



**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

September 20, 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 **September 13, 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,

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

Pamela M. Cota, RN  
Licensing Chief

Enclosure

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

PRINTED: 09/19/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RUTLAND HEALTHCARE &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 NICHOLS STREET RUTLAND, VT 05701</b>
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F 000	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced, onsite complaint investigation, including reports #22218 and #22141, on 9/13/2023 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey.	F 000	The Rutland Health and Rehab 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.	10/13/23
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any,	F 580	1. Residents #1 was discharge home on 4/14/23.  2. An audit was done to ensure the physician was consulted when there is a need to alter treatment significantly in regards to consistent refusal of high-risk medications for all residents.  3. Education was done with the licensed nursing staff regarding policy and procedure on refusal of treatment.  4. Audits on refusal of medications will be conducted weekly x3 months and issues will be addressed immediately and discussed in QAPI.  Compliance date 10/13/23  <b>Tag F 580 POC accepted on 9/20/23 by K. Ruffe/P. Cota</b>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Sr NHA</b>	(X6) DATE <b>9/19/23</b>
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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 580	<p>Continued From page 1</p> <p>when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to consult with the resident's physician when there is a need to alter treatment significantly as evidenced by a failure to follow up on consistent refusal of high-risk medications for one of 5 sampled residents (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted with Type 2 Diabetes Mellitus on 4/6/2023. An order for "Insulin Aspart (short acting insulin) 20 unit injections three times a day with meals" was placed on 4/7/2023. An order for "Insulin Glargine (long acting insulin) 30 unit injections one time a day" was also placed on 4/7/2023. Insulin is prescribed for Diabetes to help control blood sugars and prevent serious complications from</p>	F 580		
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F 580	<p>Continued From page 2 chronically high blood sugar levels.</p> <p>Per review of Resident #1's Medication Administration Record, Resident #1 refused the Insulin Aspart injections on 4/7/23 at 5 PM, all scheduled injections on 4/8/23 through 4/10/23, on 4/11/23 at 8 AM and 5 PM, all scheduled injections on 4/12/23 through 4/13/23, and on 4/14/23 at 8 AM prior to Resident #1's discharge from the facility. Resident #1 also refused all daily Insulin Glargine injections from 4/8/23 through 4/14/23 prior to discharge from the facility.</p> <p>Per review of nursing progress notes, multiple daily nursing notes document Resident #1's refusal of Insulin throughout their admission. None of these notes state that the provider was notified of the refusals until 4/14/23, the morning of Resident #1's discharge. There is otherwise no evidence that the provider was notified of Resident #1's insulin refusal throughout their admission.</p> <p>The facility policy titled "Refusal of Treatment" states under the process section "3. Notify physician of refusal of treatment. 4. Staff Will: 4.1 determine and document what the patient is refusing 4.2 assess the reasons for refusal 4.3 advise patient of consequences of refusal, and 4.4 offer alternative treatments."</p> <p>Per interview on 9/13/23 at approximately 12:45 PM, the Director of Nursing confirmed that no evidence of provider notification could be found for Resident #1's refusal of ordered insulin.</p>	F 580		
F 806 SS=E	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)	F 806	1. Residents #1 was discharged home on 4/13/23.	10/13/23

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F 806	<p>Continued From page 3</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, resident interview, and record review, the facility failed to ensure that each resident receives food that accommodates allergies, preferences, and intolerances for two of four sampled residents (Residents #1 and #2). Findings include:</p> <p>1. Per record review, Resident #1 was admitted on 4/6/2023 with a diagnosis of Celiac Disease (a disease that causes acute illness and long term health issues if Gluten [found in wheat and other grains] is ingested). Resident #1's allergies list also lists "wheat", entered on 4/6/2023. On 4/6/23, Resident #1 had the care plan focus "Risk for gastrointestinal symptoms or complications related to constipation, diverticulitis, history of colon cancer, celiac disease, and gastroesophageal reflux disease" added to their care plan.</p> <p>The record shows that Resident #1's diet order was placed on 4/6/23. The diet order reads "consistent carbohydrate diet, regular texture." There is a comment in the order that states "Gluten Free." An audit of the order's revision history shows that the order was revised on 4/11/23.</p>	F 806	<p>2. Resident #2 meal ticket was corrected and food allergies were added.</p> <p>3. An audit was done to ensure all meal tickets had the correct diet and food allergies listed.</p> <p>3. Education was done with licensed nursing staff along with dietary staff on ensuring allergies and the correct diet is listed on meal tickets.</p> <p>3. Audits on diets and meal tickets will be done weekly x3 months. Issues will be addressed immediately and discussed in QAPI.</p> <p>Compliance date 10/13/23</p> <p><b>Tag F 806 POC accepted on 9/20/23 by K. Ruffe/P. Cota</b></p>		

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F 806	Continued From page 4  Per review of a grievance that Resident #1 submitted on 4/11/23, the description reads, "Patient reports that [they have] a gluten free diet and is not receiving these types of meals." The immediate action taken section of the form reads, "Diet order updated to Gluten Free and dietary slip sent."  Per interview on 9/13/2023, the Director of Nursing confirmed that the diet order was updated on 4/11/23 following the Resident #1's complaint despite ample evidence in the chart that the Resident could not eat gluten-containing foods.  2. Per record review, Resident #2 has "wheat" listed as an intolerance in their medical record. This was placed on 1/8/2021.  Per observation of Resident #2's meal ticket on 9/13/23 at approximately 11:30 AM, Resident #2's meal ticket for the impending lunch service did not have wheat listed as on of their allergies.  Per interview at the time of the meal ticket observation, the Dietary Manager stated that allergy/intolerance information is sent from the nursing units via a diet slip to the kitchen. Kitchen staff then update meal tickets to include allergies, and this is what they reference when plating meals to avoid putting allergens on resident trays.  Per interview on 9/13/23 at approximately 11:45 AM, the Unit Manager confirmed that Resident #2's medical record lists wheat as an allergen but that Resident #2 is not on a wheat or gluten-free diet.	F 806			

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F 806	Continued From page 5 Per interview on 9/13/23 at approximately 11:50 AM, Resident #2 stated that they are aware that they have been intolerant to wheat in the past, and that it sometimes "bothers" them but that they continue to eat wheat at the facility.	F 806		
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