

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

February 21, 2014

Ms. Judy Morton, Administrator  
Mountain View Center Genesis Healthcare  
9 Haywood Avenue  
Rutland, VT 05701-4832

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 16, 2014**. 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: 02/12/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW CENTER GENESIS HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9 HAYWOOD AVENUE RUTLAND, VT 05701</b>		
(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 281	<p>Continued From page 1</p> <p>indicate that Resident #1 was seen again at the emergency room of RRMC on 8/25/13 for dehydration and again received IV hydration and sent back to the facility.</p> <p>Per review of the medical record Resident #1 has a history of not consuming oral fluids without them being offered.</p> <p>Per review of the physician's documentation dated 11/21/13 the physician's plan discussed with the DPOA (Durable Power of Attorney) and the plan was to provide intravenous hydration twice weekly and "push" fluids, accurate intake/output recording and daily weights. Per physician documentation dated 11/26/13 the physician's plan is to continue daily weights and continue IV fluids for now, push fluids and accurate intake/output. Per the physician documentation dated 12/18/13, a meeting was held on 11/21/13 with the physician and DPOA and the plan discussed was that the physician was a program of continual oral intake, daily weights and laboratory tests to prevent another episode of dehydration.</p> <p>Per review of the physician orders that are dated and signed on 11/21/13, there is an order for daily weights to be taken that did not indicate a time period or stop date. Review of the physician's orders dated and signed on 12/2/13 indicated daily weights times 1 week, and the physician's orders signed 12/18/13 also indicate daily weights without indicating a time period or stop date.</p> <p>Per review of the computer documentation and paper documentation by the facility provided on 12/30/13 and 1/9/14, the documentation indicates that there were no recorded weights for 11/23/13,</p>	F 281	<p>Results of the audit will be discussed at CQI for further evaluation and recommendations.</p> <p>Corrective action will be completed by February 16, 2014</p> <p><i>F281 POC accepted 2/20/14 PmedarN</i></p>	

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F 281	<p>Continued From page 2 12/20/13, 12/21/13, 12/22/13, or 12/29/13.</p> <p>Per review of the comprehensive care plan titled "Resident at risk for fluid volume excess" initiated on 7/13/13 indicated to "Monitor weights as ordered and report to physician per MD order."</p> <p>Per interview with the Director of Nursing on 12/30/13, he/she in interview indicated that that all weights were to be found in the computer. Per second interview with the DNS on 12/30/13, he/she indicated that Unit Coordinators are responsible for documenting weights into the computer daily, the DNS indicated that the aides use their assignment sheets to identify who needs to be weighed and the weights are obtained and given to the Unit Coordinator. Per interview, the DNS indicated that based on the medical conditions of Resident #1 he/she was at risk for dehydration. In interview the DNS reviewed the medical record and confirmed the physician's orders for daily weights on 11/21/13, daily weights for 1 week order dated 12/2/13 and 12/18 order for daily weights. The DNS indicated on 12/30/13 that she/he would retrieve all paper documentation on the units for weights for the time frames listed above and provide them on 12/30/13.</p> <p>Per documentation received from the facility Administrator via fax on 1/2/14, the documentation indicates that it was "not the physician's intention for daily weights to continue for the entire month of December." The documentation provided on 1/2/14 indicates an order clarification obtained on 12/31/13, the order clarification reads "Clarification to orders signed 12/18/13, patient was no longer a daily weight, daily weight was ordered for 12/2/13 for one</p>	F 281			



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F 282	<p>Continued From page 4 dehydration and again received IV hydration and sent back to the facility.</p> <p>Per review of the medical record Resident #1 has a history of not consuming oral fluids without them being offered and has a history of refusing and removing IV hydration.</p> <p>Per review of the physician's documentation dated 11/21/13 the physician's plan discussed with the DPOA and the plan was to provide intravenous hydration twice weekly and "push" fluids, accurate intake/output and daily weights. Per physician documentation dated 11/26/13 the physician's plan is to continue daily weights and continue IV fluids for now, push fluids and accurate intake/output. Per the physician documentation dated 12/18/13, a meeting was held on 11/21/13 with the physician and DPOA and the plan discussed was that the physician was a program of continual oral intake, daily weights and laboratory tests to prevent another episode of dehydration.</p> <p>Per review of the physician orders that are dated and signed on 11/21/13, there is an order for daily weights to be taken that did not indicate a time period or stop date. Review of the physician's order's dated and signed on 12/2/13 indicated daily weights times 1 week, and the physician's orders signed 12/18/13 indicate daily weights without indicating a time period or stop date.</p> <p>Per review of the computer documentation and paper documentation by the facility provided on 12/30/13 and 1/9/14, the documentation indicates that there were no recorded weights for 11/23/13, 12/20/13, 12/21/13, 12/22/13, or 12/29/13.</p>	F 282		
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F 282	<p>Continued From page 5 .</p> <p>Per review of the comprehensive care plan titled "Resident at risk for fluid volume excess" initiated on 7/13/13 indicated to "Monitor weights as ordered and report to physician per MD order."</p> <p>Per interview with the Director of Nursing on 12/30/13, he/she in interview indicated that that all weights were to be found in the computer. Per second interview with the DNS on 12/30/13, he/she indicated that Unit Coordinators are responsible for documenting weights into the computer daily, the DNS indicated that the aides use their assignment sheets to identify who needs to be weighed and the weights are obtained and given to the Unit Coordinator. Per interview the DNS indicated that based on the medical conditions of Resident #1 he/she was at risk for dehydration. In interview the DNS reviewed the medical record and confirmed the physician's orders for daily weights on 11/21/13, daily weights for 1 week order dated 12/2/13 and 12/18 order for daily weights. The DNS indicated on 12/30/13 that she/he would retrieve all paper documentation on the units for weights for the time frames listed above and provide them on 12/30/13.</p> <p>Per documentation received from the facility Administrator via fax on 1/2/14, the documentation indicates that it was "not the physician's intention for daily weights to continue for the entire month of December." The documentation provided on 1/2/14 indicates an order clarification obtained on 12/31/13, after the onsite investigation, the order clarification reads "Clarification to orders signed 12/18/13, patient was no longer a daily weight, daily weight was ordered for 12/2/13 for one week. They ended on 12/9/13." The documentation also provided on</p>	F 282		

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F 282	<p>Continued From page 6</p> <p>1/2/14 from the facility Administrator, the documentation indicated that "due to our medical records clerk being out on a medical leave, all of the weights did not get entered in the computer system but were available at the nurse's station and on the LNA daily assignment sheets."</p> <p>2. Per review of the comprehensive care plan titled "Resident at risk for urinary retention" initiated on 7/22/13, the care plan indicates that staff is to monitor intake and output. Per review of the facility policy in place on 12/30/13 regarding output, facility staff are directed to record all output amounts in cc 's (cubic centimeters - a volume measurement). Per review of the medical record there was no evidence that from 7/22/13 to 8/10/13, 11/5 - 11/30/13 staff monitored output in cc 's. Per interview with the Administrator and DNS on 12/30/13 they were unable to provide documentation that Residents #1's intake was consistently monitored for specific amount of fluids consumed across all shifts from 7/22/13 to 8/10/13 and 11/5/13 to 11/23/13. Per documentation provided via fax on 1/2/14 by the Administrator, there was no evidence that the facility consistently monitored intake for specific amount of fluids consumed across all shifts from 7/22/13 to 8/10/13 and 11/5 to 11/23/13 per the care plan.</p>	F 282		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475012</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>1/16/2014</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 514</b>	<p><b>483.75(1)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</b></p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to maintain clinical records for 1 Resident (Resident #1) identified in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The findings include.</p> <p>1. Per record review on 12/30/13, Resident #1 was admitted to the facility on 7/ 12/13 with diagnosis that include; chronic kidney failure (Stage 3), Urinary obstruction with prostate hyperplasia, Celiac disease and diverticulosis of the colon.</p> <p>Per review of the physician's documentation dated 11/21/13 the physician's plan discussed with the DPOA and the plan was to provided intravenous hydration twice weekly and "push" fluids , accurate intake/output and daily weights. Per physician documentation dated 11/26/13 the physician's plan is to continue daily weights and continue IV fluids for now, push fluids and accurate intake/output. Per the physician documentation dated 12/18/13 a meeting was held with the physician and DPOA and the plan discussed was that the physician was a program of continual oral intake, daily weights and laboratory tests to prevent another episode of dehydration.</p> <p>Per review of the physician orders that are dated and signed on 11/21/13, there is an order for daily weights to be taken that did not indicate a time period or stop date. Review of the physician's order's dated and signed on 12/2/13 indicated daily weights times 1 week, and the physician's orders signed 12/18/13 indicate daily weights without indicating a time period or stop date.</p> <p>Per review of the computer documentation and paper documentation by the facility provided on 12/30/13 and 1/9/14, the documentation indicates that there were no recorded weights for 11/23/13, 12/20/13, 12/21/13, 12/22/13, or 12/29/13.</p> <p>Per interview with the Director of Nursing on 12/30/13, he/she in interview indicated that that all weights were to be found in the computer. Per second interview with the DNS on 12/30/13, he/she indicated that Unit Coordinators are responsible for documenting weights into the computer daily, the DNS indicated that the aides use their assignment sheets to identify who needs to be weighed and the weights are obtained and given to the Unit Coordinator. The DNS indicated on 12/30/13 that she/he would retrieve all paper documentation</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 514	<p>Continued From Page 1</p> <p>on the units for weights for the time frames listed above and provide them on 12/30/13.</p> <p>Per documentation received from the facility Administrator via fax on 1/2/14, the documentation indicates that it was "not the physician's intention for daily weights to continue for the entire month of December ." The documentation provided on 1/2/14 indicates an order clarification obtained on 12/31/13, the order clarification reads "Clarification to orders signed 12/18/13, patient was no longer a daily weight, daily weight was ordered for 12/2/13 for one week. They ended on 12/9/13." The documentation also provided on 1/2/14 from the facility Administrator, the documentation indicated that "due to our medical records clerk being out on a medical leave, all of the weights did not get entered in the computer system but were available at the nurse's station and on the LNA daily assignment sheets."</p> <p>2. Per review of the comprehensive care plan titled "Resident at risk for urinary retention" initiated on 7/22/13, the care plan indicates that staff is to monitor intake and output. Per review of the facility policy in place on 12/30/13 regarding output, facility staff are directed to record all output amounts in cc 's (cubic centimeters - a volume measurement). Per review of the medical record there was no evidence that from 7/22/13 to 8/10/13, 11/5 - 11/30/13 staff monitored output in cc 's. Per interview with the Administrator and DNS on 12/30/13 they were unable to provide documentation that Residents #1's intake was consistently monitored for specific amount of fluids consumed across all shifts from 7/22/13 to 8/10/13 and 11/5/13 to 11/23/13. Per documentation provided via fax on 1/2/14 by the Administrator, there was no evidence that the facility consistently monitored intake for specific amount of fluids consumed across all shifts from 7/22/13 to 8/10/13 and 11/5 to 11/23/13 per the care plan.</p> <p>F-514 The computerized medical record for resident #1 was updated.</p> <p>Nursing staff will be educated regarding keeping complete and accurate records.</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Audits will be completed weekly x4 then monthly x3 to ensure that medical records are complete, accurate and accessible.</p> <p>Results of the audits will be discussed at CQI for further evaluation and recommendations.</p>
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Corrective actions will be completed by  
February 16, 2014

F514 POC OK 2/20/14 MOUNTAIN