NO. 0938-0391

MAKE OF PROVOER OR SUPPLER  THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI  THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI  SUMMARY STATEMENT OR DEPICENCIES  (EACH DEPICENCY) MUST BE PRECEDED BY PULL  RESULATORY OR US DEINTEYNIS INFORMATION  A review of Emergency Preparedness requirements was conducted by the Division of Licensing and Protection on 77/427, during the recartification survey. The facility is in substantial compliance with the Emergency Preparedness requirements.  F 000 Initial Comments  A review of Emergency Preparedness requirements.  F 000 Initial Comments  A review of Emergency Preparedness requirements.  F 000 Initial Comments  F 000 Initial Comments  A review of Emergency Preparedness requirements.  F 000 Initial Comments  F 000 Initial	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED	
THE PINES AT RUTLAND CENTER POR NURSING AND REHABI  (A) D  SUMMARY STATEMENT OF DEPICIENCIES  RECACH DERICORY MUST BE PRECEDED BY PLUI  RESOLATION OF LISC DENIFFYING INFORMATION)  E 000 Initial Comments  A review of Emergency Preparedness requirements was conducted by the Division of Licensing and Protection on 71/4/21, during the recertification survey. The facility is in substantial compliance with the Emergency Preparedness requirements.  F 000 INITIAL COMMENTS  An unannounced on-site recordification survey was conducted in conjunction with a complaint investigation at The Pines at Rutland center by the Division of Licensing and Protection on 71/4/21, during the recertification survey was conducted in conjunction with a complaint investigation at The Pines at Rutland center by the Division of Licensing and Protection on 71/27/14/21. There were regulatory violations identified.  GFR(s): 483.21(b)(1) The facility must develop and implement a comprehensive care Plan S483.21(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 timefatines to meet a resident's expectation of the service objectives and timefatine in the comprehensive care plan must describe the following - (1) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (1) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial needs that are identified in the comprehensive care plan must describe the following - (1) The services that are receited resident's highest practicable physical, mental, and psychosocial needs that are identified in the comprehensive care plan in the resident will be conducted to ensure communi			475018	B. WING	-	07/14/2021
E 000 Initial Comments  A review of Emergency Preparedness requirements was conducted by the Division of Licensing and Protection on 7142-71421. There were regulatory violations identified.  F 000 Initial Comments  A review of Emergency Preparedness requirements was conducted by the Division of Licensing and Protection on 7142-71421. Indirect was conducted in conjunction with a complaint investigation at The Pines at Rulland center by the Division of Licensing and Protection on 7142-71421. There were regulatory violations identified.  F 000 Initial Comments  F 000 Initial Comments  F 000 Initial Comments  A review of Emergency Preparedness requirements was conducted in conjunction with a complaint investigation at The Pines at Rulland center by the Division of Licensing and Protection on 7172-71421. There were regulatory violations identified.  F 000 Initial Comments  F 000 Initial Comments was conducted by the Division of Licensing and Protection on 7172-71421. The Tacility is in substantial complaint investigation at The Pines at Rulland center by the Division of Licensing and Protection on 7172-71421. There were regulatory violation in 7172-71421. There were regulatory violation on 7172-71421. There were regulatory violation on 7172-71421. There were regulatory violation on 7172-71421. The rull be utilized between the salided nursing facility and the dialysis retardent #1721 bears plan has been implemented for Resident #1721 bears plan has			FOR NURSING AND REHABI	9	9 ALLEN STREET	, , , , , , , , , , , , , , , , , , , ,
A review of Emergency Preparedness requirements was conducted by the Division of Licensing and Protection on 7/14/21, during the recertification survey. The facility is in substantial compliance with the Emergency Preparedness requirements.  F 000  An unannounced on-site recertification survey was conducted in conjunction with a complaint investigation at The Pines at Rulland center by the Division of Licensing and Protection on 7/12-7/14/21. There were regulatory violations identified.  F 656 Develop/Implement Comprehensive Care Plan CFR(s): 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 5483.10(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 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 but are not provided due to the resident's exercise of rights under \$483.10, including the right to refuse treatment under \$483.10, including the right to refuse treatment under \$483.10, including the right to refuse treatment under \$483.10(c)(6).	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETION
requirements was conducted by the Division of Licensing and Protection on 7/14/21, during the recertification survey. The facility is in substantial compliance with the Emergency Preparedness requirements.  F 000  INITIAL COMMENTS  An unannounced on-site recertification survey was conducted in conjunction with a complaint investigation at The Pines at Rutland center by the Division of Licensing and Protection on 7/12-7/14/21. There were regulatory violations identified.  F 656  Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) The facility must develop and implement a 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 (i) Any services that would otherwise be 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; and (ii) Any services that would otherwise be 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; and (ii) Any services that would otherwise be required under §483.10; including the right to refuse treatment will be comducted to ensure communication book in please and being utilized. Audit will also sue of formunication book. The weekly audits will be conducted for a period of th	E 000		cy Prenaredness	E 000		
An unannounced on-site recertification survey was conducted in conjunction with a complaint investigation at The Pines at Rutland center by the Division of Licensing and Protection on 7/12-7/14/21. There were regulatory violations identified.  F 656 Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  \$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)(2) and \$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).	F 000	requirements was con Licensing and Protect recertification survey. compliance with the E requirements.	nducted by the Division of tion on 7/14/21, during the The facility is in substantial Emergency Preparedness			
A communication book has been implemented for Ry483.21(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, including the right to refuse treatment under §483.10(c)(6).	F 000	An unannounced on- was conducted in cor investigation at The F the Division of Licens 7/12-7/14/21. There v identified.	site recertification survey njunction with a complaint Pines at Rutland center by ing and Protection on vere regulatory violations	F 000		
Administrator 0/0/2004	SS=D	CFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The faci implement a comprehe care plan for each re- resident rights set for §483.10(c)(3), that in objectives and timefra medical, nursing, and needs that are identifi assessment. The cordescribe the following (i) The services that a or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483 provided due to the re under §483.10, inclur treatment under §483.	ensive Care Plans cility must develop and nensive person-centered sident, consistent with the th at §483.10(c)(2) and cludes measurable ames to meet a resident's il mental and psychosocial fied in the comprehensive inprehensive care plan must g- are to be furnished to attain ent's highest practicable il psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required .25 or §483.40 but are not esident's exercise of rights dring the right to refuse 3.10(c)(6).		A communication book has been impleme Resident #121 that will be utilized betweer nursing facility and the dialysis center. Re #121's care plan has been modified to incluse of the communication book.  Identify Others: All residents and patients that receive out dialysis treatment would be at risk for this practice.  Systemic Change: All patients/residents with orders for outpadialysis treatment will have a communicati implemented immediately. This will be out their respective comprehensive care plan.  Monitoring: A weekly audit of all residents/patients with treatment will be conducted to ensure combook is in place and being utilized. Audit wensure that the resident/patient's care plan use of communication book. The weekly a conducted for a period of three months and to the facility's Quality Assurance Committ The need for further auditing beyond the twill be determined by the committee.  Responsible Party: Director of Nursing Completion Date: 9/7/2021	a the skilled sident ude the same same same sident ude the same sident to book dined in the dialysis amunication will also a indicates audits will be discontinuous to be for review.
	LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIED REPRESENTATIVE'S SIGNATURI		TITLE Administrator	(X6) DATE 8/6/2021

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		475018	B. WING		07/14/2021	
	THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI  (XA) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 9 ALLEN STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 656	(iii) Any specialized s rehabilitative services provide as a result of recommendations. If findings of the PASAI rationale in the reside (iv)In consultation wit resident's representa (A) The resident's go desired outcomes.  (B) The resident's profuture discharge. Fact whether the resident's community was assel local contact agencie entities, for this purpor (C) Discharge plans plan, as appropriate, requirements set fort section.  This REQUIREMENT by:  Based upon interviet facility failed to ensure residents [Res. #121 implemented per the Findings include:  Review of the medical reveals the resident on 6/25/21 with diagram Renal Disease, Aner Disease, and Depen Per review of Physic resident is scheduled Tuesdays, Thursday.  Review of Res.#121	ervices or specialized is the nursing facility will PASARR a facility disagrees with the RR, it must indicate its ent's medical record. In the resident and the tive(s)-als for admission and eference and potential for silities must document is desire to return to the ssed and any referrals to estand/or other appropriate in accordance with the in paragraph (c) of this is not met as evidenced we and record review, the re that Interventions for 1 of 2 who require dialysis were resident's Care Plan.  The record for Res. #121 was re-admitted to the facility moses that include End Stage in in Chronic Kidney dence on Renal Dialysis. In Orders for Res.#121, the diffor dialysis treatments on	F 656	8/17/21 by T. Dougherty/P. Cota		
	related to renal failur	e' with interventions that			9	

# DEPARTMENT OF HEALTH AND HUMAN SERVICES \*CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE	SURVEY LETED
		475018	B. WING			07 <i>i</i> *	14/2021
	ROVIDER OR SUPPLIER	R FOR NURSING AND REHABI		99	REET ADDRESS, CITY, STATE, ZIP CODE ALLEN STREET JTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	resident to dialysis ar needed on return'.  An interview was con Manager [UM] on Re 3:25 PM. The UM stathere was no docume share information bet the long term care far condition before, durit treatments. The UM stathere was no documer by phone. Review of revealed no documer between the facility a or after any dialysis to An interview was con 07/14/21 at 9:35 AM. no communication be carries to dialysis appointed that h/she had treatment the day be the Unit Manager end the resident was give at dialysis and resided Per interview with the n 7/14/21 at 1:25 Pl was no facility policy receiving dialysis, no process or who was	ducted with the acting Unit s.#121's unit on 7/13/21 at atted that regarding Res.#121 entation method used to a tween the dialysis center and cility regarding the resident's and, or after dialysis stated If there is a question and, it would be communicated Res.#121's medical record antation of any communication and the dialysis center before a treatments.  Inducted with Res.#121 on and the dialysis center before a treatments.  Inducted with Res.#121 on and the dialysis center before a treatments.  Inducted with Res.#121 on and the dialysis center before a treatments.  Inducted with Res.#121 on and the dialysis fore. During the interview, and the resident and asked if an any binder or folder while and stated no.  Inducted with Res.#121 on a treatments are stated in any binder or folder while and stated the regarding residents are written set communication are sponsible for any procedure stating where are sponses would be	F	656			
	Dialysis CFR(s): 483.25(l)		F	698	Corrective Action: A communication book has been implement Resident #121 that will be utilized between		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		475018	B. WING		07/14/2021	
	ROVIDER OR SUPPLIER  S AT RUTLAND CENTER	R FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 698	§483.25(I) Dialysis. The facility must ensirequire dialysis received in the residents' goals at the residents' goals at this REQUIREMENT by: Based upon interview facility failed to ensure require dialysis [Res. services, consistent of practice, the comporare plan, and the repreferences. Findings include: Review of the medical reveals the resident on 6/25/21 with diagrange and Dependent review of Physicial with the resident of	ure that residents who we such services, consistent ndards of practice, the on-centered care plan, and and preferences. I is not met as evidenced w and record review, the re that 1 of 2 residents who #121] received such with professional standards rehensive person-centered sidents' goals and  all record for Res. #121 was re-admitted to the facility noses that include End Stage nia in Chronic Kidney dence on Renal Dialysis. an Orders for Res.#121, the I for dialysis treatments on	F 696	Skilled nursing facility and the dialysis center #121's care plan has also been modified to i use of the communication book. Additionally of the communication book has been added resident's Medication Administration Record the book is utilized on those days the residentialysis treatment.  Identify Others: All residents/patients receiving outpatient diatreatment would be at risk for this same practice treatment will have a communication book in immediately upon orders being received. The communication book will be added to the patient's respective Medication Administratic to ensure that the book accompanies them to the dialysis center.  Monitoring: A weekly audit of all residents/patients receively audit will be conducted for a period communication book is in place and being underly audit will be conducted for a period comonths and submitted to the facility's Quality Committee for review. The need for auditing the three months will be determined by the companies of Completion: 9/7/2021	nclude their, the use to this to this to ensure nt receives alysis etice.  and dialysis explemented the use of the resident/ and from the condition of the ensure thilized. The fifthree of the property of th	
20 1000	Services interpretive regarding residents rules is essential that a established between dialysis facility to be care of the resident rules reflect ongoing and collaboration between dialysis staff. The should include how to	rs for Medicare and Medicaid guidance for regulations eceiving dialysis include: communication process be the nursing home and the used 24-hours a day. The eceiving dialysis services communication, coordination ween the nursing home and e communication process he communication will occur, or communicating, and where and responses will be		TAG F 698 POC Accepted on 8/17/21 by T. Dougherty/P. Co	ia	

PRINTED: 07/26/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 475018 B. WING 07/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI RUTLAND, VT 05701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 4 F 698 documented in the medical record ...' An interview was conducting with the acting Unit Manager [UM] on Res.#121's unit on 7/13/21 at 3:25 PM stated that regarding Res.#121 there was no documentation method used to share information between the dialysis center and the long term care facility regarding the resident's condition before, during, or after dialysis treatments. The UM stated If there is a question regarding the resident, it would be communicated by phone. Review of Res.#121's medical record revealed no documentation of any communication between the facility and the dialysis center before or after any dialysis treatments. Per the Clinical Journal of the American Society of Nephrology's Patient and Facility Safety in Hemodialysis: Opportunities and Strategies to Develop a Culture of Safety (nih.gov) "Care transitions between providers and care settings provide prime opportunities for communication errors. These transitions are common among dialysis patients as they undergo access procedures, hospitalizations, and specialist consultations. Facilities should evaluate scripted communication guides so that vital data are readily available and shared with providers. Patients should have copies of their problem's

with providers."

lists, medications, allergies, and other vital information. These should be updated frequently, and patients should be educated to share copies

Review of Res,#121's Care Plan dated 6/25/21 reveals the resident is identified as 'needs dialysis related to renal failure' with interventions that include 'Send communication forms/book with resident to dialysis and adjust plan of care as

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

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	475018	B. WING		07/14/2021	
ROVIDER OR SUPPLIER  S AT RUTLAND CENTE	R FOR NURSING AND REHABI		99 ALLEN STREET	***	
(EACH DEFICIENCE	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B		
needed on return'.  An interview was con 07/14/21 at 9:35 AM no communication be carries to dialysis apstated that h/she had treatment the day be the Unit Manager enthe resident was given at dialysis and resident was no facility policy receiving dialysis, no process or who was communication, and documented in the normunication and documented in the normunica	nducted with Res.#121 on. The resident stated there is ook that h/she is given or pointments. The resident d undergone a dialysis afore. During the interview, tered the room and asked if an any binder or folder while ent stated no.  The Director of Nursing [DON] M, the DON stated that there is regarding residents to written set communication responsible for no procedure stating where responses would be nedical record.  Tychotropic Meds/PRN Use (a)(e)(1)-(5)  Topic Drugs.  Chotropic drug is any drug that is associated with mental vior. These drugs include, or, drugs in the following		Corrective Action: For Resident #14, the PRN medication or modified to include a 14-day stop date.  Identify Others: All residents that have an order for PRN a medications could be at risk for the same Systemic Change: The orders for all residents that have been PRN psychotropic medications will be reviensure that there is a 14-day stop date in Education will be provided to all Licensed Practitioners regarding the requirement for limit on PRN pschotropic medications.  Monitoring: A weekly audit of all PRN pschotropic me will be conducted to ensure that each order 14-day limit. These audits will be review facility's Quality Assurance Committee.	ntipsychotic practice.  n prescribed ewed to place. Nurses and r a 14-day dications er has a ed for a ed by the he need for	
			further auditing beyond the three months determined by the committee.  Responsible Party: Director of Nursing Completion Date: 9/7/2021	vill be	
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY'S (EACH DEFICIENC REGULATORY OR REGULATORY OR COntinued From pageneeded on return'.  An interview was coro 7/14/21 at 9:35 AM no communication be carries to dialysis apstated that h/she had treatment the day be the Unit Manager enthe resident was give at dialysis and resided Per interview with the on 7/14/21 at 1:25 P was no facility policy receiving dialysis, no process or who was communication and documented in the norower from Unnec Ps CFR(s): 483.45(c)(3) A psyclaffects brain activitie processes and behabut are not limited to categories:  (i) Anti-psychotic;  (ii) Anti-psychotic;  (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensident, the facility in th	CORRECTION IDENTIFICATION NUMBER:  475018  ROVIDER OR SUPPLIER  S AT RUTLAND CENTER FOR NURSING AND REHABI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5 needed on return'.  An interview was conducted with Res.#121 on 07/14/21 at 9:35 AM. The resident stated there is no communication book that h/she is given or carries to dialysis appointments. The resident stated that h/she had undergone a dialysis treatment the day before. During the interview, the Unit Manager entered the room and asked if the resident was given any binder or folder while at dialysis and resident stated no.  Per interview with the Director of Nursing [DON] on 7/14/21 at 1:25 PM, the DON stated that there was no facility policy regarding residents receiving dialysis, no written set communication process or who was responsible for communication, and no procedure stating where communication and responses would be documented in the medical record.  Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3) (e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-epressant; (iii) Anti-enxiety; and	ROVIDER OR SUPPLIER  S AT RUTLAND CENTER FOR NURSING AND REHABI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5 needed on return'.  An interview was conducted with Res.#121 on 07/14/21 at 9:35 AM. The resident stated there is no communication book that h/she is given or carries to dialysis appointments. The resident stated that h/she had undergone a dialysis treatment the day before. During the interview, the Unit Manager entered the room and asked if the resident was given any binder or folder while at dialysis and resident stated no.  Per interview with the Director of Nursing [DON] on 7/14/21 at 1:25 PM, the DON stated that there was no facility policy regarding residents receiving dialysis, no written set communication process or who was responsible for communication and responses would be documented in the medical record.  Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3) (e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that—	A BUILDING  A PASON B  A BUILDING  B WIND  STREET ADDRESS, CITY, STATE, ZIP CODE  9 ALLEN STREET  RUTLAND, VT 05701  SUMMARY STATEMENT OF DERICIENCIES  (EACH DEPCIENCY) WIST PROVIDERS PLAND CORRECTION SHOULD BE (EACH DEPCIENCY MIST PROVIDERS PLAND CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG CROSS-REFERENCED	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		475018	B. WING		0	7/14/2021	
	ROVIDER OR SUPPLIER  S AT RUTLAND CENTE	R FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP COD 99 ALLEN STREET RUTLAND, VT 05701	E	**	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 758	unless the medicatic specific condition as in the clinical record §483.45(e)(2) Resid drugs receive gradu behavioral intervent contraindicated, in a drugs;  §483.45(e)(3) Resid psychotropic drugs unless that medicatid diagnosed specific of in the clinical record §483.45(e)(4) PRN are limited to 14 day §483.45(e)(5), if the prescribing practition appropriate for the fibeyond 14 days, he rationale in the residindicate the duration §483.45(e)(5) PRN drugs are limited to renewed unless the prescribing practition the appropriateness This REQUIREMEN by:  Based on staff interfacility failed to ensure Resident # 14) was medications. Finding	are not given these drugs on is necessary to treat a diagnosed and documented;  lents who use psychotropic all dose reductions, and ions, unless clinically an effort to discontinue these dents do not receive pursuant to a PRN order on is necessary to treat a condition that is documented by and conders for psychotropic drugs and description or ner believes that it is PRN order to be extended or she should document their dent's medical record and an for the PRN order.  If is not met as evidenced deview and record review, the ure 1 applicable resident (free from unnecessary)	F 75	TAG F 758 POC Accepts 8/17/21 by T. Dougherty			

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		475018	B. WING			07/	14/2021
NAME OF PE	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
THE PINES	S AT RUTLAND CENTER	R FOR NURSING AND REHABI		l	OALLEN STREET UTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 758	antipsychotic medica on 5/20/21 with no st that antipsychotic me day stop date and be without exception. Re Administration Recor 2021 shows that the Seroquel on 7 occasi the Director of Nursir	ed) order for Seroquel ( an tion). The order was written op date. Regulation requires dications must have a 14 re-evaluated by the provider eview of the Medication ds (MAR) for May - July resident received the PRN ons. This was confirmed by and the Administrator on	F	758			
F 761 SS=E	Drugs and biologicals	nd Biologicals (1)(2) of Drugs and Biologicals is used in the facility must be e with currently accepted es, and include the y and cautionary	F	761	Corrective Action: (1) All expired supplies and medications is during the survey were immediately discated (2) All refrigerators identified during surve lacking recorded temperatures have been to ensure proper temperatures. A daily the log has been implemented and temperaturecorded daily.  Identify Others: (1) All drugs and biologicals must be labely accordance with currently acceptable proprinciples. (2) All drugs and biologicals must be stor proper temperature controls.	arded.  ey to be in inspected emperature ures will be eled in ofessional	<b>)</b>
	§483.45(h)(1) In according Federal laws, the fact biologicals in locked temperature controls personnel to have according for the state of the state	of Drugs and Biologicals  ordance with State and ility must store all drugs and compartments under proper , and permit only authorized cess to the keys.  cility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and and other drugs subject to the facility uses single unit ution systems in which the nimal and a missing dose can			Systemic Change:  (1) Education to be completed with all lice regarding the need to appropriate label a biologicals.  (2) Education to be completed with all lice regarding the need to maintain drugs and under proper temperatures  Montioring:  (1) A weekly audit of all nuring medication be completed to ensure there are no export biologicals. The audit will also ensure has an opened date.  (2) A weekly audit will be conducted of all retrigerators to ensure that temperatures checked daily and recorded.  These audits will be conducted for a perimonths and the results will be reviewed in the facility's Quality Assurance Committed for auditing beyond the three months will by the committee.  Responsible Party: Director of Nursing Completion Date: 9/7/2021	ensed nursidiologicals  n carts will ired drugs all Lantus  Il medication are being od of three monthly by se. The nee	d es s

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	ROVIDER OR SUPPLIER  S AT RUTLAND CENTER	R FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CO 99 ALLEN STREET RUTLAND, VT 05701		7.2	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 761	by: Based on observation record review, the fact medications were lab currently accepted princlude the appropriation instructions, and the applicable. Findings in On 7/14/2021 the followed:  2nd floor - 1 red-top Medication refrigerate recorded between 7/confirmed by unit number of the followed:  3rd floor - 1 red-top Medication refrigerate recorded between 7/confirmed by unit number of the floor - 2 red-top Medication refrigerate recorded between 7/confirmed by unit number of the floor - 2 red-top Medication on 7/confirmed by unit number of the floor of the floor of the floor south - 1:10 (milliliter) with no open date. Both observations of the floor is to differ the floor is to differ the floor is to differ the floor in the floor of the floor of the floor south - 1:24 with no opened date. Both observations of the floor is to differ the floor is to differ the floor in the flo	is not met as evidenced ons, staff interviews and cility failed to ensure that eled in accordance with ofessional principles, and te accessory and cautionary expiration date when include: owing observations were  Vacuette expired on 7/7/21. For temperatures were not 1/21 - 7/11/21. This was se at 9:55 AM.  Vacuette expired on 7/7/21; is expired on 3/6/2; 1 bottle of expired on 5/21. This was se at 10:18 AM.  Vacuettes expired on 7/7/21 - expired at 10:15 AM.  Vacuettes expired on 7/7/21 - expired on 5/21. This was se at 10:15 AM.  Vacuettes expired on 7/7/21 - expired on 5/21. This was expired on 5/21. This w	F7	TAG F 761 POC Accep by T. Dougherty/P. Con			

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