

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 Link: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 10, 2019

Ms. Diana Lafountain, Administrator
Pines Rehab & Health Ctr
601 Red Village Road
Lyndonville, VT 05851-9068

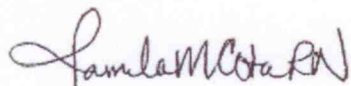
Dear Ms. Lafountain:

On April 8, 2019 the Division of Licensing and Protection (DLP) conducted an unannounced onsite extended survey due to the recent determination of substandard quality of care during the March 27, 2019 complaint investigation. In conjunction with the extended survey, DLP also conducted an assessment of the implementation of the Immediate Jeopardy (IJ) removal plan. The IJ removal plan was accepted by DLP as submitted, which alleged removal of the IJ on March 29, 2019.

Please see the enclosed CMS form-2567 for the extended survey, which identified no deficiencies for the extended survey. **Please sign and return to our office as soon as possible.**

DLP determined on April 8, 2019 that the IJ has been removed, meaning the actions taken by the facility to remove the IJ were completed on March 29, 2019, as stated, and the immediate risk to residents of the facility has been removed. This determination means the facility is no longer subject to the 23-day termination, as originally recommended in our letter dated March 29, 2019. Your new termination date is September 27, 2019, should non-compliance continue. CMS has been informed of this determination. Please refer to the pending CMS enforcement letter for enforcement actions imposed by CMS.

Sincerely,



Pamela Cota, RN
Licensing Chief

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

PRINTED: 04/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2019
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NAME OF PROVIDER OR SUPPLIER PINES REHAB & HEALTH CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851
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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
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite extended survey was conducted by the Division of Licensing and Protection on 4/8/19. There were no regulatory deficiencies cited as a result of the extended survey. In addition to the extended survey, an evaluation of the removal of the Immediate Jeopardy (IJ) that was identified on 3/27/2019 was completed. The facility has successfully implemented the IJ removal plan as of 3/29/2019.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **4.10.19**

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.