

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

October 25, 2012

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 9, 2012**. 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: 10/15/2012  
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>R</b> <b>10/09/2012</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 279}	<p>Continued From page 1</p> <p>Findings include:</p> <p>Per record review Resident #125 (R#125) was admitted to the facility on 9/6/12 from an acute hospital stay for a fall and fracture of his/her Left Lower Extremity (LLE). S/he was admitted to the Therapeutic Care Unit (TCU) which is, primarily, a short term rehabilitation unit. The record contains two Social Services Assessments dated 9/20/12 and 10/2/12. In both assessments, in section Q300, the question (#Q400A) "Is active discharge planning already occurring for the resident to return to the community?" is answered yes. In the 5 Day Admission MDS (comprehensive assessment) dated 9/20/12 and the 30 Day MDS dated 10/4/12 in section Q300, the question (#Q400A) "Is active discharge planning already occurring for the resident to return to the community?" is answered yes.</p> <p>In a review of the initial care plan dated 9/7/12 and the comprehensive care plan dated 9/17/12 there is no Discharge (Planning) Care Plan in either Care Plan. There are also no discontinued Discharge Care Plans for this admission found in the record. In an interview on 10/9/12 at 1:40 PM two Social Workers confirmed that the Social Services Assessments state that the resident intends to return home and that there is an active discharge plan in place. They also confirmed that there is no discharge care plan in the record.</p> <p>In an interview at 1:55 PM the Director of Nursing Services (DNS) confirmed that there is no Discharge Care Plan in the record. Both the DNS and the Nurse Navigator for the TCU confirmed that no "Discharge Book" (the discharge plan) has been opened for this resident.</p>	{F 279}	<p>Administrator will monitor for care plan entries weekly x 4 then monthly for 3 months. The findings of these audits will be reviewed at CQI committee.</p> <p>Oversight: Administrator</p> <p><i>10/25/12</i> <i>F279</i> <i>R</i> <i>2012</i> <i>accepted</i> <i>Handy, RW</i></p>	