

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

September 30, 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 **September 10, 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,



Pamela M. Cota, RN
Licensing Chief

PC:jl



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

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 C 09/10/2013
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 000	<p>INITIAL COMMENTS</p> <p>An unannounced on-site complaint investigation for an entity self report was conducted by the Division of Licensing and Protection on 9/9 and 9/10/13. There is one regulatory finding identified.</p>	F 000	
F 514 SS-B	<p>483.75(f)(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 interview and record review, the facility failed to assure the clinical record is complete and contains sufficient information to identify the services provided for 1 of 5 residents reviewed.</p> <p>Per record review, Resident #3 had a revision of his/her care plan on 8/12/2013 to be monitored on 15 minute checks after a resident to resident alteration. Per review of the documentation of 15 minute checks by staff, Resident #3 had missing or incomplete data for 11 out of 28 days. Per interview on 9/10/13 at 1:45 PM the</p>	F 514	<p>Rowan Court 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 and executed solely because it is required by state law.</p> <p>F514-Failure to maintain complete/accurate/accessible resident records.</p> <ol style="list-style-type: none"> 1. For resident #3 the Center has reevaluated her need for every 15 minute checks and subsequently discontinued them. 2. Residents currently residing in the center who are on every 15 minute checks are being evaluated for need and the checks are being continued or discontinued based on the individual's need. 3. The protocol for this Center regarding every 15 minute checks has been revised and is as follows: If a resident is identified as needing frequent observation they will have every 15 minutes checks assigned for no more than 72 hours.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Marc L. Hunter

TITLE

Executive Director

(X6) DATE

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 60 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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DEPARTMENT OF HEALTH AND FAMILY SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED
 OMB NO. 0938-0391

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F 514	Continued From page 1 administrator confirmed that the data was missing or incomplete.	F 514	<p>4. The Center staff has been provided with education on the revised protocol, performing every 15 minute checks and appropriate documentation utilizing the every 15 minute check form.</p> <p>5. Audits will be performed every shift for two weeks by the licensed nursing staff to ensure documentation is complete for residents identified as needing every 15 minute checks, then daily audits will be done for 1 month, followed by monthly audits for 1 month. The audits will be monitored for trends and patterns with remedial measures initiated as need identifies. Results of the audits will be reported at the monthly QA meeting. The DNS has overall responsibility for monitoring compliance.</p> <p>Date of compliance is 10/07/2013</p> <p>F514 AC accepted 9/30/13 BB/Ad RN/AMC</p>	