



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) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

June 29, 2010

Timothy Urich, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701

Provider #: 475039

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 9, 2010**. Please post this document in a prominent place in your facility.

We will 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 cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS
Assistant Director

Enclosure



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

PRINTED: 06/14/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2010
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701	
(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	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>An unannounced annual recertification survey was conducted by the Division of Licensing & Protection between the dates of 6/7/10 and 6/9/10.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon interview and record review, services were not provided in accordance with professional standards of care for 1 of 21 residents in the applicable sample (Resident # 28). Findings include:</p> <p>1) Per record review on 6/9/10, staff failed to transcribe one physician order to the Medication Administration Record (MAR) for Resident #28. Per record review on 6/9/10, the Physician ordered on 6/7/10 to add Macrobid (antibiotic) to allergies. Per review of the MAR on 6/9/10, the Physician order to add Macrobid to allergies was not reflected on the MAR. During a staff interview on 6/9/10 at 9:53 AM, the Unit Manager and Medication Nurse confirmed the Physician order to add Macrobid to allergies was not transcribed to the MAR for Resident #28.</p>	F 281	<p>Plan of Correction F 281</p> <p><u>Corrective Action:</u> For the affected resident (#28) the Medication Administration Record has been updated to include all current allergies.</p> <p><u>Identify Other Potential Residents:</u> All residents have the potential to be affected by a failure to ensure that current allergies are identified on the Medication Administration Record.</p> <p><u>Systemic Changes:</u> (1) All resident Medication Administration Records will be reviewed to ensure they are accurate. (2) All Licensed and Registered Nurses will be provided in-serviced on Medication Administration Records as it relates to allergies.</p> <p><u>Monitoring:</u> An audit will be conducted weekly of 20% of the Medication Administration Records for a period of three months to ensure compliance. The need for further monitoring will be determined by the QA/QI committee. A review of the weekly audits will be conducted once monthly to ensure compliance is met. The need for further monitoring will be determined by the QA/QI committee.</p> <p>Responsibility: Director of Nursing Completion Date: 7/2/2010 <i>DOC Ann 6-28-10 D. Carter</i></p>	<p>RECEIVED Division of JUN 28 10 Licensing and Protection</p>
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p>	F 371		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
L. G. Administrator
TITLE
Administrator
DATE
6/24/10

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 371	<p>Continued From page 1</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to assure that all perishable foods were stored at the recommended safe temperature range for refrigerated foods and frozen foods. Findings include:</p> <p>Based on observations during the initial tour of the kitchen on 6/7/10 at 10:30 AM, the internal temperature of the reach-in refrigerator in the main kitchen was 44 degrees Fahrenheit (F). The May, 2010 log of recorded internal temperatures for the reach-in refrigerator in the kitchen had temperatures above the recommended range of 33-41 degrees, on 24 separate recorded times during May, with temperatures ranging from 42 - 46 degrees F. During interview at that time, the cook stated that she recorded the AM temperatures first thing in the morning. The log included 10 morning internal temperatures recorded above 41 degrees, ranging from 42 - 46. The temperature log for June 2010 revealed temperatures over 41 degrees F. on 3 days. In addition, the small refrigerator/freezer had freezer temperatures ranging from 10 to 24 degrees F. on 22 days during the month of May. During interview at 10:35 AM, the Food Service Director confirmed that she was not previously made aware of the elevated temperatures and that staff were not directed to take temperatures at specific</p>	F 371	<p><u>Plan of Correction F 371</u></p> <p><u>Corrective Action:</u> For the appliances listed, reach-in refrigerator and small refrigerator freezer, each has been inspected by a technician and has been repaired.</p> <p><u>Identify Other Potential Residents:</u> All residents have the potential to be affected by a failure to maintain proper temperatures for the appliances indicated.</p> <p><u>Systemic Changes:</u> (1) All Dietary staff will be provided in-service training as it relates to the storage of food at the recommended safe temperatures ranges for refrigerated foods and frozen foods.</p> <p><u>Monitoring:</u> An audit will be performed twice per day to ensure compliance of proper temperatures of the appliances indicated. Any temperatures outside of the recommended range will be reported to the Administrator/Maintenance Department. Audits will be forwarded monthly for three months to the QA/QI Committee to ensure compliance. The need for further monitoring will be determined by the QA/QI committee.</p> <p><u>Responsibility:</u> Food Service Director <u>Completion Date:</u> 7/2/2010 <i>Account 6-28-10</i> <i>D Chitt 18</i></p>		

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F 371	Continued From page 2 intervals/times to assure that the temperatures were able to be maintained in the recommended 33-41 degree F. range for refrigeration and 0 degrees F. for freezers.	F 371		