

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 25, 2022

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 recertification survey conducted on **February 9, 2022**. 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: 02/23/2022  
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  C 02/09/2022
NAME OF PROVIDER OR SUPPLIER  RUTLAND HEALTHCARE & 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)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000	Provider's Plan of Action/ Correction (Each Corrective Action should be cross-referenced to the appropriate Opportunity for Correction)	
F 000	The Division of Licensing and Protection conducted an onsite, unannounced investigation of the facility's Emergency Preparedness Program on 2/9/2022 as part of an annual recertification survey. There were no regulatory violations as a result of this investigation.  INITIAL COMMENTS	F 000	The Rutland Health and Rehabilitation Center 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 684 SS=E	The Division of Licensing and Protection conducted an onsite, unannounced recertification survey from 2/7/2022 to 2/9/2022. The following regulatory violations were cited as a result:  Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan related to PICCs (peripherally inserted central catheters) for two of two residents with PICCs (Resident #73 and Resident #65). Findings include:  1. Per record review, Residents #73 and #65 both	F 684	1. All residents/patients that have a peripherally inserted-central catheter (PICC) have the potential to be affected by the alleged deficient practice.  2. Resident #73 and #65's PICCs were cleansed, dressed and measured and a new order placed to be done on Tuesdays and then checked by RN Supervisor.  3. Education is currently being provided to the Licensed Nursing staff on peripherally inserted-central catheter (PICC) weekly arm circumference and external catheter length measurement policy and procedure.  4. Audits will be conducted weekly X3 month by DNS or designee to monitor the effectiveness of the plan.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator DATE 2/23/22

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.

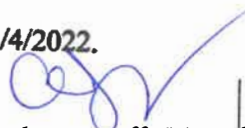
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F 684	<p>Continued From page 1</p> <p>have PICCs (centrally inserted catheters that deliver fluids and medicine directly into the heart from an insertion site in the upper arm). An order was placed in Resident #73's record on 1/18/22 that reads, "Change Catheter Site Transparent Dressing. Indicate external catheter length and upper arm circumference (10 cm above antecubital [inner elbow]). Notify practitioner if the external length has changed since last measurement every day shift every 7 days weekly and as needed." An identical order was placed in Resident #65's record on 1/13/22.</p> <p>Per review of Resident #73's medication and treatment administration record, Resident #73 was scheduled for their dressing change and site assessment on 1/18/22, 1/25/22, and 2/1/22. Nurse 1 documented that the PICC dressings were changed on all 3 scheduled dates. On 1/18/22, Nurse 1 documented "NA" under both circumference measurement and external length measurement. On 1/25/22, Nurse 1 documented "NA" under circumference measurement. On 2/1/22, Nurse 1 documented "NA" under both circumference measurement and external length measurement.</p> <p>Per review of Resident #65's medication and treatment administration record, Resident #65 was scheduled for their dressing change and site assessment on 1/14/22, and 2/4/22. Nurse 1 documented that the PICC dressings were changed on both scheduled dates. On 1/14/22 and 2/4/22, Nurse 1 documented "NA" under both circumference measurement and external length measurement.</p> <p>Per review of Resident #73's care plan, under the care plan focus "Central Line IV/PICC line due to</p>	F 684	<p>5. Results of the audit will be reported to the QAPI committee X3 months at which time the committee will evaluate the data and act on the information as indicated.</p> <p>Compliance date of 3/4/2022.</p> 	
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F684 Accepted 2/24/2022 by K.Ruffe/T.Wehmeyer

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F 684	Continued From page 2 antibiotic therapy" initiated on 1/15/22, an intervention placed on 1/15/22 reads, "sterile dressing change per policy and prm (as needed)."  Per review of the facility's policy Central Vascular Access Device Dressing Change, under the "guidance" section, the policy states, "9. Length of external catheter is obtained ... 9.2 during dressing changes ... 10. For PICCs, upper arm circumference (10 cm above antecubital) is obtained ... 10.4 compare to baseline measurement to detect possible catheter-associated venous thrombus (blood clot)."  Per interview on 2/9/22 at approximately 11:30 AM, The Director of Nursing confirmed that the documentation of "NA" did not represent an appropriate assessment of circumference or external length, and that appropriate documentation would consist of a numeric measurement.	F 684			