VERMONT

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

September 19, 2019

Mr. Chad Dingman, Administrator
Pines Rehab & Health Ctr
601 Red Village Road
Lyndonville, VT 05851-9068

Dear Mr. Dingman:

Enclosed is a copy of your acceptable plans of correction for the investigation survey completedon **August 21, 2019.** 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

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475044	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINES REHAB & HEALTH CTR	601 RED VILLAGE ROAD LYNDONVILLE, VT 05851

(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 An unannounced onsite investigation into three facility-reported incidents and one complaint was conducted by the Division of Licensing and Protection from 8/20- 8/21/19. The following regulatory deficiencies were identified.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) 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 (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). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656	F656 1. Resident #1's care plan has been updated to reflect current care needs 2. Residents requiring updates to the plan of care for care needs have the potential to be affected by the alleged deficient practice. 3. Education will be provided to staff regarding the requirement to have the plan of care updated with new concerns or care needs. 4. Audits will be completed weekly by the Director of Nursing or designee to monitor effectiveness of the plan. 5. The results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 6. Corrective action will be completed by 9/18/19. F656 POC accepted 9/19/19 kcampos RN/PMC	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 9/9/2019

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F 656	Continued From page 1	F 656		

resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to revise the plan of care for a new concern for one resident (Resident #1). Findings include:

Per record review, Resident #1 had a fall on 7/29/19 sustaining a fractured arm. The resident had the fractured arm put in a cast. Prior to the injury, the resident was able to ambulate independently with a rolling walker. Due to the injury to their left arm, they were not able to use the walker, and utilized a wheelchair to be transported. The resident also needed some more assistance with ADLs (Activity of Daily Living) like dressing and toileting due to the injury. Per review of the plan of care, there was no update to reflect the changes in Resident #1's ability to perform ADLs, or interventions regarding the injury and monitoring for any concerns such as pain or potential impaired circulation to the affected limb. Review of the Treatment Administration Record (TAR) for August 2019 did not include monitoring for circulation problems, edema, or pain as potential

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F 656	Continued From page 2 side effects of the fractured arm. Per interview on 8/21/19 at 1:35 PM, the Director of Nursing confirmed that the plan of care had not been updated to include the change in ADL status and the care to be provide for the fractured arm. The DNS also confirmed that the August 2019 TAR had not been updated with interventions for nursing to monitor potential problems related to the fractured arm.	F 656		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the environment was free of accident hazards for 1 of 4 residents sampled (Resident #1). Findings include: Per record review, Resident #1 was ambulatory with use of a rolling walker. On 7/29/19, the resident was returning from supper in the dining room. The door to the resident's room was closed, as the LNA (Licensed Nursing Assistant) was providing care to the roommate, whose bed was by the door. Resident #1 opened the door and entered, and fell to the floor. The resident sustained a broken arm in the fall, and was sent to the hospital for an evaluation and treatment. Per interview with the resident on 8/20/19 at 9:50 PM,	F 689	F689 1. Resident #1 continues to reside in the facility and injury continues to heal. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice 3. Education has been provided to staff regarding the environmental risks of leaving linens on the floor. Further education will be completed for fall prevention. 4. Environmental audits will be completed weekly by the Director of Nurses or designee to monitor effectiveness of the plan. 5. Results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits.	

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F 689	Continued From page 3 they stated that when they entered the room, there was linen on the floor by the roommate's bed, and the walker wheel got caught up in the linens and caused the resident to lose balance and fall. Per interview on 8/21/19 at 2:15 PM, the nurse on duty at the time of the fall stated that the resident was lying on the floor with their head near the bathroom door, and they saw a pile of linen near the end of the bed on the floor. The nurse also confirmed that the resident told them they had tripped on the linens.	F 689	6. Corrective action will be completed by 9/18/19. F689 POC accepted 9/19/19 kcampos RN/PMA	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880	F880 1. Resident #1 continues to reside in the facility had did not have development of infection related to the alleged deficient practice. 2. Resident's residing in the facility have the potential to be affected by the alleged deficient practice. 3. Education will be provided to staff regarding infection control practices to prevent the spread of infection and requirement for handling of soiled linen. 4. Audits will be completed weekly by the Director of Nursing or designee to monitor effectiveness of the plan.	

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F 880	Continued From page 4 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880	5. Results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 6. Corrective action will be completed by 9/18/19. F880 POC accepted 9/19/19 KCampos RN/PMC	

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F 880	Continued From page 5 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a safe and sanitary environment to prevent the possible spread of infection. Findings include: Per record review, Resident #1 had a fall in their room on 7/29/19, sustaining a fractured arm. Per interviews with the resident who fell and the nurse on duty at the time, the LNA who was providing care to the roommate had placed soiled linen on the floor while changing the resident's clothes and bedding. Per interview on 8/21/19 at 2:15 PM, the nurse on duty at the time of the fall stated that the LNA had not followed infection control protocol when placing dirty linen on the floor, and also that it caused a tripping hazard for the other resident. The nurse stated that they have encouraged staff to carry bags with them so they will have a receptacle to put dirty clothing and bedding in when providing care, and has spoken with other LNAs about this as well. Per interview on 8/21/19 at 1:35 PM, the Director of Nursing confirmed that the infection control policies of the facility and accepted professional practice regarding infection control and prevention indicate that dirty linen and clothing should be bagged and not placed directly on the floor. The facility held an educational inservice for staff after this incident regarding risks for falls, and included the subject of items placed on the floor as a possible fall risk, as well as this being an infection control concern.	F 880		