



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

November 19, 2019

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

Dear Ms. Walker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 6, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 11/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2019
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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)

E 000 Initial Comments

The Division of Licensing and Protection conducted an annual emergency preparedness survey on 11/6/19. There were no regulatory findings regarding emergency preparedness as a result.

F 000 INITIAL COMMENTS

The Division of Licensing and Protection conducted an unannounced onsite annual recertification survey 11/4/19 - 11/6/19. The following regulatory violations were cited as a result.

F 801 Qualified Dietary Staff
SS=C CFR(s): 483.60(a)(1)(2)

§483.60(a) Staffing
The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

This includes:
§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-
(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization

E 000

Rutland Healthcare & Rehab provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.

F 000

F-Tag 801-- There was no negative impact to residents and patients that reside at the center.

F 801

The employee designated as Dietary Manager immediately completed the International Food Service Executives Association program-. He passed his test on 11/15/19 making him a Certified Food Manager (CFM) and now meets the qualifications of the position.

Administrator and/or designee has reviewed other team lead job descriptions to ensure designees meet the Federal and State requirements for their role.

Compliance date of 11/22/19.

F801 POC accepted 11/15/19 RTrenbly Ralmon

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 801	Continued From page 1 recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or (D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant	F 801			

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F 801	Continued From page 2 management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to employ a dietary service manager with the appropriate competencies and skill sets to carry out the functions of the food and nutrition service. The findings include the following: Per review of the Dietary Supervisor's personnel record, the Dietary Supervisor does not have the requisite qualification to meet regulation. The Registered Dietician is contracted part-time and does not work at least 35 hours per week in the facility. On 11/04/19 during the initial kitchen tour at approximately 8:54 AM, the same Dietary Supervisor confirmed that s/he had not yet completed the certification process but has applied for the training program which has been submitted on 10/29/19. During interview on 11/06/19 at approximately 10 AM, confirmation was made by the Center Executive Director and the Regional Manager of Health Care Services; that the Dietary Supervisor has not completed the certification process for dietary managers and that the facility does not otherwise meet the regulatory requirement.	F 801			
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)	F 921			

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F 921	Continued From page 3 §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a safe environment for residents in one area of the facility which is used by several residents. Findings include: Per observation on 11/4/19 at 1:51 PM, a handrail in a 2 South hall bathroom used by residents is very loose and pulling away from the wall. Several residents were observed using the bathroom unaccompanied by staff throughout the day. On 11/4/19 at 2:09 PM, two unit nurses confirmed the above observation and confirmed that this bathroom is used by residents. One of the nurses stated "they rely on it", referring to the handrail. On 11/06/19 at 8:23 AM, the Maintenance Director confirmed that the rail had been pulled away from the wall and stated that whoever installed that rail did it improperly.	F 921	<u>F-Tag 921-</u> There was no negative impact to a resident/patient. Residents that utilized the shared bathroom on 2 South had the opportunity to be affected and other residents/patients with a similar railings would as well. In order to identify if other bathroom rails were loose or the incorrect style, maintenance and/or designee has conducted a full audit in all resident bathrooms to ensure the safety of the handrails currently in place. Floor staff and housekeeping staff have been reeducated on the center's work order process (TELS) and the importance of escalating any safety issues directly to Maintenance Manager. Safety audits will continue to be conducted by Center Executive Director (CED) or designee weekly x 4 weeks, then monthly x 3, results will be reviewed at QAPI for evaluation and further recommendations. Compliance date of 11/22/19. <i>F921 POC accepted 11/18/19 R Tremblay RN / PWC</i>		