

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 25, 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 survey conducted on **September 24, 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
Licensing Chief

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

PRINTED: 10/08/2019
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 09/24/2019
NAME OF PROVIDER OR SUPPLIER PINES REHAB & HEALTH CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851	
(X4) ID PREFIX TAG F 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689 SS=E	<p>INITIAL COMMENTS</p> <p>An unannounced onsite investigation into one complaint and four facility-reported incidents was conducted by the Division of Licensing and Protection on 9/24/19. The following deficiency was identified.</p> <p>Free of Accident Hazards/Supervision/Devices. CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§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 observations, record review, and staff interview, the facility failed to ensure that residents receive adequate supervision to prevent resident to resident altercations for 2 of 5 residents (Residents #1, #2). Findings include:</p> <p>1. Per record review, Resident #1 has dementia with behavioral disturbances. The resident has paranoia about others doing harm to him/her or to the "babies" (dolls). There have been multiple incidents in the last few months where this resident has grabbed other residents by the arm in an aggressive manner. Resident #2 also has dementia with behavioral disturbance, and has a history of backing their wheelchair into others, and sometimes is aggressive and combative with staff when redirected or during provision of care. Per review of the incident on 9/8/19, Resident #2 was in the dining room, and bumped into the</p>	F 689	<p>Preparation and/or execution of this plan of correction does not constitute the providers admission of/or agreement with the alleged violations or conclusions set forth in this statement of deficiencies. This plan of correction is prepared and/or executed as required by state and federal law.</p> <p>F 689</p> <p>Resident 1 and 2 have had no further resident to resident altercations.</p> <p>Residents residing in the facility have the potential to be affect by the alleged deficient practice.</p> <p>Resident #1 Will be provided with line of sight supervision while out of bed.</p> <p>Resident #2 When resident is having aggressive behaviors, will be given direct supervision.</p> <p>Education has been provided to the staff regarding direct supervision of residents with aggressive behaviors.</p> <p>Audits will be completed 2x weekly by the Director of Nursing or designee to monitor effectiveness of plan.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Administrator* (X6) DATE *10/17/19*

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.

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F 689	<p>Continued From page 1</p> <p>wheelchair of Resident #1. Resident #1 yelled at Resident #2, and Resident #2 pulled the hair of Resident #1. Resident #1 then threw a cup of coffee on Resident #2. Staff intervened and separated them.</p> <p>Per interview with the Director of Nursing on 9/24/19, these two residents have had altercations prior to this incident on 5/14/19 and 6/6/19. The DNS stated that nursing was looking at possible reasons that Resident #1 may be uncomfortable, and have added bowel medications and pain management to address this.</p> <p>2. Per record review, on 9/18/19 Resident #1 was in the dining room where Resident #3 was also located. Resident #1 propelled their wheelchair over to Resident #3, and slapped the other resident with no apparent provocation. This was witnessed by an LNA, who stated that it happened very quickly and was unprovoked by the other resident. Resident #3 does not have a history of being the aggressor in the incidents that have occurred.</p> <p>Resident #1 has a care plan that includes a problem area for Resident to Resident Verbal/Physical Abuse. On 5/14/19, after an episode where she pinched another resident, added interventions included redirecting her away from other residents that have the potential to be aggressive, and stated that s/he does not like men. Other care plan interventions include Monitoring whereabouts, frequently rounding, separate the residents and redirect to different areas. The revised care plan on 9/17/19 states "Has the potential to be verbally/physically abusive, evident by verbal disruptions,</p>	F 689	<p>Results of the audits will be reported QAPI committee x3 months at which time the committee will determine further frequency of the audits.</p> <p>Corrective action will be completed by October 18, 2019</p> <p><i>F689 POC accepted 10/24/19 Karen Campos RN</i></p>	

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F 689	<p>Continued From page 2</p> <p>threatening, and screaming at others." The interventions added at this time included reinforcing appropriate behaviors, providing one on one support to deescalate verbal outbursts, as s/he enjoys interacting with staff on a personal level.</p> <p>Resident #2 is also identified in the care plan as having behaviors of being aggressive with others, and resistive to care. Interventions include redirecting in a positive manner when agitated (such as offering snacks, one on one conversation). Staff to monitor behaviors, such as putting themselves in harm's way. Staff to have increased awareness when personal space is being jeopardized, and intervening when others appear to be getting too close, or triggering him/her to lash out, resulting in a physical or verbal altercation.</p> <p>Despite the altercations between Resident #1 and Resident #2, and the multiple incidents of Resident #1 grabbing other residents, there were observations by this surveyor that Resident #1 was self-propelling around the facility without eyes-on supervision of staff. Per interview on 9/24/19 at 1:40 PM, the Director of Nursing confirmed that these incidents occurred, and that the level of supervision provided for Resident #1 and Resident #2 did not prevent these resident to resident incidents.</p>	F 689		
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