

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 12, 2015

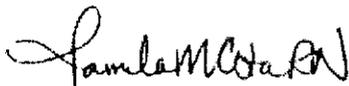
Mr. J. Michael Rivers, Administrator
Pine Heights At Brattleboro Center For Nursing & R
187 Oak Grove Avenue
Brattleboro, VT 05301-6642

Dear Mr. Rivers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 21, 2015**. 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



PRINTED: 10/28/2015
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: 478023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2015
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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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(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
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F 000

INITIAL COMMENTS

An unannounced onsite re-certification survey and a complaint investigation were completed by the Division of Licensing and Protection from 10/19/15 to 10/21/15. There were regulatory findings.

F 000

F 329
SS=D

483.25(i) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive doses (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.

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.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the

F 329

1. Resident #4 was evaluated and medications and allergy list reviewed by Physician. The medication was discontinued. The resident had no negative outcome as a result of this alleged deficient practice.
2. All residents may be affected by this alleged deficient practice.
3. Nursing Staff will be re-educated on allergies and medication review. Random audits will be conducted to ensure residents are not prescribed medications listed as an allergy.
4. Audits will be performed by DNS or designee weekly x 4 then monthly x2 to ensure continued compliance and results are to be reported at CQI monthly x3 at which time the committee will decide process for further surveillance.
5. Complete by 11/17/15.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nike Lewis</i>	TITLE <i>11/19/15</i>	(X6) DATE
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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.

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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 328 Continued From page 1
facility failed to ensure each resident's drug regimen is free from unnecessary medications for 1 of 13 applicable residents (Resident # 4). Findings include:

Per record review on 10/20/15 at 2:11 PM, Resident # 4 had a physician's order for Ibuprofen (a pain reliever) and was administered the medication despite having a documented allergy to Ibuprofen. The physicians order was written 8/22/14 and read "Ibuprofen 200 mg (milligrams) by mouth as needed every 4 hours for inflammation". Review of the MAR (medication Administration Record) indicated that the Resident was administered Ibuprofen for increased pain on 5/2/15 at 6:40 AM. The allergy was documented on the initial nursing assessment, the front of the clinical record and on physician order sheets. On 10/20/15 at 2:55 PM, the UM (Unit Manager) confirmed that there is a documented allergy to Ibuprofen and that it had been given once on 5/2/15. The UM also confirmed that neither the consultant pharmacist nor the physician picked up on the discrepancy.

F 329 F329 POC accepted 11/12/15 Borden/MLP/ML

F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT SS=O IRREGULAR, ACT ON

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

F 428 F428
1. Resident #4 was evaluated and medications and allergy list reviewed by Physician and consulting Pharmacist. The medication was discontinued. The resident had no negative outcome as a result of this alleged deficient practice.
2. All residents may be affected by this alleged deficient practice.

The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.

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F 428 Continued From page 2

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility consultant pharmacist failed to report an irregularity to the attending physician and Director of Nursing for 1 of 13 applicable residents (Resident # 4). Findings include:

Per record review on 10/20/15 at 2:11 PM, Resident # 4 had a physician's order for Ibuprofen (a pain reliever) and was administered the medication despite having a documented allergy to to Ibuprofen. The physicians order was written 8/22/14 and read "Ibuprofen 200 mg (milligrams) by mouth as needed every 4 hours for inflammation". Review of the MAR (medication Administration Record) indicated that the Resident was administered Ibuprofen for increased pain on 5/2/15 at 6:40 AM. The allergy was documented on the initial nursing assessment, the front of the clinical record and on physician order sheets. On 10/20/15 at 2:55 PM, the UM (Unit Manager) confirmed that there is a documented allergy to Ibuprofen and that it had been given once on 5/2/15. There is no indication the clinical record that the pharmacy consultant acknowledged the Ibuprofen allergy nor is there an indication that a physician acknowledged the allergy. The UM also confirmed that neither the consultant pharmacist nor the physician picked up on the discrepancy.

F 431 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

SS=0

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all

F428 cont'd

F 428 3. Nursing Staff, Physician and consulting Pharmacist will be re-educated on allergies and medication review. Random audits will be conducted to ensure residents are not prescribed medication listed as an allergy.

4. Audits will be performed by DNS or designee weekly x4 then monthly x2 to ensure continued compliance and the results are to be reported at CQI monthly x3 at which time the committee will decide process for further surveillance.

5. Complete by 11/17/15.
F436 POC accepted 11/17/15 B. Sullivan/PML

F 431 1. There were no negative outcomes for a resident from this alleged deficient practice.

F 431 2. All med carts were audited on all three shifts to ensure they were locked appropriately.

3. Nursing Staff will be re-educated on locking

