



**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 5, 2024

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 complaint investigation conducted on **November 25, 2024**. 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, BS  
Assistant Division Director  
State Survey Agency Director

Enclosure

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

PRINTED: 12/03/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>99 ALLEN STREET</b> <b>RUTLAND, VT 05701</b>		
(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 investigation of complaint intake # 23475, #23322, #23290, and #23268 on 11/25/2024 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Regulatory violations were identified during the investigations.	F 000	Please note 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.	12/16/24	
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility failed to ensure kitchen staff properly air-dried or hand dried pans prior to storage and failed to maintain a clean sanitary food service area. Findings include:	F 812	F812-  1. All dishes/pans were cleaned and dry prior to being put away.  2. Steam tables were cleaned and free from debris.  3. Stove top was cleaned.  4. Food prep table was cleaned.  5. Gas stove top was cleaned.  6. Tiles have been replaced/repaired in the kitchen  Dietary staff have been educated on the following policies/procedures:  1. Sanitation of kitchen, food service equipment and work surfaces  2. Storage of food and supplies  3. Dish Washing/dish machine  Audits will occur weekly x4, monthly x2 with results reported to QAPI.  Administrator or designee is responsible  Tag F 812 POC accepted on 12/5/24 by S. Freeman/P. Cota		

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

TITLE

Administrator

(X6) DATE

12/4/24

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 812	Continued From page 1  During an observation on 11/25/24 at 2:05 PM, there was a baking sheet that was stacked on other baking sheets that was noted to be wet. The baking sheet was placed on the counter by this surveyor and the steam table pans were inspected. There was a wet small steam table pan that had been stacked on others. At this time the Director of Dietary was shown the small steam table pan and when this surveyor was attempting to show her/him the baking sheet it had been removed from the counter and placed back on top of the stacked sheets. The Director of Dietary confirmed that the baking sheet and the steam table pan that had been cleaned and stacked for use were still wet. The pans were found to have been stacked wet and not allowed to air dry prior to stacking. The Director of Dietary went into the dish room and returned stating, "I just educated [dietary staff member] not to do that, they are not usually back there."  The floor under one of the food prep table legs had two squares of missing tile creating exposed sub flooring with accumulated liquid and food particles. The leg of the table was noted to have a buildup of what appeared to be dirt and grease residue.  The gas stove top was noted to have an excess amount of food and grease buildup on and under the burner grates. The Director of Dietary stated that they are taken apart weekly and cleaned. Per review of the kitchen cleaning schedule, staff sign off daily that they have cleaned the stove. This schedule had already been signed off for 11/25/24 however, there was a large amount of food and grease build up on and under the burner grates.	F 812			

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F 812	Continued From page 2  The third floor steam table was noted to have pieces of orzo floating in the steam table water. The Director of Dietary and the Kitchen Supervisor confirmed that there was orzo in the steam table water. When asked when the residents were last served orzo the Director of Dietary stated "last night." Per the Director of Dietary the steam table water is supposed to be drained and cleaned every night after diner service. The Director of Dietary stated that s/he would provide additional education to the staff member who had failed to do so.  Per interview with the facility Administrator on 11/25/24 at 3:15 PM the facility had been making repairs in the kitchen and the above concerns would be addressed. During a walk through of the kitchen the facility Administrator confirmed the above kitchen observations.	F 812			