

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 29, 2015

Mr. Thomas Rice, Administrator
Brookside Health And Rehabilitation
1200 Christian Street
White River Junction, VT 05001-9267

Dear Mr. Rice:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 7, 2015**. 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



05/13/2015

PRINTED: 05/13/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2015
NAME OF PROVIDER OR SUPPLIER BROOKSIDE HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001	

(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
F 000	INITIAL COMMENTS	F 000		
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews between May 6 and 7, 2015, the facility failed to revise a care plan for 1 (Resident #1) of 3 residents in the applicable sample. The</p>	F 280	<p>F280 Disclaimer</p> <p>The filing of this plan of correction is filed as the facility's does not constitute the fact that deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply the requirements and provide High quality care</p> <ol style="list-style-type: none"> 1. Resident #1 care plan has been reviewed and revised. There has been no negative outcome as a result of alleged deficient practice 2. All residents whom have care plans are at risk for experiencing this alleged deficient practice. 3. All residents interdisciplinary care plan will be reviewed and revised as needed to ensure they are up to date and correct by 6/1/2015 	

LABORATORY DIRECTOR'S OFFICE / PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ DATE 5/29/15

Efficiency statement ending with an asterisk (*) denotes a violation 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 15 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 280	Continued From page 1 specifics are as follows: Per record review of Resident #1, s/he was admitted to the facility on 07/30/2104 on Hospice services. Between July and November 2014 the resident's condition improved and Resident #1 was subsequently discharged from the Hospice benefit in November 2014. As of May 6, 2015, the care plan still directs staff to notify hospice personnel for change in conditions, for clergy support, for several of the care areas identified as needing interventions. The Director of Nursing (DNS) confirms the above during interview on 05/06/2015. The Unit Manager confirms during interview on 05/07/2015 at 1:30 PM that the care plan for Resident #1 was not revised after the discharge from hospice.	F 280	4. Interdisciplinary care team members will be re-educated on their role to ensure care plan is reviewed and revised to so as to ensure it remains current by 6/1/2015 5. Random weekly audits x4 to ensure continued compliance. Results to be reported to QAA x3 for determination of compliance. 6. Plan completed by 6/1/2015. Director of Nursing or designee responsible for implementation		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by Based on medical record review, observation and staff interviews, the facility failed to assure that physician orders were carried out for 1 (Resident # 1) of 3 residents in the applicable sample. The specifics are as follows: Per medical record review of Resident #1 on 05/06/2015 there is an order to take his/her vital signs twice daily, at 10:00 AM and again at 4:00 PM. The resident indicated during interview on 05/06/2015 at 2:00 PM that s/he had to take his/her own blood pressure "because the staff	F 281	F281 Disclaimer The filling of this plan of correction is filed as the facility's does not constitute the fact that deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply the requirements and provide High quality care 1. Resident #1 orders have been reviewed to ensure accuracy and properly carried out. Resident #1 evaluated, no negative outcome as result of this alleged deficient practice..		<i>accepted 5/28/2015 C. Coleman, R.N.</i>

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F 281	Continued From page 2 doesn't take it". There is no evidence in the medical record to indicate that the resident's vital signs were taken consistently. This is confirmed by the Unit Manager during interview on 05/07/2015 at 2:30 PM. The unit manager indicates that the Resident takes his/her own vital signs and stores them in the blood pressure machine. The unit manager further indicates that the vital signs taken are no longer available for viewing.	F 281	<ol style="list-style-type: none"> 2. All resident that have physicians orders are at risk for this alleged deficient practice.. 3. All residents Physicians orders will be reviewed to ensure accuracy and that they are properly carried out by 6/1/2015. 4. Nursing staff will be re-educated to ensure understanding of process to carry out physicians orders by 6/1/2015 5. Random weekly audits x4 to ensure continued compliance. Results to be reported to QAA x3 for determination of compliance. 6. Plan completed by 6/1/2015. Director of Nursing or designee responsible for implementation 	

*accepted by
DC Coleman, RND
5/28/2015*