

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

June 24, 2011

James Beeler, Administrator
Rowan Court Health & Rehab
378 Prospect Street
Barre, VT 05641

Provider ID #:475037

Dear Mr. Beeler:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 13, 2011.

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

PRINTED: 06/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2011
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NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced on-site recertification survey in conjunction with four complaint investigations from 4/11/11 to 4/13/11. The following regulatory deficiencies were identified during the recertification survey:	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to promote a dignified dining experience for 2 of 5 sampled residents (Residents #51, #89). Findings include: Per observation on 4/11/11 during the noon meal, Resident #51 and #89 were sitting in the dining room and not attempting to eat on their own. The two LNAs in the dining room were observed to be walking around the room, offering a bite to these two residents intermittently, and at no time observed actually sitting with the residents to feed them. Resident #51 sat with food in front of him/her, sometimes with eyes closed and appearing to be asleep. The staff was intermittently stopping next to the resident offering an occasional bite. It was not until 25 minutes after the resident was served, that a nurse sat down with the resident and began conversing with and feeding the resident.	F 241	F241 No residents were affected by this alleged deficient practice. Seating for all residents that require assist or supervision with meals has been reviewed. Additional seating area has been added to decrease the potential for overcrowding. Additional staff has been provided to ensure adequate supervision for supervised meals is provided. Nursing staff will be re-educated on the need to closely supervise residents that need assist with meals Random audits will be done weekly x 90 days. The results of all audits will be reported to the facility QA committee for review x 90 days. The DNS/designee will be responsible for compliance. Corrective Action May 13, 2011 F241 POC Accepted 6/24/11 P. Mastarn	5/13/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 6/20/2011
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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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F 241	Continued From page 1 Per observations and confirmed on 4/11/11 by the LNA feeding the resident, Resident #89 is unable to eat independently, and at no time on either 4/11/11 or 4/12/11 during the noon meal did staff sit down to feed the resident, but would stop and offer a bite of food while standing next to him/her. On 4/12/11 at the noon meal, the ADNS (Assistant Director of Nursing Services) sat down with Resident #51, made eye contact, conversed, and fed the resident. The resident was observed to be more engaged, awake, and eating more than the day before. Per interview on 4/12/11 at 2:35 PM, the ADNS confirmed that the residents would be more likely to eat their meal if someone sat with them, and was a more dignified way to feed them than walking around the room intermittently offering a bite while standing up next to the resident.	F 241	
F 371 SS=D	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 under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility	F 371	F371 No residents were harmed by this alleged deficient practice. All staff will be educated on infection control/cross contamination prevention and practice. Random audits of potential for cross contamination will be conducted weekly x 90 days The results of all audits will be reported to the facility QA committee for review x 90 days. The DNS/designee will be responsible for compliance. Corrective Action date May 13, 2011 <i>F371 POC Accepted 6/24/11 DMcoturn</i>

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F 371 Continued From page 2
failed to store and distribute food under sanitary conditions. Findings include:

1. Per observation of the evening meal, on 4/11/11, in the Sunroom dining area of Unit 2, a plastic trash receptacle was observed to be attached to a food cart containing food targeted for consumption by the 14 residents dining in the room at that time. The food cart, which contained trays of individually wrapped dishes of pudding and cake as well as a bowl of fresh fruit, all stored on open rack shelves, was stationed in the dining room throughout the evening meal. A trash receptacle, which contained trash and had dried liquid spills coating the exterior, was attached to the food cart on the second rack down from the top and was hanging and resting along the side of the cart in a location immediately adjacent to the trays of food. At 5:49 PM, LNA (Licensed Nursing Assistant) #1 was observed removing an individual dish of cake from a tray, located next to the trash can, for the purpose of offering it to a resident. LNA #1 confirmed, at that time, the presence of the trash can hanging from the food cart and stated that the trash can is always placed on the cart. Per interview, at 7:20 AM on 4/12/11, the infection control nurse stated that trash cans should not be hung from food carts and agreed that there was a potential for cross contamination of the food.

F 371

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

F 431

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug

5/13/11

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F 431 Continued From page 3
records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview and record review, the facility failed to assure that all medications were securely stored in a manner that would prevent access by persons not authorized to have access to them. Findings include:

F 431

F 431 No residents were affected by this alleged deficient practice.

All nursing staff will be educated on medication storage protocol.

Random audits of medication storage will be conducted weekly x 90 days.

The results of all audits will be reported to the facility QA committee for review x 90 days.

The DNS/designee will be responsible for compliance.

Corrective Action date May 13, 2011

F431 POC Accepted 6/24/11 [Signature]

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F 431 Continued From page 4
Per observation at 11:15 AM on 4/12/11, multiple containers of medications were found stored in an unlocked medication cart located just inside the unsecured door to the Staff Development room, and accessible to anyone entering the room. The containers of medications, which included; Risperidone (antipsychotic), Plavix (used to prevent blood clotting), Zoloft (antidepressant), Lisinopril (anti-hypertensive), Metformin (used to lower blood sugar levels) and Keppra (antibiotic), were all labeled with Resident # 42's name. During interview at 4:30 PM on 4/12/11, the DNS (Director of Nursing Services), confirmed the location of the unsecured medications in the Staff Development room, which s/he stated was left unlocked throughout the day. The DNS further stated that the med cart had been stored in it's current location for the past 2-3 week period after it had been removed from one of the nursing units. S/he stated that the medications found in the cart, which had been brought to the facility with Resident #42 during his/her admission, should not have been left in the med cart and should have been either sent home with the resident's family or properly disposed of.

F 431

F 441 483.65 INFECTION CONTROL, PREVENT SS=E SPREAD, LINENS

F 441

5/13/11

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -

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F 441

Continued From page 5

(1) Investigates, controls, and prevents infections in the facility;

(2) Decides what procedures, such as isolation, should be applied to an individual resident; and

(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection

(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.

(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.

(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens

Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:

Based on observation and staff interview, the facility failed to provide a sanitary environment to prevent potential for contamination. Findings include:

1. Per observation on 4/11/11 at 11:25 AM during the initial tour on Wing One of the facility, a number of urinals and one commode were

F 441

F 441 No residents were affected by this alleged deficient practice.

All nursing staff will be educated on potential for contamination preventative practices.

Random audits of potential for contamination will be conducted weekly x 90 days.

The results of all audits will be reported to the facility QA committee for review x 90 days.

The DNS/designee will be responsible for compliance.

Corrective Action date May 13, 2011

F441 POC accepted 6/24/11 [Signature]

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F 441 Continued From page 6
observed in shared bathrooms, and were not labeled with the residents' names on the items. In rooms 171, 173, and 176 there was a urinal in each of the bathrooms with no name written on them. In room 167, the bathroom contained a commode that was not labeled with a resident's name on it. Per interview on 4/11/11 at 11:35 AM, the LNA working on that wing went into each of the rooms with the surveyor and confirmed that there were no names on these urinals and the commode, and stated that the expectation was that these items are supposed to be labeled with the resident's name. Per interview on 4/13/11 at 4:10 PM, the Infection Control Coordinator also confirmed that the urinals and commodes were supposed to be labeled with the resident's name, and that staff were instructed to discard any unlabeled urinals and replace with new ones if they found one unlabeled.

F 441