

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

November 14, 2013

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

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 23, 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

NOV 14 2013

PRINTED: 11/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2013
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NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW CENTER GENESIS HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT 05701
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(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	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that the resident environment remained as free of accident hazards as is possible for 1 of 40 residents (Resident #157). Findings include:</p> <p>1. During an observation of two staff providing care to Resident #157 on 10/21/13 at 12:10 PM, Licensed Nurse Assistant A (LNAA) removed a pillow from each side of the bed; upon further examination it was noted that a significant space existed on each side of the bed between the mattress and the bedside rail (large enough to hold a bed pillow) and that the rails were loose fitting. LNAA confirmed that the space between the mattress and the bedside rails was large enough to hold a pillow. At 12:16 PM the Registered Nurse (RN) on duty examined the</p>	F 323	<p>F323 Resident #157 was not negatively impacted by the alleged deficient practice. The hazard was assessed and removed.</p> <p>No other residents were negatively impacted by the alleged deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>A safety audit of all beds has been conducted to ensure the resident area is free of hazards/related to bed safety.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE 11-11-13
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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.

*PM*

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F 323 Continued From page 1  
mattress and rails with this surveyor and confirmed that the space between the mattress and rails accommodated a pillow on each side, and that the rails were loose fitting. At 12:40 PM the maintenance assistant examined the rails with the surveyor. S/he denied any system to routinely check bed rails apart from work orders, and s/he noted that there had not been a work order in the communication book from nursing regarding the fit of these bedside rails.

Per medical record review, Resident #157 had a quarterly comprehensive assessment on 9/24/13 and was found to require extensive assistance by two staff for bed mobility and required a mechanical lift and two staff for transfer from the bed. The written care plan indicates that Resident #157 requires assistance, has fallen, has poor safety awareness, and that staff should provide verbal cues for safety and sequencing. This functional status would make it unlikely that Resident #157 could move independently if s/he accidentally rolled into the space between the mattress and the bedside rail. It was also noted during record review and staff interview that Resident #157 slid from the bed to the floor mat on 9/28/13. The fall was said to be related to wearing "silky pajamas" while on the low air loss mattress. The low air loss mattress had been ordered by the physician on 2/11/13 so as to relieve skin pressure, was discontinued on 3/7/13, and re-ordered due to skin breakdown on 3/27/13 (and continued in use since 3/27/13). On 10/22/13 at 9:15 AM it was observed by this surveyor that the bed rails had been entirely removed from the bed of Resident #157. At 2:00 PM on 10/22/13, the maintenance manager confirmed that s/he was not aware of a mattress and bedrail gap as a potential accident hazard

F 323  
Center staff will be re-educated on the policy & procedure for to ensure the resident area is free of hazards as related to bed safety.

Administrator or designee will conduct weekly audits to ensure compliance with bed safety x2 and then monthly x3 with results to be reviewed at QA meeting for further review and recommendations. Date of compliance: 11/17/2013

*F323 POC accepted 11/14/13  
MHiggins RN / PMC*

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F 323	Continued From page 2 and thought of bedrails as added safety for the resident. At 2:30 PM on 10/22/13, the Director of Nursing Services (DNS) confirmed that the facility had not addressed the potential hazard of the gap between the bedside rails and low air flow mattress during the assessment and care planning process either when the mattress was initiated in February, 2013, or after the fall from the mattress on 9/28/13.	F 323		