

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

APR 27 2018

PRINTED: 04/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/03/2018
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NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701
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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 . INITIAL COMMENTS

F 000

An unannounced on-site investigation of 2 facility self-reported incidents was conducted on 4/3/18 by the Division of Licensing and Protection. While the facility was found to be in substantial compliance, the following issue was identified that requires correction.

F 608

1. None of the residents residing in the facility had negative effects as a result of the alleged deficient practice.
2. Residents residing in the facility have the potential to be affected by the alleged deficient practice.
3. Education provided to staff regarding state regulations and policy and procedure on reporting a suspected crime to the state agency.
4. Audits will be conducted weekly x1 month then monthly x3 months by DNS 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

4/30/18

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

TITLE

(X6) DATE

Milrose Crepuscol

CEO

4/19/2018

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475039	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 4/3/2018
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 608	<p>Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>(i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.</p> <p>(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</p> <p>(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.</p> <p>(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to report a suspected crime to the State Agency within the required time frame for 1 of 3 applicable residents (Resident#1) Findings include:</p> <p>Per review of the facility investigation, on 1/7/18, a Licensed Practical Nurse (LPN) stated that during his/her evening shift, s/he had locked his/her keys in the narcotic drawer. S/he attempted to unlock the locked drawer with a medication card containing 7 pills of Oxycodone IR 10 milligrams (narcotic pain medication) that belonged to Resident #1. In the process of trying to open the door, the pills were crushed. The LPN stated that s/he put the crushed pills into a plastic cup and disposed of the cup. The LPN stated that a second nurse witnessed the wasting of the pills; however, the nurse who was on duty for the night shift stated that s/he did not witness the wasting of any pills. The facility was not able to find the damaged/empty medication card which belonged to Resident#1. The incident was not reported to the State Survey Agency until 1/10/18. Per interview on 4/3/18 at 12:09 PM with the Administrator, s/he stated that s/he became aware of the incident on 1/8/18; however, did not report to the State Agency until 1/10/18.</p>		

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The above isolated deficiencies pose no actual harm to the residents