



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

October 26, 2023

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

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **October 11, 2023**. 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

Enclosure

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

PRINTED: 10/18/2023
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 R 10/11/2023
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 The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on 10/11/2023. The revisit was for the survey dated 8/9/2023. The following regulatory violation was found to be uncorrected:	{F 000}	Please note that the filing of the plan of correction does not constitute admission to any of the alleged violations set forth in this statement of deficiencies. This plan of correction is being filed as evidence of the facility's continued compliance with all applicable laws and regulations.	10.23.23
{F 658} SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure services provided met professional standards of quality regarding resident medications administered as ordered for 1 of 3 sampled residents (Resident #6). Findings include: 1. Per record review of Resident #6's care plan, Resident #6 requires care and treatment related to having a colostomy (a surgical opening in the colon where waste gets diverted from), gastroesophageal reflux disease, and irritable bowel syndrome. Review of Resident #6's medication administration record (MAR) reveals a physician order for "Cholestyramine Light Packet 4 GM [Gram] Give 1 packet by mouth three times a day for loose stools Mix in 8oz liquid, and give 1 hour before medications," and is scheduled to be administered at 7:00 AM, 3:00 PM, and 7:00 PM. The package insert for this medication states: "SINCE CHOLESTYRAMINE MAY BIND OTHER DRUGS GIVEN CONCURRENTLY, IT IS	{F 658}	Resident #6's Cholestyramine has been placed on hold and was started on a comparable alternative on 10/13/23. Resident #6's Lidoderm patch order was updated to include the "document removal" box on 10/11/23. No other residents at the facility take Cholestyramine. Other residents that have orders for patches have the potential to be affected by this alleged deficient practice. Nurses have been reeducated on the medication administration policy. Audits will occur weekly times 4, monthly times 2, with results to QAPI	

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

[Handwritten Signature]
DIRECTOR

TITLE

(X6) DATE

10/23/23

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 658}	<p>Continued From page 1</p> <p>RECOMMENDED THAT PATIENTS TAKE OTHER DRUGS AT LEAST ONE HOUR BEFORE OR 4 TO 6 HOURS AFTER CHOLESTYRAMINE (OR AT AS GREAT AN INTERVAL AS POSSIBLE) TO AVOID IMPEDING THEIR ABSORPTION."</p> <p>Per review of Resident #6's Medication Administration Audit Report from 12:00 AM on 9/20/23 through 11:46 AM on 10/11/23, Resident #6 received additional oral medications (that would be absorbed in the digestive system) at the same time the Cholestyramine 26 times. Medications that were documented as administered within same hour of administration of cholestyramine include Cymbalta (antidepressant), mirabegron (treats overactive bladder), raloxifene (treats osteoporosis), Eliquis (anti-coagulant), Lomotil (anti-diarrheal), Tums (antacid), acetaminophen (pain reliever), Lyrica (nerve pain reliever), metoprolol (beta blocker; for irregular heartbeat), Melatonin, Esomeprazole Magnesium (GERD) and loperamide A-D (anti-diarrheal).</p> <p>Per interview on 10/11/23 at approximately 2:30PM with the Licensed Nursing Home Administrator, Director of Nursing, and Assistant Director of Nursing the facility has been conducting random audits of the Medication Administration Audit Report and has not identified any concerns related to the administration of Resident #6's medications. However, when the Medication Administration Audit Report was reviewed during this interview the DON confirmed that the physicians order was to administer the Cholestyramine an hour before other medications was current, and medications had been documented as being administered either in</p>	{F 658}	<p>Tag F 658 POC accepted on 10/26/23 by S. Freeman/P. Cota</p>		

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{F 658}	<p>Continued From page 2 in conjunction with or within an hour of the Cholestyramine between 9/20/23 and 10/11/23.</p> <p>2. Per record review, an order for "Aspercreme Lidocaine Patch 4% - apply to low back topically at bedtime for back pain" was placed on 9/28/23. The medication order instructions include "Indicate facility time code and check off 'Document Removal' box. Indicate removal time below." These instructions direct the ordering provider how to specify a time interval after which the applied patch is to be removed from the resident to avoid the placement of multiple patches or leaving the patches on longer than the manufacturer's instructions.</p> <p>Per review of Resident #6's MAR (Medication Administration Record), Resident #6 received one patch to their lower back 12 times since the medication was ordered. There is no documentation in the MAR or otherwise to confirm the removal of any of the 12 Lidocaine patches or to indicate how long the patches were left on Resident #6.</p> <p>Per interview on 10/11/23 at approximately 2:30 PM, the Administrator confirmed that the record did not contain documentation regarding the time interval for lidocaine patch placement or the removal of the patches as specified in the order instructions.</p> <p>Review of The National Library of Medicine Nursing Rights of Medication Administration (ncbi.nlm.nih.gov) The standard professional medication administration practice is to follow the "five rights of administration" The five rights are the right patient (resident), the right medication, the right route, the right dose, and the right time.</p>	{F 658}			

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{F 658}	Continued From page 3 Reference: Hanson A, Haddad LM. Nursing Rights of Medication Administration. 2022 Sep 5. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. PMID: 32809489.	{F 658}			