

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

March 28, 2013

Mr. Phillip Condon, Administrator
Franklin County Rehab Center Llc
110 Fairfax Road
St Albans, VT 05478

Dear Mr. Condon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 27, 2013**. 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

PC:jl



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

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2013
NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478	
(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 205 SS=B	<p>An unannounced on-site recertification survey was conducted from 02/25/2013 to 02/27/2013 by the Division of Licensing and Protection. The following deficiencies were identified:</p> <p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to provide residents, family members or legal representatives with written notice which specifies the duration of the bed-hold policy when 2 of 2 sampled residents were transferred to another facility. (Resident #1 and #7). Findings include:</p>	F 205	<p>F-205</p> <p>At the time of a resident transfer the Franklin County Rehab Center, LLC bed hold policy will be given with the transfer packet. A nurse will document that the transfer papers had been sent. Social Services will follow up on the next business day to ensure that the paperwork was given.</p> <p>Date of Completion: 3/15/13</p>	

Accepted 3/28/2013 / A Coleman

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Coleen Kohout

Administrator/owner

3/14/13

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 205	Continued From page 1 1. Per medical record review on 02/26/2013, Resident #1 had 3 transfers to the local hospital during November and December 2012. The resident returned to the facility within 24 hours for 2 of the transfers, but was hospitalized for 2 nights during one of the December transfers. The medical record does not reflect that Resident #1 was informed of the bed-hold policy at the time of transfer. This is confirmed during interview with the Social Worker on 02/26/2013 in the afternoon. 2. Per medical record review on 02/26/2013 at 2:50 PM, Resident #7 was transferred to the local hospital on 12/23/2013 and returned to the facility on 12/29/2013. The medical record does not reflect that a bed hold-notice was given to the resident at the time of transfer.	F 205			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The Administrator confirms during interview on 02/26/2013 that either s/he or the Social Service department staff discuss the bed-hold policy with the resident or their significant others at the time of transfer, but that this conversation is not documented in the medical record. A written notice is also not provided to any resident or family, other than the one that is included in the facility admission packet. The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by:	F 281	see next page for POC. F281		

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F 281	<p>Continued From page 2</p> <p>Based on medical record review and staff interview the facility failed to meet professional standards by not assuring that physician orders are transcribed and carried out for 1 of 10 sampled residents. (Resident #30)</p> <p>Per medical record review at 9:30 AM on 02/27/2013, Resident #30 is receiving Seroquel (an anti-psychotic medication) 25 mg (milligrams) 3 times per day (TID) and the order to reduce the frequency to 2 times per day (BID), written on 01/23/2013, has not been transcribed nor carried out by the nursing staff.</p> <p>The medical record contains a pharmacy recommendation dated 01/16/2013 to decrease the Seroquel frequency from TID to BID. This is noted to be a second request by the pharmacist, the first request for the frequency reduction was made in November 2012. The MD agreed to this change by signing the pharmacy recommendation form on 01/23/2013. The order was not transcribed onto the Medication Record Administration (MAR) in January when the order was received from the physician. The resident is still receiving Seroquel TID per the MAR.</p> <p>The Director of Nursing (DNS) confirms during interview on 02/27/2013 at 10:30 AM that the MD order was not transcribed and the dose of Seroquel has not been changed since the order was faxed to the facility in January 2013.</p> <p>Ref: Nursing Drug Handbook, 2010 Lippincott, "Safe Drug Administration", pg. 13-14.</p>	F 281	<p>F-281</p> <p>Returned signed faxes from doctors will be signed off by nursing after review and implementation, and placed in the doctor's orders section of the resident chart. Recommendations and doctor's orders will be reviewed during the pharmacist's monthly consult and by nursing during their monthly MAR/TAR review.</p> <p>Date of completion: 3/15/13</p> <p><i>Accepted 3/24/2013 K. Coleman</i></p>		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	F 329	SEE F 329 POC next page		

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F 329	<p>Continued From page 3</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to ensure that the drug regimens for 1 of 10 sampled residents is free from unnecessary drugs. (Resident #30)</p> <p>Per medical record review at 9:30 AM on 02/27/2013, Resident #30 is receiving Seroquel (an anti-psychotic medication) 25 mg 3 times per day (TID) for a diagnosis of Alzheimer's</p>	F 329	<p>F-329</p> <p>Pharmacy recommendations will be sent to the doctor for review upon receipt. Doctor's orders will be followed after received. Pharmacy recommendations will be followed up by the charge nurse and the director of nursing will review monthly.</p> <p>Date of completion: 3/15/13</p> <p><i>Accepted 3/28/2013 J Coleman RN.</i></p>	

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F 329	Continued From page 4 dementia, acute delirium and hallucinations (documented in a history and physical from a hospital visit in 2011). The medical record contains a pharmacy recommendation dated 01/16/2013 to decrease the Seroquel frequency from TID to BID. This is noted to be a second request by the pharmacist, the first request for the frequency reduction was made in November 2012. The MD agreed to this change by signing the pharmacy recommendation form on 01/23/2013. The order was not transcribed onto the Medication Record Administration (MAR) in January when the order was received from the physician. The resident is still receiving Seroquel TID per the MAR. The Director of Nursing (DNS) confirms during interview on 02/27/2013 at 10:30 AM that the MD order was not transcribed and the dose of Seroquel has not been changed since the order was faxed to the facility in January 2013.	F 329			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced	F 428	F-428 During the pharmacist's monthly review any consultations not reviewed by the doctor will be brought to the attention of the director of nursing for follow up. The pharmacist and the director of nursing will review monthly. Date of completion: 3/15/13 <i>Accepted 3/28/2013 K Coleman, RN</i>		

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F 428	Continued From page 5 by: Based on medical record review and staff interviews, the facility failed to ensure that the recommendations made by the pharmacist during monthly pharmacy reviews are acted upon for 1 of 10 sampled residents. (Resident #30) Per medical record review at 9:30 AM on 02/27/2013, Resident #30 is receiving Seroquel 25 mg 3 times per day (TID). The medical record contains a pharmacy recommendation dated 01/16/2013 to decrease the Seroquel frequency from TID to BID. This is noted to be a second request by the pharmacist, the first request for the frequency reduction was made in November 2012. The MD agreed to this change by signing the pharmacy recommendation form on 01/23/2013. The order was not transcribed onto the Medication Record Administration (MAR) in January when the order was received from the physician. The resident is still receiving Seroquel TID per the MAR. The Director of Nursing (DNS) confirms during interview on 02/27/2013 at 10:30 AM that the MD order was not transcribed and the dose of Seroquel has not been changed since the order was faxed to the facility in January 2013.	F 428			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all	F 431	See next page POC F431		

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F 431	<p>Continued From page 6</p> <p>controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure drugs are labeled in accordance with currently accepted professional principles by failing to label multidose vial medications to indicate when they were opened in 2 of 4 medication carts. Findings include: Per medication storage review on 2/26/13, two of</p>	F 431	<p>F-431</p> <p>Franklin County Rehab Center, LLC will inservice the nursing staff regarding proper medication labeling. Each medication card will be reviewed monthly by the pharmacist. The medication cart will be reviewed monthly by nursing. The quality assurance nurse will review medication cart checks and perform random cart audits.</p> <p>Date of completion: 3/15/13</p> <p><i>Accepted 3/28/2013 K Coleman, PA</i></p>	

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F 431	<p>Continued From page 7</p> <p>the four medication carts in the facility contained vials of insulin that had been opened, but not labeled with the date of opening on the box or bottle.</p> <p>Per review of the medication cart for the Mansfield Unit on 2/26/13 at 1:35 PM, a vial of Levimir Insulin prescribed to Resident #47 was not labeled with the date that it had been opened. This observation was confirmed at that time with the nurse administering medications on that unit.</p> <p>On 2/26/13 at 1:45 PM on the Four Seasons Unit, the medication cart contained 2 vials of insulin prescribed to Resident #140 that were not labeled with the date they were opened. There was a vial of Novolin R and a vial of Lantus insulin in use for the resident. This observation was confirmed at that time by the nurse administering medications from that cart.</p> <p>Per interview on 2/26/13 at 1:52 PM, the Director of Nursing confirmed that the above insulin vials were not labeled, and that staff are expected to label each insulin vial at the time that it is opened.</p>	F 431			