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

January 18, 2019

Ms. Melissa Greenfield, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 27, 2018**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475039	A. BUILDING _____ B. WING _____	C 12/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUTLAND HEALTHCARE AND REHABILITATION CENTER	46 NICHOLS STREET RUTLAND, VT 05701

(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 on site entity reported incident was investigated in conjunction with an anonymous complaint and 2 other complaints by the Division of Licensing and Protection between 12/26 and 12/27/18. There was a regulatory finding identified.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 609	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 that have a reportable incident have the potential to be affected by the alleged deficient practice. 3.Education provided to nursing staff on the need to report reportable incidents to management staff timely per state regulations. 4.Audits will be conducted with all future reportable incidents as needed to monitor effectiveness of the plan. 5.The results of the audits will be reported to the QAPI committee x 3months at which time the committee will determine further frequency of the audit. F609 POC accepted 1/16/19 B. Bartelle / S. Remy, RN	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Greenfield | TITLE: Administrator | (X6) DATE: 1/14/2019

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 609	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report an allegation of abuse for one resident, Resident #1, and bruise of unknown origin for a second resident, Resident #2. Findings include: 1.) Resident #1 made allegations that an Licensed Nursing Assistant (LNA) had been "rough" with him/her during bathing and did not stop washing in spite of the resident telling the LNA to stop, on November 21, 2018. Resident #1 alleged that the LNA caused a skin tear because of the bathing and the nurse had to come and look at it and put cream on it. The resident voiced to other members of the staff that the LNA had been "rough". Review of the investigation and reporting of the incident, the facility did not report to the licensing agency or Adult Protective Services until four days later on November 25, 2018. The administrator confirmed on 12/26/18 at 1:30 PM, that the facility had not reported the incident. 2.) Resident #2 was found to have a bruise of unknown origin on right forearm on 12/5/18. On 12/8/18, the resident was noted to have bruising, swelling and pain of the right thumb. After notification to the nurse practitioner, an X-ray was completed and the resident was found to have a fracture of the thumb. The facility did not report the bruising or the thumb injury until after the X-ray report was returned on 12/13/18. The Director of Nurses confirmed on 12/27/18 at 11:30 AM that the facility had not reported the injury to the state agency and that there was no known cause.	F 609		