

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 10, 2010

Susan LaNinfa, Administrator
Pine Heights At Brattleboro Center
187 Oak Grove Avenue
Brattleboro, VT 05301

Provider ID #:475023

Dear Ms. LaNinfa:

Enclosed is a copy of your revised acceptable plans of correction for the survey conducted on **October 27, 2010**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



SCANNED

11-18-10

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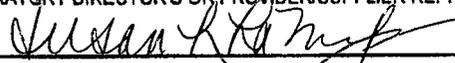
PRINTED: 11/01/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED C 10/27/2010
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NAME OF PROVIDER OR SUPPLIER PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R	STREET ADDRESS, CITY, STATE, ZIP CODE 187 OAK GROVE AVENUE BRATTLEBORO, VT 05301
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F 000	INITIAL COMMENTS	F 000		
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 SUSAN L LANINFA Admin 11/11/10

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 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to consult with the resident's physician and notify the resident's legal representative regarding a significant change in the resident's physical status for one resident in the applicable sample. (Resident #1) Findings include: 1. The facility did not inform the resident's physician and family of the failure of a skin condition to improve with treatment, as well as to report the worsening status of the skin condition after a prescribed three month treatment regimen was completed for Resident #1. Per review of the resident's Nurses Notes (NN), the resident had a recurrent skin condition requiring treatment and referral to a medical specialist on 7/20/10. A three month course of therapy was prescribed and was given as ordered by the specialist during which no improvement was documented by nursing staff. Confirmed during interview with the Director of Nursing Service (DNS) and the Wound/Skin Care Nurse on 10/27/10 at 1:58 PM, the resident's skin condition did not improve with treatment and began to worsen further after the completion of the ordered treatment regimen on 10/8/10. The Wound/Skin Care Nurse stated during this interview: "It was my responsibility to inform the resident's physician and family about the failure of the treatment to improve the skin. I should have also informed them when the condition began to worsen."	F 157	F Notify of Changes 1. Resident #1 has been discharged from the facility. 2. All residents with skin conditions have the potential to be effected by this alleged deficient practice. 3. All residents with skin conditions checked MD and family notified of lack of progress towards intended goal by 11/14/10. 4. Staff re-educated as the requirement for notification of MD and Family related to lack of progress toward intended goals. 5. Resident with skin conditions will be seen weekly for skin rounds, progress will be discussed during rounds. 11/10/10 6. A random weekly audit shall be performed for residents with lack of progress to ensure compliance with plan of correction. 11/14/10 7. Results shall be reported to QAA committee monthly x3 months then frequency will by determined by committee.	11/11/10 11/10/10 11/11/10
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.	F 281		See below

~~F157 POC Accepted 11/17/10~~
~~Amatarn~~

Per telephone call with DNS on 12/2/10,
Completion date is 12/30/10.
F157 POC Accepted 12/10/10 Amatarn

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F 281	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide services in accordance with professional standards of practice regarding evaluation of a skin condition for 1 resident. (Resident #1) Findings include:</p> <p>1. For Resident #1, facility staff did not inform the resident's physician and family of the failure of a skin condition to improve with treatment, as well as to report the worsening status of the skin condition after a prescribed three month treatment regimen was completed. Per review of the resident's Nurses Notes (NN), the resident had a recurrent skin condition requiring treatment and referral to a medical specialist on 7/20/10. A three month course of therapy was prescribed and was given as ordered by the specialist during which no improvement was documented by nursing staff. Confirmed during interview with the Director of Nursing Service (DNS) and the Wound/Skin Care Nurse on 10/27/10 at 1:58 PM, the resident's skin condition did not improve with treatment and began to worsen further after the completion of the ordered treatment regimen on 10/8/10. The Wound/Skin Care Nurse stated during this interview: "It was my responsibility to inform the resident's physician and family about the failure of the treatment to improve the skin. I should have also informed them when the condition began to worsen."</p> <p>Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins, pg 17.</p>	F 281	<p>F-281 Services provided that meet professional standards</p> <ol style="list-style-type: none"> 1. Resident #1 has been discharged from the facility. 2. All residents with skin conditions have the potential to be effected by this alleged deficient practice. 3. All residents with skin conditions checked MD and family notified of lack of progress towards intended goal by 11/14/10. 4. Staff re-educated as the requirement for notification of MD and Family related to lack of progress toward intended goals. 5. Resident with skin conditions will be seen weekly for skin rounds, progress will be discussed during rounds. 11/10/10 6. A random weekly audit shall be performed for residents with lack of progress to ensure compliance with plan of correction. 11/14/10 7. Results shall be reported to QAA committee monthly x3 months then frequency will by determined by committee 	<p>11/14/10</p> <p>11/10/10</p> <p>11/14/10</p> <p>See below</p>
F 329	483.25(l) DRUG REGIMEN IS FREE FROM	F 329		

~~F281 POC Accepted 11/17/10~~

~~AMC/ARN~~

Per telephone call with DNS 12/2/10,
Completion date is 12/30/10

F281 POC Accepted 12/10/10 AMC/ARN

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F 329 SS=D	<p>Continued From page 3 UNNECESSARY DRUGS</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 staff interview and record review, the facility failed to ensure that residents were free from medications used without adequate monitoring for 1 resident in the applicable sample. (Resident #1) Findings include:</p> <p>1. The facility failed to inform the prescribing physician of the lack of response to a medication treatment regimen for Resident #1. Per record</p>	F 329	<p><i>See Addendum</i></p> <p>F-329 Drug regimen is free from unnecessary drugs.</p> <ol style="list-style-type: none"> 1. Resident #1 has been discharged from the facility. 2. All residents with skin conditions have the potential to be effected by this alleged deficient practice. 3. All residents with skin conditions checked. MD notified of lack of progress towards intended goal by 11/14/10. 	<p>11/14/10</p>
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F 329	Continued From page 4 review and staff interview on 10/27/10, Resident #1 received Diflucan (fluconazole, an antifungal medication) 200 mg (milligrams) by mouth weekly from 7/23/10 through 10/8/10, as well on-going treatment with Locoid (hydrocortisone) 1% cream topically applied to the skin twice daily after warm compresses. The treatment regimen was prescribed by a consulting dermatologist on 7/20/10 for a diagnosis of extensive yeast infection of the skin. Weekly Skin Integrity Checks completed by facility nursing staff during the 12 week treatment period document "No change in skin condition" for 10 of the 12 weeks of treatment. The above was confirmed in interview with the Wound/Skin Care Nurse on 10/27/10 at 1:58 PM. The Wound/Skin Care Nurse stated during this interview: "It was my responsibility to inform the resident's physician and family about the failure of the treatment to improve the skin. I should have also informed them when the condition began to worsen."	F 329	4. Staff re-educated as the requirement for notification of MD related to lack of progress toward intended goals. 5. Resident with skin conditions will be seen weekly for skin rounds, progress will be discussed during rounds. MD will be notified of lack of progress. 11/10/10 6. A random weekly audit shall be performed for residents with lack of progress to ensure compliance with plan of correction. 11/14/10 7. Results shall be reported to QAA committee monthly x3 months then frequency will be determined by committee <i>See Addendum</i>	11/21/10	11/10/10
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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. 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.	F 514		11/14/10	

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F 514	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain accurate and complete medical records for one resident in the applicable sample. (Resident #1) Findings include:</p> <p>1. Per record review, the facility failed to include as part of the resident's record a complete and accurate medical diagnoses/treatment list and past medical history (PMH) for Resident #1. Per review of the transferring medical center documents, including a History & Physical dated 2/27/08, as well as the Speech Discharge Evaluation dated 3/10/08, the PMH for Resident #1 includes "esophageal dilatation" (a procedure used to treat/resolve esophageal constriction.) In the facility's Admission Physical Exam Sheet dated 4/15/08, the facility's admitting physician does not document the resident's prior esophageal dilatation treatment. Neither the facility's current Medical Problem List for Resident #1, which lists resident active and inactive problems, nor the Diagnosis Listing document dated 3/12/08 include information about the resident's prior esophageal dilatation treatment. The above was confirmed in interview on 10/27/10 at 1:45 PM with the facility Director of Nursing (DNS) and the Director of Clinical Services. Also confirmed with the DNS at this time, Resident #1 was discharged from the facility on 10/25/10 to the Emergency Department and required immediate admission and esophageal dilatation treatment.</p>	F 514	<p>F-514 Records complete, accurate and accessible.</p> <ol style="list-style-type: none"> 1. Resident #1 has been discharged from the facility. 2. All residents have the potential to be effected by this alleged deficient practice. 3. Residents medical records will be reviewed. Diagnosis from past medical history shall be pulled to problem list by 11/21/10. 4. Staff re-educated as the requirement to include past medical diagnosis on problem list. Memo to MDs for same re-education. 6. A random weekly audit shall be performed for newly admitted residents to ensure compliance with plan of correction. 11/14/10 7. Results shall be reported to QAA committee monthly x3 months then frequency will by determined by committee <p>F514 POC Accepted 11/17/10. <u>AMC/ARN</u></p> <p>Per telephone call with DNS on 12/21/10, Completion date is 12/30/10</p>	<p>11/21/10</p> <p>11/21/10</p> <p>11/14/10</p> <p>see below</p>
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F514 POC accepted 12/10/10 AMC/ARN

Plan of Correction addendum

Per Telephone conversation with Christopher Malone, Director of Nursing on 11/17/10 at 1:25 PM.

F-329 Drug regimen is free from unnecessary drugs.

1. Resident #1 has been discharged from the facility.
2. All residents on medications to treat acute conditions have the potential to be effected by this alleged deficient practice.
3. All residents on medications to treat acute conditions checked. MD notified of lack of progress towards intended goal by 11/24/10.
4. Staff re-educated as the requirement for notification of MD related to lack of progress toward intended goals.
5. A random weekly audit shall be performed for residents with acute conditions to ensure compliance with plan of correction.
6. Results shall be reported to QAA committee monthly x3 months then frequency will be determined by committee.

Completion date is ~~11/24/10~~ see below

~~F329 POC Accepted with above addendum 11/17/10~~
~~Amestaru~~

Per telephone call with DNS on 12/2/10, Completion date is 12/30/10. Amestaru

F329 POC Accepted 12/10/10 Amestaru