

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

February 4, 2020

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 **January 13, 2020**. 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: 01/22/2020
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 01/13/2020
--	--	--	---

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	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

F 000

The Division of Licensing and Protection conducted an unannounced onsite investigation of 2 facility self-reported incidents on 1/13/20. The following regulatory deficiencies were identified as a result.

F 550 Resident Rights/Exercise of Rights
SS=G CFR(s): 483.10(a)(1)(2)(b)(1)(2)

F 550

§483.10(a) Resident Rights.
The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

§483.10(b) Exercise of Rights.
The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

§483.10(b)(1) The facility must ensure that the

F 550

1. As noted in the 2567 the LPN no longer works at the facility.
2. Resident #4 is psychosocially stable, and bruising is resolved.
3. Resident's with behavioral disturbances have the potential to be affected by this alleged deficient practice.
4. Staff have had continuing education related to dementia care and resident rights. Education will be provided to all new staff and contracted staff related to dementia care and resident rights prior to first Scheduled shift.
5. Interviews will be done with staff and residents weekly to monitor effectiveness of the education provided.
6. 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.
7. Corrective action completed by January 31, 2020. F-550 POC accepted 2/3/20 L. Lordin/W. Sperry

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

TITLE

(X6) DATE

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.

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

PRINTED: 01/22/2020
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 01/13/2020
--	--	--	---

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	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 550 Continued From page 1

F 550

resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

This REQUIREMENT is not met as evidenced by:

Based on staff interviews and record review, the facility failed to protect and promote the rights of 1 of 4 residents in the applicable sample (Resident #4). The facility failed to treat Resident #4 with respect and dignity and in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing the resident's individuality. Findings include:

Per review of written witness and alleged perpetrator statements, on December 24, 2019, Resident #4 was observed having behaviors and being disruptive. The resident has a written care plan in place addressing these behaviors. However, the Licensed Practical Nurse (LPN) became visibly upset and stated to a Licensed Nurse Aide (LNA) "stop babying the resident" and came around behind Resident #4 and picked the resident up off the floor and carried them to their room. A subsequent exam showed Resident #4 had bruises under both arms and both sides of their rib cage, consistent with where the LPN's hands would have carried the resident. The LPN in question was subsequently suspended and eventually their agency contract was terminated citing unprofessional behavior.

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

PRINTED: 01/22/2020
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 01/13/2020
--	--	--	---

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	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 550 Continued From page 2

F 550

The regulation interpretive guidelines clearly indicate that all staff need to take into account that all interactions should be to assist the resident in maintaining and enhancing resident self-esteem and self-worth. That residents should be treated with dignity and respect. That staff must respect each resident's individuality.

See also F600.

F 600 Free from Abuse and Neglect
SS=G CFR(s): 483.12(a)(1)

F 600

§483.12 Freedom from Abuse, Neglect, and Exploitation
The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must-

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;
This REQUIREMENT is not met as evidenced by:

Based on record review and staff interviews, the facility failed to assure that 1 of 4 residents in the applicable sample (Resident #4) remained free from physical abuse. Findings include:

Per record review, Resident #4 was admitted to the facility with diagnoses that include but are not limited to Cerebrovascular Accident (CVA),

F-600

1. As noted in the 2567 the LPN no longer works at the facility.
2. Resident #4 is psychosocially stable, and bruising is resolved.
3. Resident's with behavioral disturbances have the potential to be affected by this alleged deficient practice.
4. Staff have had continuing education related to Abuse Preventing and Abuse Reporting. Education will be provided to all new staff and contracted staff related to Preventing Abuse and Abuse Reporting prior to first scheduled shift.
5. Interviews will be done with staff and residents weekly to monitor effectiveness of the education provided.
6. 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.
7. Corrective action completed by January 31, 2020.

F-600 POC accepted
2/3/20 L. Corlley/Skelly PD

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

PRINTED: 01/22/2020
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 01/13/2020
--	--	--	---

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	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 600 Continued From page 3

F 600

Dementia, Depression and Anxiety. Per record review the resident is known to have multiple behaviors that include but are not limited to putting herself onto the floor at will. Per review of the facility's internal investigation along with written witness, alleged perpetrator statements, and employee interviews, Resident #4 was the victim of a physically abusive event on December 24, 2019. The Licensed Practical Nurse (LPN) who was contracted by the facility from a Travel Nurse Agency, was observed being visibly upset when dealing with the resident who was being disruptive and the LPN told staff to not "baby the resident". The resident had been lowered to the floor by staff and was sitting on the floor in the hallway of the dementia unit. The LPN was then observed going behind the resident and lifting Resident #4 up from the floor and carrying them to their room. Upon exam, Resident #4 was observed to have bruises under both arms and both sides of their rib cage, consistent with where the LPN's hands would have carried the resident.

The regulation interpretive guidelines clearly indicate that the facility assumes the responsibility of ensuring the safety and well-being of the resident. It is the facility's responsibility to ensure that all staff are trained and knowledgeable in how to react and respond appropriately to resident behavior. All staff are expected to be in control of their own behavior, are to behave professionally, and should understand how to work with the nursing home population.