

Division of Licensing and Protection  
103 South Main Street  
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 21, 2014

Mr. J. Michael Rivers, Administrator  
Pine Heights At Brattleboro Center For Nursing & R  
187 Oak Grove Avenue  
Brattleboro, VT 05301-6642

Dear Mr. Rivers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 22, 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

Enclosure

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

RECEIVED  
Division of

PRINTED: 11/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>NOV 10 15</u>  B. WING _____  Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>10/22/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING &amp; R</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>187 OAK GROVE AVENUE BRATTLEBORO, VT 05301</b>
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F 000	INITIAL COMMENTS	F 000		
F 280 SS=D	<p>An unannounced on-site recertification survey and a complaint investigation was conducted by the Division of Licensing and Protection on 10/20-10/22/14. The following regulatory deficiencies were identified:</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to review and revise the care plan to reflect the decline in Activities of Daily Living for 1 of 18 residents in the census sample, Resident #79. Findings include:</p>	F 280	<p>F280</p> <ol style="list-style-type: none"> <li>1. Resident #79 was evaluated and no negative outcome sustained and her care plan was reviewed and revised to ensure accuracy.</li> <li>2. All residents having a change in ADL's may be affected by this alleged deficient practice.</li> <li>3. Nursing Staff will be re-educated to care plan review and revisions. Audits will be conducted to ensure MDS and care plans are consistent.</li> <li>4. Audits will be performed by DNS or designee weekly x4 then monthly x2 to ensure continued compliance and results to be reported at CQI monthly x3 at which time committee will decide process for further surveillance.</li> <li>5. Complete by 11/16/14.</li> </ol> <p>F280 POC accepted 11/16/14 Dougherty RJ/mrc</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>W. K. Jones</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>11/19/14</i>
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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.

**SCANNED**

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F 280	Continued From page 1  Per record review, Resident #79 presented with progressive dementia secondary to ischemic cerebrovascular disease and possible absent seizures. A neurological progress note dated 8/5/14 indicates that the resident was reportedly needing some cueing with dressing on occasion, but generally independent with toileting, washing and dressing. Physician progress notes of 10/13/14 present that resident was experiencing social anxiety disorder and the Licensed Nursing Assistant (LNA) laid out clothes and toothbrush and the resident was unclear as to what to do with the items. Nurse progress notes indicate that the resident was experiencing more difficulty in functioning with everyday tasks, and per interview with a direct care LNA on 10/22/14 at 3:20 PM, the resident was needing more help with care. Per record review Resident #79's Care plan dated 9/26/14 indicates that the resident is independent. Per interview on 10/23/14 at 8:55 AM, the Assistant Director of Nursing confirmed that the care plans indicate that the resident is independent and does not reflect the resident's current status and the required assistance that h/she receives.  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.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide or arrange for services that meet professional standards of quality for 2	F 280	F281 1. Resident #38, #79 and #49 were evaluated and found to have no negative outcome from the alleged deficient practice. 2. All residents who use nebulizers may be affected by this alleged deficient practice. 3. Resident's with falls could potentially be affected by this alleged deficient practice.

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F 281	<p>Continued From page 2</p> <p>of 18 residents in the sample regarding following physician's orders and properly assessing residents after unwitnessed falls (Residents #38, #49 and #79). Findings include:</p> <p>1. At 3:25 PM on 10/20/14, it was observed that there was a nebulizer for Resident #38 on his/her night stand that was dated 10/1/14 with marker on the medication reservoir. Confirmation was made by the Licensed Practical Nurse (LPN) at this time that the nebulizer was dated as last being changed on 10/1/14 and that there was no evidence that it had been changed since. Review of the TAR (Treatment Administration Record) for Resident #38 presented with documentation to change nebulizer, oxygen tubing and humidifier weekly on Sunday for the 11-7 shift and the TAR contained documentation that this was done for October 5 and October 12, and not done on October 19. The LPN confirmed that the nebulizer had not been changed, due to observation of the 10/1/14 date marked on the reservoir. Further record review for Resident #38 presented that the physician had ordered to change the nebulizer tubing weekly on Sunday on the 11-7 shift. Confirmation was made by the LPN that there is no evidence that the physician orders had been followed on 10/5, 10/12 and 10/19/14 as it was evident that the nebulizer had not been changed. H/she further confirmed that the documentation in the TAR was inaccurate as evidenced by the date on the nebulizer of 10/1/14.</p> <p>*Reference: Lippincott Manual of Nursing Practice (9th edition). Wolters Kluwer Health/Lippincott Williams &amp; Wilkins.</p> <p>2. Per record review, Resident #79 presented</p>	F 281	<p>F281 continued</p> <p>4. Nursing Staff will be re-educated on RN assessments and Neuro checks post fall.</p> <p>5. Nursing Staff will be re-educated on changing and dating nebulizer tubing weekly.</p> <p>6. Audits will be performed by DNS or designee weekly x4 then monthly x2 to ensure continued compliance with nebulizer change and results to be reported at CQI monthly x3 at which time committee will decide process for further surveillance.</p> <p>7. Audits will be performed by DNS or designee weekly x4 then monthly x2 to ensure continued compliance with post fall assessments and results to be reported at CQI monthly x3 at which time committee will decide process for further surveillance.</p> <p>8. Complete by 11/16/14.</p> <p><i>F281 POC accepted 11/20/14 TDougherty RN/PMC</i></p>	
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F 281	Continued From page 3 with diagnoses of Vascular Dementia; Seizure Disorder; Hypertension and Type 2 Diabetes. A nursing progress note dated 10/18/14 by the evening nurse, who is a Licensed Practical Nurse (LPN) reported that the resident was seen walking in the hall with blood coming from right eyebrow. Unknown where the incident occurred, but evidence upon investigation found blood on the floor in resident's room. Neurological vital signs were initiated and the physician and the family were notified. There is no evidence that a Registered Nurse (RN) had been notified of the incident nor was there evidence of an RN being asked to assess the resident. The next day, October 19, the resident was transferred to the hospital for evaluation after the Director of Nursing (DON) reviewed the incident and secondary to change in mental status and aggressive behavior. Per interview with the DON on 10/22/14 at 7:22 AM, there is no evidence that an RN did an assessment for Resident #79 at the time of the incident. H/she further stated that the evening supervisor on the evening of the fall was the LPN that completed the incident report and assessed the resident.  Reference: Per review of the Vermont Board of Nursing Position Statement titled "THE ROLE OF THE LICENSED PRACTICAL NURSE IN PATIENT ASSESSMENT AND TRIAGE", it states "LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN, or other authorized health care	F 281			

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F 281	Continued From page 4 practitioner."  3. Per record review on 10/22/14 at 12:30 PM for Resident # 49, staff failed to perform Neurological Vital Signs (NVS) per protocol after an unwitnessed fall. Per interview with the Director Of Nurses (DNS) and record review, Resident #49 had an unwitnessed fall on 10/14/14 at 11:30 PM. Facility protocol is for NVS to be done initially then every 15 minutes 4 times, every 30 minutes for 2 hours, every 2 hours for 4 hours, then every shift for 3 days. The Post Incident Monitoring Sheet shows that NVS were done once each shift starting on 10/15/14, ending on 10/17/14. Additionally, the NVS were not recorded for the 3-11 PM shift on 10/15/14. The DNS confirmed the above on 10/22/14 at 1:30 PM	F 281			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to follow the plan of care for 1 of 18 residents, Resident #39, regarding positioning and splinting. Findings include:  Per observation and record review, Resident #39 presents with bilateral upper and lower extremity contractures and has a physician order for Physical Therapy treatment, indicating also that a right dorsal hand splint is to be applied for 3	F 282	F282 1. Resident #39 was evaluated and found to have no negative outcome from the alleged deficient practice. 2. Residents who are turned and repositioned could be affected by this alleged deficient practice. 3. Residents who utilize splints could be affected by this alleged deficient practice. 4. Nursing Staff will be re-educated to ensure residents are repositioned per plan of care. 5. Nursing Staff will be re-educated to ensure splints are applied and removed per rehab schedule. 6. Audits will be performed by DNS or designee weekly x4 then monthly x2 to en-		

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F 282	Continued From page 5 hours after morning and evening care and to have posey hand rolls in place when not utilizing splint. Based on observation 10/21/14 at 7:45 AM, the resident received AM care, no right hand splint was put in place. Per observation of the resident between 8:15 AM to 10:05 AM, the resident was without splint or hand rolls. Confirmed at 10:07 AM by the Licensed Practical Nurse (LPN) that the resident is on a turning schedule for every hour and that h/she is to have a right hand splint in place for 3 hours after morning and evening care and hand rolls in place when splint not being used. H/she also stated that h/she is responsible for insuring that the resident is turned and that the splints are in place. H/she confirmed at this time that h/she had not monitored the resident to insure that the resident had been turned and positioned hourly. Per interview with Licensed Nursing Assistant (LNA) at 10:09 AM, h/she confirmed that h/she had provided AM care for the resident at 7:45 AM and pulled the resident up in bed, but that h/she was still on their back at that time. The LNA confirmed that the resident is to be turned and positioned every hour and that h/she had not been back in to change his position since then. Further confirmation by the LNA that the splint had not been applied because h/she could not find it and that the posey hand rolls had not been utilized.	F 282	F282 continued sure continued compliance with turning and repositioning and results to be reported at COI monthly x3 at which time committee will decide process for further surveillance. 7. Audits will be performed by DNS or designee weekly x4 then monthly x2 to ensure continued compliance with splinting schedules and results to be reported at COI monthly x3 at which time committee will decide process for further surveillance. 8. Complete by 11/16/14  <i>FABA POC accepted 11/20/14 TDougherty/PMC</i>
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food	F 371	F371 1. There were found to be no residents affected by this alleged deficient practice. 2. All residents could be affected by this alleged deficient practice. 3. Dietary staff will be re-educated on sink sanitizer

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F 441	<p>Continued From page 8</p> <p>on his/her night stand dated 9/21/14 with marker on the medication reservoir. At 3:25 PM on 10/20/14, the same nebulizer remained on the nightstand. Per interview with the Licensed Practical Nurse (LPN) at 3:25 PM, the nebulizer and tubing along with oxygen tubing is to be changed weekly and documented per policy. H/she confirmed that the nebulizer was dated 9/21/14 and there was no evidence that it had been changed since the date on the nebulizer reservoir. Per review of the Treatment Administration Record (TAR), there is no evidence that documentation was present to indicate that the nebulizer and tubing needed to be changed. Confirmation was made by the LPN, that there was no recording or documentation in the TAR to reflect the change of the nebulizer or tubing for the month of October 2014.</p> <p>2. At 3:25 PM on 10/20/14, it was observed that there was a nebulizer for Resident #38 on his/her night stand that was dated 10/1/14 with laundry marker on the medication reservoir. Confirmation was made by the LPN at this time that the nebulizer was dated as last being changed on 10/1/14 and that there was no evidence that it had been changed since that date. Review of the TAR for Resident #38 presented with documentation to change nebulizer, oxygen tubing and humidifier weekly on Sunday for the 11-7 shift and documentation was present that this was done for October 5 and October 12, and not done on October 19. The LPN confirmed that the nebulizer had not been changed per the date 10/1/14 on the reservoir.</p>	F 441	<p>F371 continued checks and documentation.</p> <p>4. Audits will be performed by Director of Food Service or designee weekly x4 then monthly x2 to ensure continued compliance and results to be reported at CQI monthly x3 at which time committee will decide process for further surveillance.</p> <p>5. Complete by 11/16/14.</p> <p><i>F371 POC accepted 11/20/14 TDougherty RN/AMC</i></p> <p>F441</p> <p>1. Residents #15 and #38 were evaluated and found to have no negative affect of this alleged deficient practice.</p> <p>2. All residents who use nebulizers could be affected by this alleged deficient practice.</p> <p>3. Nursing Staff will be re-educated on changing nebulizer tubing every week and is dated.</p> <p>4. Audits will be performed by DNS or designee weekly x4 then monthly x2 to ensure continued compliance and results to be reported at CQI monthly x3 at which time committee will decide process for further surveillance.</p> <p>5. Complete by 11/16/14.</p> <p><i>F441 POC accepted 11/20/14 TDougherty RN/AMC</i></p>	
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