



VERMONT

AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

June 7, 2013

Mr. Marc Hunter, Administrator  
Rowan Court Health & Rehab  
378 Prospect Street  
Barre, VT 05641-5421

Dear Mr. Hunter:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 22, 2013**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN". The signature is fluid and cursive.

Pamela M. Cota, RN  
Licensing Chief

PC:jl



JUN 03 2013

PRINTED: 05/29/2013  
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:  475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/22/2013
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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  An Extended Survey was conducted by the Division of Licensing and Protection on 5/21/13 and 5/22/13 due to the identification of Immediate Jeopardy with Substandard Quality of Care on 5/15/13. The following are regulatory violations:  F 282 SS=E 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 record review and staff interviews, the facility failed to assure that comprehensive care plans which direct nursing interventions for residents were available for review and implementation by 10 of 26 nursing staff in the sample. Findings include:  Per review of staff schedules on 5/22/13, many shifts in May 2013 were being covered by a staffing agency, both for Licensed Nurses and Licensed Nursing Assistants. The facility uses an Electronic Medical Record (EMR) to document assessments, care plans, and nurse's notes. During an interview on 5/22/13 at 9:20 AM, a Registered Nurse (RN) identified him/herself as "an agency nurse". When asked by the surveyor about implementation of the comprehensive care plan for residents under his/her care, the RN stated that agency nurses do not have access to the electronic medical record. The RN confirmed that he/she did not therefore have access to	F 000	Rowan Health & Rehab provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. This plan of correction is prepared and executed solely because it is required by federal and state law.  F 282 Corrective action accomplished for those residents found to have been affected;  EMR username and passwords were obtained for all agency nursing staff as of May 22, 2013. No staff member will be permitted to care for residents without having full and complete access to the EMR.  How the center will identify other residents having the potential to be affected by the same deficient practice and the corrective action that has been taken;  Residents of the center are identified as having the potential to be affected. Agency nursing staff has been provided with education on PCC and POC EMR systems and their successful completion of return demonstration skills competency prior to being assigned to care for residents.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Marie C. White* TITLE *EXECUTIVE DIRECTOR* (X6) DATE *5-30-2013*

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.

*PMC*

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F 282	<p>Continued From page 1</p> <p>assessments, nurse notes, or the comprehensive care plan in the EMR. Further, the RN denied availability of a printed version of the care plan, such as on a Kardex or in the hard copy medical record, or in a reference binder. The RN described his/her resources for resident care as the verbal shift report, the Medication Administration Record (MAR) and the Treatment Book. The RN further noted that nurse notes of agency nurses are handwritten in the hard copy medical record.</p> <p>During an interview on 5/22/13 at 11:24 AM, the Director of Nurses (DON) confirmed that nurses contracted from TLC Nursing Associates, do not use the Point Click Care electronic medical record. Later in this same interview, the DON confirmed that the resident assessment and comprehensive care plan information (which is maintained in the EMR) is not readily accessible by each nurse under TLC contract.</p> <p>Per review of the staffing schedule, some night shifts were being covered by two agency nurses with no nursing staff available in the building who could access the EMR. Per interview on 5/22/13 at 2:45 PM, the Unit Manager on wing 1 stated that the agency staff were not given computer access to the EMR unless they asked for it, and that most of them had not asked for access. Per interview on 5/22/13 at 12:25 PM, Revera corporate officials, as well as the Assistant Administrator and the DON confirmed that access to the EMR and orientation to the electronic record system was not provided to the agency staff nurses before they worked on the floor at the facility, and that they did not have access to the assessments, care plans, or electronic nurses</p>	F 282	<p>Measures put into place by the center and systemic changes the center has made to ensure that the deficient practice does not recur;</p> <p>Staff who are new to Rowan Health &amp; Rehab will have EMR username, password, and complete the PCC orientation with return demonstration prior to being assigned to care for residents. The Executive Director will ensure that access is granted as needed.</p> <p>How the corrective actions will be monitored to ensure that the deficient practice does not recur including QA programs;</p> <p>Random audits are being conducted to monitor agency nursing staff knowledge and usage of the EMR with remedial measures, including additional education, initiated as identified. This will be done weekly x4 and then monthly x3 or until substantial compliance is met. Findings and trends will be reported to the QA committee with additional recommendations as necessary.</p> <p>Executive Director shall have the responsibility to monitor the plan of correction.</p> <p>Completion date is May 27, 2013</p>		

F282 POC accepted 6/6/13  
JHsmerrn / PMC

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F 282	Continued From page 2 notes unless they asked another nurse for access.  Per review of the schedule, on the night of 5/9/13, there were two agency nurses working 11:00 PM to 7:00 AM, one on each unit, who did not have access to the electronic record. On 5/13/13, the night shift 11 PM-7 AM was again covered by two agency staff nurses, one on each wing, with no facility staff in the building with computerized record access from approximately midnight until 6 AM. On 5/14/13, the night shift was again covered by two agency nurses, and no staff in the building with medical record access from 11:00 PM until 6:00 AM the following morning. On 5/16/13, the night shift was also covered by two agency nurses, with no access to the electronic medical record from 11:00 PM until the morning. On 5/21/13, the night shift was again covered by two agency nurses, and no nurse in the building with EMR access from midnight to the arrival of the day shift the next morning. Furthermore on May 1, 4, 5, 6, 8, 10, 12, 15, 17, 19 and 20 of 2013, one of the two night shift nurses was an agency nurse without access to the EMR, leaving the staff nurse or the agency nurse from the other wing having to leave their unit if needed to assist in accessing the EMR.	F 282	<u>F 490</u> Corrective action accomplished for those residents found to have been affected;  The facility has provided the use of its resources effectively and efficiently by assuring the electronic medical record is accessible to nursing staff, inclusive of agency nursing staff. EMR username and passwords were obtained for all agency nursing staff as of May 22, 2013.  How the center will identify other residents having the potential to be affected by the same deficient practice and the corrective action that has been taken;  Residents of the center are identified as having the potential to be affected. Agency nursing staff has been provided with education on PCC and POC EMR systems and their successful completion of return demonstration skills competency prior to being assigned to care for residents.	
F 490 SS=F	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING  A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	F 490	Measures put into place by the center and systemic changes the center has made to ensure that the deficient practice does not recur;	

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F 490	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the administration failed to enable the use of its resources effectively and efficiently to attain the highest practicable physical, mental, and psychosocial well-being of each resident by not assuring that the electronic medical record (EMR) for each resident was readily accessible to 10 of 26 nursing staff in the sample during their provision of care. Findings include:</p> <p>1. Per review of staff schedules on 5/22/13, it was noted that many shifts in May 2013 were being covered by a staffing agency, both for Licensed Nurses and Licensed Nursing Assistants. The facility uses an Electronic Medical Record (EMR) to document assessments, care plans, and nurse's notes.</p> <p>During an interview on 5/22/13 at 9:20 AM, a Registered Nurse (RN) identified him/herself as "an agency nurse". When asked by the surveyor about implementation of the comprehensive care plan for residents under his/her care, the RN stated that agency nurses do not have access to the electronic medical record. The RN confirmed that he/she did not therefore have access to assessments, nurse notes, or the comprehensive care plan in the electronic medical record for residents under his/her care. Further, the RN denied availability of a printed version of the care plan on a Kardex, or in the hard copy medical record, or in a reference binder on the unit. The RN described his/her resources for resident care as the verbal shift report, the Medication Administration Record (MAR) and the Treatment Book. The RN further noted that nurse notes of</p>	F 490	<p>Staff who are new to Rowan Health &amp; Rehab will have EMR username, password, and complete the PCC orientation with return demonstration prior to being assigned to care for residents. The Executive Director will ensure that access is granted as needed.</p> <p>How the corrective actions will be monitored to ensure that the deficient practice does not recur including QA programs;</p> <p>Random audits are being conducted to monitor agency nursing staff knowledge and usage of the EMR with remedial measures, including additional education, initiated as identified. This will be done weekly x4 and then monthly x3 or until substantial compliance is met. Findings and trends will be reported to the QA committee with additional recommendations as necessary.</p> <p>Executive Director shall have the responsibility to monitor the plan of correction.</p> <p>Completion date is May 27, 2013</p> <p>F490 POC accepted 6/6/13 JHosmer RN/AME</p>

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F 490	<p>Continued From page 4</p> <p>agency nurses are handwritten in the hard copy medical record rather than being entered in the EMR.</p> <p>During an interview on 5/22/13 at 11:24 AM, the Director of Nurses (DON) confirmed that nurses contracted from TLC Nursing Associates, do not use the Point Click Care electronic medical record system. Later in this same interview, the DON confirmed that the resident assessment and comprehensive care plan information (which is maintained in the EMR) is not readily accessible by each nurse under TLC contract. The written contract between the facility and TLC Nursing Associates, dated 2/8/12 and signed by the Administrator, states that "the facility agrees that it will: 3. Make available to nurses and/or nursing assistants all necessary records for provision of appropriate care". The written policies of the governing body, Revera Health Systems, entitled User Security Access Policy (3/30/13) and Third Party Access Policy (5/28/12) outline the terms of use for information technology, and they do not prohibit third party use by contractual staff. During an interview on 5/22/13 at 12:25 PM, the Assistant Administrator, DON, the Vice President of Revera Health Systems, and the Vice President of Clinical Operations for Revera Health Systems confirmed that the TLC contracted nurses did not have full access to the EMR/PointClickCare.</p> <p>Per review of the staffing schedule, some night shifts were being covered by two agency nurses with no nursing staff available in the building who could access the EMR. Per interview on 5/22/13 at 2:45 PM, the Unit Manager on wing 1 stated that the agency staff were not given computer</p>	F 490		

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F 490	<p>Continued From page 5</p> <p>access to the EMR unless they asked for it, and that most of them had not asked for access. Per interview on 5/22/13 at 12:25 PM, Revera corporate officials, as well as the Assistant Administrator and the DON confirmed that access to the EMR and orientation to the electronic record system was not provided to the agency staff nurses before they worked on the floor at the facility, and that they did not have access to the assessments, care plans, or electronic nurses notes unless they asked another nurse for access. Per review of the schedule, on the night of 5/9/13, there were two agency nurses working 11:00 PM to 7:00 AM, one on each unit, who did not have access to the electronic record. On 5/13/13, the night shift 11 PM-7 AM was again covered by two agency staff nurses, one on each wing, with no facility staff in the building with computerized record access from approximately midnight until 6 AM. On 5/14/13, the night shift was again covered by two agency nurses, and no staff in the building with medical record access from 11:00 PM until 6:00 AM the following morning. On 5/16/13, the night shift was also covered by two agency nurses, with no access to the electronic medical record from 11:00 PM until the morning. On 5/21/13, the night shift was again covered by two agency nurses, and no nurse in the building with EMR access from midnight to the arrival of the day shift the next morning. With no computer access available, the two nurses on the night shift on these occasions would have had to call a supervisor to obtain access to information potentially pertinent to their professional care. On May 1, 4, 5, 6, 8, 10, 12, 15, 17, 19, and 20 of 2013, one of the two night shift nurses was an agency nurse without access to the EMR, leaving the staff nurse or the agency</p>	F 490		
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F 490	Continued From page 6	F 490		
F 514 SS=F	<p>nurse from the other wing having to leave their unit if needed to assist in accessing the EMR.</p> <p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that all medical records were readily accessible to 10 of 26 nursing staff working at the facility in May, 2013. Findings include:</p> <p>1. Per review of staff schedules on 5/22/13, it was noted that many shifts in May 2013 were being covered by a staffing agency, both for Licensed Nurses and Licensed Nursing Assistants. The facility uses an Electronic Medical Record (EMR) to document assessments, care plans, and nurse's notes.</p> <p>During an interview on 5/22/13 at 9:20 AM, a Registered Nurse (RN) identified him/herself as</p>	F 514	<p><u>F 514</u></p> <p>Corrective action accomplished for those residents found to have been affected;</p> <p>The facility medical records are readily accessible to nursing staff, inclusive of agency nursing staff. EMR username and passwords were obtained for all agency nursing staff as of May 22, 2013.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice and the corrective action that has been taken;</p> <p>Residents of the center are identified as having the potential to be affected. Agency nursing staff has been provided with education on PCC and POC EMR systems and their successful completion of return demonstration skills competency prior to being assigned to care for residents.</p>	

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F 514	<p>Continued From page 7</p> <p>"an agency nurse". When asked by the surveyor about implementation of the comprehensive care plan for residents under his/her care, the RN stated that agency nurses do not have access to the electronic medical record. The RN confirmed that he/she did not therefore have access to assessments, nurse notes, or the comprehensive care plan in the electronic medical record for residents under his/her care. Further, the RN denied availability of a printed version of the care plan on a Kardex, or in the hard copy medical record, or in a reference binder on the unit. The RN described his/her resources for resident care as the verbal shift report, the Medication Administration Record (MAR) and the Treatment Book. The RN further noted that nurse notes of agency nurses are handwritten in the hard copy medical record rather than being entered in the EMR.</p> <p>During an interview on 5/22/13 at 11:24 AM, the Director of Nurses (DON) confirmed that nurses contracted from TLC Nursing Associates, do not use the Point Click Care electronic medical record system. Later in this same interview, the DON confirmed that the resident assessment and comprehensive care plan information (which is maintained in the EMR) is not readily accessible by each nurse under TLC contract. The written contract between the facility and TLC Nursing Associates, dated 2/8/12 and signed by the Administrator, states that "the facility agrees that it will: 3. Make available to nurses and/or nursing assistants all necessary records for provision of appropriate care". The written policies of the governing body, Revera Health Systems, entitled User Security Access Policy (3/30/13) and Third Party Access Policy (5/28/12) outline the terms of</p>	F 514	<p>How the corrective actions will be monitored to ensure that the deficient practice does not recur including QA programs;</p> <p>Random audits are being conducted to monitor agency nursing staff knowledge and usage of the EMR with remedial measures, including additional education, initiated as identified. This will be done weekly x4 and then monthly x3 or until substantial compliance is met. Findings and trends will be reported to the QA committee with additional recommendations as necessary.</p> <p>Executive Director shall have the responsibility to monitor the plan of correction.</p> <p>Completion date is May 27, 2013</p> <p><i>F514 POC accepted 6/6/13 JHsmerRN/ Pme</i></p>	

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F 514	Continued From page 8 use for information technology, and they do not prohibit third party use by contractual staff. During an interview on 5/22/13 at 12:25 PM, the Assistant Administrator, DON, the Vice President of Revera Health Systems, and the Vice President of Clinical Operations for Revera Health Systems confirmed that the TLC contracted nurses did not have full access to the EMR/PointClickCare.  Per review of the staffing schedule, some night shifts were being covered by two agency nurses with no nursing staff available in the building who could access the EMR. Per interview on 5/22/13 at 2:45 PM, the Unit Manager on wing 1 stated that the agency staff were not given computer access to the EMR unless they asked for it, and that most of them had not asked for access. Per interview on 5/22/13 at 12:25 PM, Revera corporate officials, as well as the Assistant Administrator and the DON confirmed that access to the EMR and orientation to the electronic record system was not provided to the agency staff nurses before they worked on the floor at the facility, and that they did not have access to the assessments, care plans, or electronic nurses notes unless they asked another nurse for access. Per review of the schedule, on the night of 5/9/13, there were two agency nurses working 11:00 PM to 7:00 AM, one on each unit, who did not have access to the electronic record. On 5/13/13, the night shift 11 PM-7 AM was again covered by two agency staff nurses, one on each wing, with no facility staff in the building with computerized record access from approximately midnight until 6 AM. On 5/14/13, the night shift was again covered by two agency nurses, and no staff in the building with medical record access	F 514			

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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		
(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 514	Continued From page 9 from 11:00 PM until 6:00 AM the following morning. On 5/16/13, the night shift was also covered by two agency nurses, with no access to the electronic medical record from 11:00 PM until the morning. On 5/21/13, the night shift was again covered by two agency nurses, and no nurse in the building with EMR access from midnight to the arrival of the day shift the next morning. With no computer access available, the two nurses on the night shift on these occasions would have had to call a supervisor to obtain access to information potentially pertinent to their professional care. On May 1, 4, 5, 6, 8, 10, 12, 15, 17, 19, and 20 of 2013, one of the two night shift nurses was an agency nurse without access to the EMR, leaving the staff nurse or the agency nurse from the other wing having to leave their unit if needed to assist in accessing the EMR.	F 514			