



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

December 13, 2022

Ms. Diane Sullivan, Administrator
The Pines At Rutland Center For Nursing And Rehabilitation
99 Allen Street
Rutland, VT 05701-4501

Dear Ms. Sullivan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 22, 2022**. 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 11/30/2022
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 11/22/2022
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 622 SS=D	<p>Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)</p> <p>§483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p>	F 622	<p>The resident was provided with a notice of Immediate Discharge related to harmful behavior exhibited toward others (pulling out an exacto knife and waving it at others while saying "I'm going to kill you". The facility believed that the transfer and discharge was required and allowed based on 483.15(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident. The notice was also sent to DAIL/Licensing and Protection and provided to the Medical Director, along with a verbal description of the incident. The facility was not made aware of the appeal (in process with DAIL) until contacted by DAIL/Licensing and Protection. Once aware of the appeal, assurance from the hospital that the individual was deemed safe, remorseful, and understood that she could not behave in that manner, in the future, the facility readmitted the patient at her request. The facility understands that residents may not be transferred/discharged when appealing that transfer/discharge and does not employ such measures with it's residents. Residents that present with a medical/behavioral crisis and require urgent treatment, evaluation, and /or professional intervention, will be issued the required Notice of Transfer and Discharge, and will be allowed to return to the facility promptly upon no longer requiring acute care and services/medical clearance. This is indeed the policy of the facility. Please note that the facility had not experienced this situation previously, which may have</p>		

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

TITLE

Administrator

(X8) DATE

12/7/22

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 622	<p>Continued From page 1</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of</p>	F 622	<p>contributed to the delay in resident #1's readmission to the center. The center has corrected this practice as stated above.</p> <p>The facility will review all transfers/discharges of residents for compliance with proper notification, and timely readmission upon returning from therapeutic stays/ hospitalizations. Monthly findings will be reported to Qapi Committee and monitored by the Administrator and DNS. Completed: 12/7/22</p> <p>Tag F 622 POC Accepted on 12/13/2022 by S.Freeman/P.Cots</p>		

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F 622	<p>Continued From page 2 this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that 1 of 3 residents (Resident #1) in the sample was permitted to return to the facility after being sent to the emergency department (ED) for medical and psychological evaluation.</p> <p>Per record review Resident # 1 was admitted to the facility on 3/27/2018 and has diagnoses of malignant neoplasm of the colon, muscle weakness, ataxic gait (unsteady, staggered walking), lack of coordination, fatigue, and hemiplegia and hemiparesis following a cerebral infarction affecting non dominant left side. Per care plan s/he requires assistance of one staff member for transfers and ambulation, and self propels in her/his wheelchair.</p> <p>On 7/20/2022, Resident #1 had an altercation</p>	F 622			

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F 622	<p>Continued From page 3</p> <p>with the facility administrator in which s/he retrieved an exacto knife from a drawer and threatened the administrator. This altercation occurred after the resident had requested that the administrator not enter her/his room and then became angry when s/he did. The resident was transported to the emergency department (ED) for medical and psychological evaluation. While the resident was in the ED the facility social worker presented a "notice of eviction" to the resident after being evaluated and found not to be a danger to self or others. This "eviction" was based on the resident's acute condition at the time of transfer to the ED, not at the time of evaluation. The resident was not allowed to return to the facility during the appeal process, remaining in the hospital until 8/15/2022.</p> <p>A Behavior Note written on 7/20/2022 at 1:00 PM reflects that on 7/20/2022 administration approached the resident to discuss a payment that was due. When the writer explained to the resident that the business office manager and the administrator were coming to the room the resident began yelling "I'll kill them if they come in my room". When the writer reiterated that they were just coming to collect the check Resident #1 again stated "I will kill them if they come in this room." The business office manager and the administrator entered the room regardless of the resident's insistence and choice that they not. The resident started yelling "get out of my room or I'll kill you." The resident then "moved to [her/his] desk and retrieved a xacto knife and started swinging it at the administrator. At this time writer was instructed to call 911 and request an ambulance and the police to come to the Pines." The note further states "After some time</p>	F 622			

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F 622	<p>Continued From page 4</p> <p>of talking with the resident EMT [emergency medical technician] stated that they were not allowed to take [her/him] out of the Pines because [s/he] was alert and oriented and is just upset. The police stated they would have to arrest [her/him] on charges and bring [her/him] to the emergency room and then [s/he] could get a psych evaluation. Staff attempted many times to encourage [the resident] to go voluntarily." During this incident the resident was "making phone calls to unknown numbers asking for legal information. [S/he] finally decided to go to RRMC emergency room with the EMT's."</p> <p>Review of the hospital Discharge Planning Form written on 7/20/2022 revealed that the patient (Resident #1) "had been screened, evaluated by Psychiatry, and cleared for discharge." When the facility social worker presented the "letter of eviction" the patient stated "want to go back. I won't sign anything." The patient "remained calm, cooperative and was able to verbalize [her/his] explanation of [her/his] actions and events leading up to [her/his] arrival to the ED".</p> <p>A Social Service Note written on 7/21/2022 at 12:54 states "This writer went to RRMC [local hospital] to deliver a notice of eviction to resident. Resident was educated as to why [s/he] was being discharged and how to appeal." The notice of eviction provided to the resident titled "Immediate Discharge Notice" states that the reason for discharge was "Presenting an Immediate Threat towards the safety of others." The notice effective date was "July 20,2022 related to exhibiting homicidal behavior towards others on July 20, 2022, at 1:30 PM."</p>	F 622			

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F 622	Continued From page 5 Review of the facility incident investigation revealed an email that written by the facility medical director (MD) to the facility director of nursing on July 22, 2022. This email describes the MD's understanding of the incident as the resident concealed an exacto knife somewhere in their room and that with preplanning and intent the exacto knife was used as a weapon by design. The MD writes "Given these facts (assuming no other variables unknown to me), in the context of a communal living environment, as well as the known vulnerability of the patient cohort, I do not support the notion that the perpetrating patient return to the Pines." Per interview with the facility administrator on 9/14/2022 at 9:30 AM Resident #1 is responsible for their own finances and s/he pays her/his bill when s/he wants to but does eventually write a check after a monthly conversation with the business office manager then the administrator. Initially it was thought that the resident was experiencing an acute medical condition causing her/him to exhibit these aggressive threatening behaviors. However, an acute medical and/or psychological condition was ruled out through evaluation in the ED. The administrator confirmed that the discharge had been implemented based on the resident's threatening behavior prior to the transfer on 7/20/2022, and that the resident had not been re-evaluated by the facility while in the ED for appropriate return since the transfer as required.	F 622			
F 626 SS=D	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility.	F 626	Resident #1 was readmitted to the facility on 8/15/22. The facility has written policies related to residents returning to the facility following a therapeutic stay, acute hospitalization, or similar. Residents exceeding their bedhold are indeed		

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F 626	<p>Continued From page 6</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to allow one of three residents in the</p>	F 626	<p>readmitted to the first available bed. Clearly, this situation appeared differently than characterized, and from a typical situation requiring therapeutic treatment and return. Thus, a notice of Immediate Discharge was issued. Over time and evaluation, it became clear to this writer and facility that Resident #1 was appropriate for readmission, and likely not a threat to most others.</p> <p>The facility has written policies and procedures for readmission and follows those policies. The facility will monitor all transfers and discharges for appropriate notification and timely readmission to the facility following all therapeutic stays/hospitalizations. Findings will be sent to the Qapi Committee for review, and monitored by the Administrator and DNS. Completed: 12/7/22</p> <p>Tag F626 POC Accepted on 12/13/2022 by S.Freeman/P.Cota</p>		

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F 626	<p>Continued From page 7</p> <p>sample (Resident #1) to return to the facility. who was transferred to the emergency department with an expectation of returning to the facility, and then was denied readmission. Findings include:</p> <p>Resident #1 has lived in the facility since 3/27/2018. On 7/20/2022, s/he was involved in an altercation with the facility administrator in which s/he retrieved an exacto knife from a drawer and threatened the administrator. This altercation occurred after the resident had requested that the administrator not enter her/his room and then became angry when s/he did. After some persuading by the facility, police, emergency medical technicians (EMT), and a family member s/he agreed to be transported to the emergency department (ED) for medical and psychological evaluation with the expectation that s/he would be returning to the facility, their home, after evaluation. After evaluation s/he was found to not be a danger to self or others, the facility social worker presented a "Notice of Eviction" to the resident preventing her/his return to the facility.</p> <p>A Social Service Note written on 7/21/2022 at 12:54 states "This writer went to RRMC [local hospital] to deliver a notice of eviction to resident. Resident was educated as to why [s/he] was being discharged and how to appeal." The notice of eviction dated 7/20/2022 that was provided to the resident titled "Immediate Discharge Notice" states that the reason for discharge was "Presenting an Immediate Threat towards the safety of others." The notice effective date was "July 20, 2022 related to exhibiting homicidal behavior towards others on</p>	F 626			

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F 626	<p>Continued From page 8</p> <p>July 20, 2022, at 1:30 PM." An appeal was filed by the resident however, the facility did not allow the resident to return to the facility until 8/15/2022.</p> <p>Review of the hospital Discharge Planning Form written on 7/20/2022 revealed that the patient (Resident #1) "had been screened, evaluated by Psychiatry, and cleared for discharge" but the facility refused to allow the patient to return to the facility. The facility social worker (SW) arrived to the ED on 7/20/2022 to serve an eviction notice to the patient. At this time the facility SW explained to the patient and ED SW that "[s/he] did have the right to appeal this eviction" and was shown the contact information to appeal. When the facility SW presented the "letter of eviction" the patient stated "want to go back. I won't sign anything." The patient "remained calm, cooperative and was able to verbalize [her/his] explanation of [her/his] actions and events leading up to [her/his] arrival to the ED."</p> <p>During interview on 9/14/2022 at 9:30 AM the administrator stated that the resident had threatened [her/him] with a knife and that they felt s/he may be a danger to staff and other residents. The administrator did confirm that the resident had not been allowed to return to the facility until 8/15/2022.</p>	F 626			