

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

August 7, 2023

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

Dear Ms. Walker:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 25, 2023.** 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

Lamela MCotaRN

Licensing Chief

Enclosure

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

PRINTED: 08/01/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		475039	B. WING_		C 07/25/2023	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	07125/2023	-
				46 NICHOLS STREET		
RUTLANI	DHEALTHCARE & REHA	BILITATION CENTER		RUTLAND, VT 05701		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETIO	ON
F 000	The Division of Licensing and Protection conducted an onsite, unannounced investigation of one complaint on 7/25/2023. The following regulatory deficiency was identified:		F 00	This plan of correction was written state and federal guidelines. It is n admission of noncompliance. How is the facility commitment to demo and maintain compliance.	ot an ever, it	
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)			Date of Compliance 8/8/2023.		
	state or local authoritic (i) This may include for from local producers, and local laws or regulation (ii) This provision does facilities from using progardens, subject to consume a safe growing and food (iii) This provision does from consuming foods from consuming foods for food ser This REQUIREMENT by: Based on observation facility failed to prepara professional standards failing to reheat previous temperature of 165 deinclude: During observation of on 7/25/23 at approximation from 7/25/23 at approximation for foods from the food from t	e food from sources ed satisfactory by federal, es. od items obtained directly subject to applicable State lations. s not prohibit or prevent oduce grown in facility impliance with applicable l-handling practices. s not proclude residents in not procured by the facility. orepare, distribute and ince with professional vice safety. is not met as evidenced in and staff interview, the e food in accordance with is for food service safety by justy cooked foods to a safe grees Fahrenheit. Findings		Dietary staff reviewed HealthCare Service Group's policy 4.7 Food Harbon Food temperatures were immediated to ensure a reheat temperature of Education completed with dietary sin regards to reheating leftovers to Testing completed to prove comperating completed to prove comperating temperature at 165'. Results to be discussed in QAPI xidentified concerns will be address immediately. Tag F 812 POC accepted on 8/7 K. Ruffe/P. Cota	ely taken 165'. taff 165'F. ntency. hthly x3 nee to s are 3,	

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
				B. WING		С		
		475039	B. WING _			07/2	25/2023	
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	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION			
F 812	seafood pasta sauce sauce. A dietary aide sauce from the walk-iwas in a plastic contaready-to-serve packadietary aide put a sersteel pan and heated After a few minutes, tover a serving of past temperature of the safor the resident's tray Dietary Manager used thermometer to meast leftover sauce. It read the Dietary Manager discard the prepared with sauce that was hedgrees Fahrenheit. Per interview a few manager was re-plated a Fahrenheit, the Dietarthat the kitchen's produced and cooled leteleast 135 degrees Fahrenheit for all possible food borne and cooled foods have "danger zone" (a tempedegrees Fahrenheit) in higher-than-average in with food borne patholicities.	requested to substitute the on the menu for marinara retrieved leftover marinara in refrigerator. The sauce tiner with a lid and not from a ge or sealed container. The wing of marinara sauce in a the sauce over a burner, the aide served the sauce that without measuring the sauce and prepared the plate to be sent to the unit. The did an instant-read sure the temperature of the lid 115 degrees Fahrenheit. Instructed the aide to tray and repeat the process seated to at least 135. Inutes after the pasta and after reaching 140 degrees by Manager re-confirmed the sess for reheating previously flovers is to heat them to at the internheit. Indicate the service, foods the susty cooked and then set be reheated to 165 or at least 15 seconds to kill the illness. Previously cooked the passed through the perature range of 40 to 140 multiple times and are at a lisk of being contaminated.	F8	12				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BOILDII	A. BU'LDING		С		
		475039 B. WING _				07/25/2023		
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 PREFI) TAG	X (EACH CORRECTIVE ACT CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 812	training materials inclu previously cooked and	ager confirmed that their ude education on heating discooled foods, but that it imperature as high as 165	F8	812				