

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

February 6, 2012

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

Provider #: 475037

Dear Mr. Beeler:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 12, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



PRINTED: 01/30/2012
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 01/12/2012
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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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(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 520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to correct a previously identified concern related to assurance of staff competency and professional development. Findings include: Per record review, a Mandatory In-Service related to the process of accepting physician telephone orders was held for all nursing staff on 11/17/11</p>	F 520	<p>F 520</p> <p>No residents were harmed by this alleged deficit practice.</p> <p>Nurse # 1 was not employed at the center on this date.</p> <p>All nurses not in attendance at in-service training will be notified using PCC dashboard of where to obtain the information provided in the in-service.</p> <p>The Director of Staff Development will be available on off shift and weekends to provide 1:1 in-servicing as needed.</p> <p>DNS/designee will perform random audits of attendance 2 times per month x 3 months.</p> <p>The result of these audits will be reported to the CQI committee for 3 months.</p> <p>Date of completion: February 2, 2012</p> <p><i>F520 POC accepted 2/3/12 - PWC/ARN</i></p>	
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F 520	<p>Continued From page 2</p> <p>and was attended by only 5 of the facility's (approximate) 20 nurses. Despite the lack of staff attendance the staff member responsible for Staff Development stated, during interviews on the morning of 1/11/12, that there was no process to assure that the information from the in-service had been disseminated to all other nurses. S/he confirmed that Nurse #1, who had been involved in a significant medication error, related to an inaccurate telephone order in which a resident received inappropriate doses of medication, had not attended the 11/17/11 Mandatory In-Service. (Refer to Statement of Deficiencies 1/5/12)</p> <p>Per interview, at 4:47 PM on 1/11/12, the DNS (Director of Nursing Services) confirmed that not all nursing staff had attended the Mandatory In-service related to acceptance of telephone orders on 11/17/11, and acknowledged that the facility uses Mandatory In-service education opportunities as one way to assure competency and promote professional development for nursing staff. S/he further stated that administration had been aware that all staff did not consistently attend Mandatory In-services, that it was challenging to assure consistent attendance by all, and, although the current practice was to delay annual performance evaluations and pay raise until all Mandatory In-services had been completed, administrative staff had been talking about other ways to assure greater staff attendance at the Mandatory educational In-service opportunities. This was also confirmed by the Staff Development nurse, during interview at 4:59 PM, who stated that it was a challenge to assure consistent attendance by staff at Mandatory In-service educational opportunities and s/he had recently been talking</p>	F 520		
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F 520	Continued From page 3 with administration about ways to ensure staff attendance.	F 520		
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