

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

April 2, 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 **March 7, 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: 03/20/2019  
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 03/07/2019
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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 a facility self-reported incident was conducted on 3/7/19 by the Division of Licensing and Protection. The following regulatory violations were identified:

F 623 SS=D Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)

§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-

- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
- (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
- (iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.

- (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
- (ii) Notice must be made as soon as practicable before transfer or discharge when-
  - (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
  - (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of

F 623 1. Resident #1 transfer form has been revised with the required information and correct format needed. 3/27/19

2. None of the residents residing in the facility had negative effects as a result of the alleged deficient practice.

3. Residents residing in the facility that have a transfer or are discharged have the potential to be affected by the alleged deficient practice.

4. Education being provided to Social Workers, Admission Director, and Nursing leadership staff on the specific contents needed in the written transfer/discharge notice form:

- (1) the reason for transfer or discharge,
- (2) the effective date of transfer or discharge
- (3) the location to which the resident is being transferred or discharged
- (4) a statement in large print or large point type that the resident has the right to appeal the facility's decision to transfer or discharge to the state, with appropriate information regarding how to do so as set forth in 3.14 (h) below
- (5) the name, address, and telephone number of the State Long Term Care Ombudsman
- (6) a statement that the resident may remain in place pending the appeal
- (7) for nursing facility residents with

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

TITLE

(X6) DATE

*Melissa Croeyald*

CEO

3/22/19

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 623 Continued From page 1  
this section;  
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;  
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or  
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

- (i) The reason for transfer or discharge;
- (ii) The effective date of transfer or discharge;
- (iii) The location to which the resident is transferred or discharged;
- (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
- (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
- (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
- (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and

F 623 developmental disabilities, the mailing address and telephone number of the Developmental Disability Law Project and that of Vermont Department of Developmental and Mental Health Services, Division of Developmental Services; and/or  
(8) for nursing facility residents who are mentally ill, the mailing address and telephone number of Vermont Protection and Advocacy, Inc.

(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 QAPI committee X3 months at which time the committee will determine further frequency of the audits.

*F623 POC accepted 4/17/19 DW/Deawaba/RW/PWC*

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F 623 Continued From page 2

email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to provide transfer/discharge notices that contained the required regulatory elements for 1 applicable resident (Resident #1). Findings include:

Per record review Resident #1 was transferred to the hospital on 1/14/19, 1/18/19, and 3/2/19. Per review of the transfer/discharge notices for Resident #1, the notices did not contain the reasons for the transfer(s)/discharge(s), the email address of the entity who receives requests for an appeal, the email address of the Office of the State Long-Term Care Ombudsman, the email

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F 623 Continued From page 3  
address of the agency responsible for the protection and advocacy of individuals with developmental disabilities, and the email address of the agency responsible for the protection and advocacy of individuals with a mental disorder. Per interview on 3/7/19 at approximately 4:00 PM with the Administrator, s/he confirmed that the notice did not contain the required elements per regulation.

F 656 Develop/Implement Comprehensive Care Plan  
SS=D 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.

F 623

F 656 1. Resident #1 care plan has been revised 3/27/19 to reflect current needs and wandering behaviors:

- (1) Doorbell chime
- (2) Review pain and pain medication
- (3) revised room to make homelike environment
- (4) 1:1 activities as tolerated

2. Residents residing in the facility have the potential to be affected by the alleged deficient practice.

3. Education provided to Nursing and activity staff on developing and implementing a comprehensive person-centered care plan to reflect the current needs of the residents.

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 QAPI committee X3 months at which time the committee will determine further frequency of the audits.

*FLS6 POC accepted 4/1/19 Dwideanaka PM/PMU*

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F 656 Continued From page 4

(iv) In consultation with the resident and the 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 interview and record review the facility failed to develop a comprehensive care plan for 1 applicable resident (Resident #1). Findings include:

Per review of a nursing progress note from 1/4/19 for Resident #1, it read, "Resident wandering in other resident's rooms. Verbal redirection and tasks offered effective." On 1/11/19, "Resident frequently wondering, wondering [sic] with impact, and exit seeking this morning". On 1/16/19, "the resident went into another resident's room and started yelling". On 1/18/19, Resident #1 was involved in a resident to resident altercation with Resident #2. There was no evidence that a care plan had been developed to address Resident #1's wandering and/or need for supervision. Per interview on 3/7/19 at 1:38 PM with the Unit Manager, s/he confirmed that Resident #1 was not supervised at the time of the altercation with Resident #2.

F 656

F 689 1. Resident #1 care plan has been revised 3/27/19 to reflect current needs and wandering

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F 689 Continued From page 5  
SS=D 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 interview and record review the facility failed to provide adequate supervision to prevent a resident to resident altercation for 1 resident in the applicable sample (Resident #1). Findings include:

Per review of a nursing progress note from 1/4/19 for Resident #1, it read, "Resident wandering in other resident's rooms. Verbal redirection and tasks offered effective." On 1/11/19, "Resident frequently wondering, wondering [sic] with impact, and exit seeking this morning". On 1/16/19, "the resident went into another resident's room and started yelling". On 1/18/19, at 3:15 PM the nurses' heard a "loud noise on the unit". "Upon investigation of the noise", Resident #1 was in Resident #2's room with his/her hands on both upper arms of Resident #2. Upon assessment it was noted that Resident #2 had sustained skin tears to both arms. Per interview on 3/7/19 at approximately 10:30 AM with the Licensed Nursing Assistant (LNA), s/he stated that s/he was in another resident's room when the altercation took place. S/he stated that s/he heard a commotion and went to see what was going on. S/he entered Resident #2's room and found Resident #1 with his/her hands on Resident

F 689 behaviors.

2. Residents residing in the facility have the potential to be affected by the alleged deficient practice.

3. Education provided to nursing staff on adequate supervision and assistance devices to prevent accidents.

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 QAPI committee X3 months at which time the committee will determine further frequency of the audits.

*F689 POC accepted 4/1/19 Dwideavala RN/PMU*

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F 689	Continued From page 6 #2's arms. The residents were separated and removed from each other. Per interview on 3/7/19 at 1:38 PM with the Unit Manager, s/he stated that prior to the altercation; Resident #1 was participating in activities in the day room. S/he stated that s/he was helping a staff member at the nurse's station. S/he stated that s/he had heard a commotion and went to investigate it. S/he went into Resident #2's room and witnessed Resident #1's hands on Resident #2. S/he stated that s/he put him/her-self in between the residents and separated them. S/he stated that no one witnessed Resident #1 go into Resident #2's room. S/he confirmed that Resident #1 was not supervised at the time of the altercation with Resident #2.	F 689	
F9999	FINAL OBSERVATIONS  3.14(e) Contents of the notice. The written notice specified in this subsection shall be on a form provided by the licensing agency or one that is substantially similar and must include the following:  (1) the reason for transfer or discharge; (2) the effective date of transfer or discharge; (3) the location to which the resident is being transferred or discharged; (4) a statement in large print or large point type that the resident has the right to appeal the facility's decision to transfer or discharge to the State, with the appropriate information regarding how to do so as set forth in 3.14 (h) below; (5) the name, address and telephone number of the State Long Term Care Ombudsman; (6) a statement that the resident may remain	F9999	1. Resident #1 transfer form has been revised with the required information and correct format needed.  2. None of the residents residing in the facility had negative effects as a result of the alleged deficient practice.  3. Residents residing in the facility that have a transfer or are discharged have the potential to be affected by the alleged deficient practice.  4. Education will be provide to Social Workers, Admissions Director and Nursing leadership staff on the specific contents needed in the written transfer/discharge notice form: (1) the reason for transfer or discharge, (2) the effective date of transfer or discharge



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F9999	<p>Continued From page 7 in place pending the appeal; (7) for nursing facility residents with developmental disabilities, the mailing address and telephone number of the Vermont Developmental Disability Law Project and that of the Vermont Department of Developmental and Mental Health Services, Division of Developmental Services; and/or (8) for nursing facility residents who are mentally ill, the mailing address and telephone number of Vermont Protection and Advocacy, Inc.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Per record review Resident #1 was transferred to the hospital on 1/14/19, 1/18/19, and 3/2/19. Per review of the transfer/discharge notices for Resident #1, the notices did not contain the reasons for the transfer(s)/discharge(s) or a statement in large print or large point type that the resident has the right to appeal the facility's decision to transfer or discharge to the State, with the appropriate information regarding how to do so. Per interview on 3/7/19 at approximately 4:00 PM with the Administrator, s/he confirmed that the notice did not contain the required elements per regulation.</p>	F9999	<p>(3) the location to which the resident is being transferred or discharged (4) a statement in large print or large point type that the resident has the right to appeal the facility's decision to transfer or discharge to the state, with appropriate information regarding how to do so as set forth in 3.14 (h) below (5) the name, address and telephone number of the State Long Term Care Ombudsman (6) a statement that the resident may remain in place pending the appeal (7) for nursing facility residents with developmental disabilities, the mailing address and telephone number of the Developmental Disability Law Project and that of Vermont Department of Developmental and Mental health Services Division of Developmental Services; and/or (8) for nursing facility residents who are mentally ill, the mailing address and telephone number of Vermont Protection and Advocacy, Inc.</p> <p>(4) Audits will be conducted weekly X1 month then monthly X3 months by DNS or designee to monitor effectiveness of the plan.</p> <p>(5) Results of the audits will be reported to the QAPI committee X3 months at which time the committee will determine further frequency of the audits.</p> <p><i>F9999 POC accepted 4/1/19 DW/Dravoska/RW/PK</i></p>	