

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 23, 2016

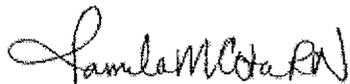
Ms. Melissa Greenfield, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 20, 2016**. 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

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

AUG - 9 2016

PRINTED: 08/03/2016
FORM APPROVED
OMB NO. 0938-0391

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| 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 C 07/20/2016 |
| 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>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 on record review and staff interview, the facility failed to ensure that services provided or arranged by the facility meet professional standards of quality for 1 of 2 residents in the sample (Resident #1).</p> <p>1. Professional standard of care was not met for transcribing physician's orders, documentation and subsequent assessment for Resident #1 who had multiple diagnoses, including Chronic Obstructive Pulmonary Disease (COPD). Review of the MAR [medication administration record] notes the following: "Nebulizer RX". There is no drug name, dose, or frequency listed. The MAR also states to document pre and post treatment lung sounds, respirations and length of treatment. Six out of eleven treatments had no times when medication was given and/or missing lung sounds/respirations. Four of the eleven had no documentation of the effectiveness to treatment either on the MAR or progress notes. Per review of the facility's Policy and Procedures (P&P) for Medication Administration:(NSG305)</p> | F 281 | <p>Resident # 1 has discharged.</p> <p>Residents with orders for nebulizer treatments have the potential to be affected.</p> <p>Education provided to licensed nurses regarding the policy and procedure for administration of nebulizer treatments to include documentation requirements and order transcription.</p> <p>GDR dose reduction monthly at QAPI X 3 months.</p> <p><i>F281 POC accepted 8/19/16 SEMMAUSR/pmc</i></p> | 8/20/16 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Melrose Greenfield* TITLE *Executive Director* (X6) DATE *8/5/2016*

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 281 | Continued From page 1 directs staff to, document on the MAR the administration of medication and the response to medications (#8.1 & 8.2 respectively), while #8.4 also states to document the effectiveness of PRN [as needed] medication. In addition, the progress note on 05/20/16 at 7:49 AM states that a nebulizer treatment was provided at 4:00 AM, however, this was not documented on the MAR, nor were the pre or post assessments [lung sounds and/or respirations] noted or the follow up for effectiveness found. The Facility's P&P for Nebulizer treatment, states (#21) to document the date, time and dosage, pre and post treatment assessments (Heart rate, respiratory rate and breath sounds). This information was not consistently documented. During interview on 07/06/16 at 3:16 PM the DNS [director of nursing services] acknowledged that documentation was not clear as to the effectiveness, type of nebulizer and there was missing information. *Reference: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins. | F 281 | | | |
| F 329 SS=D | 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose | F 329 | Resident # 1 has discharged. Residents on antipsychotic medications have the potential to be affected. | 8/20/16 | |

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| F 329 | <p>Continued From page 2 should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, 1 of 2 residents in the sample did not receive a Gradual Dose Reduction (GDR) to determine if continuing the medication was justified, by evaluating the resident's clinical condition, risks, existing medication regimen & related factors. (Resident #1) Findings include:</p> <p>1. Per record review, there is no evidence that Resident #1 received a GDR per the consulting Pharmacist's recommendation. The Consultation Report dated April 2016 states the the criteria for GDR to be deemed clinically contraindicated was not met because a GDR has not yet been attempted in the facility following the most recent admission. The Resident was admitted in January 6, 2016 and received Risperdal (an</p> | F 329 | <p>An initial audit was completed for residents receiving antipsychotic medications to determine compliance with GDR.</p> <p>Licensed staff and Nurse Practitioner have been educated regarding GDR requirements.</p> <p>Monthly audits will be completed to determine effectiveness of the plan and reported to QAPI X 3 months.</p> <p><i>F329 POC accepted 8/19/16 SEMINONS RN/PMU</i></p> | 8/20/16 |
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| F 329 | <p>Continued From page 3</p> <p>anti-psychotic medication) 0.5 mg twice daily for behavioral or psychological symptoms of dementia since 01/09/16. The care plan states the resident is at risk for complications related to the use of psychotropic drugs: Risperdal for paranoia, Trazodone for depression & insomnia. The care plan directs staff to complete behavior monitoring flow sheet, to monitor for continued need of medication as related to behavior and mood, and observe for changes in mental status and functional level and report to the doctor. Review of behavior monitoring sheets from January 2016 through May 2016 denotes no behaviors of delusions or paranoia. In addition, the MDS [minimum data set] a comprehensive assessment, dated 01/19/16 and 04/20/16 demonstrates no hallucinations nor delusions. The care plan also states "the smallest most effective dose, without side effects for 90 days".</p> <p>An Emergency Room Psychiatrist wrote in the consultation note on 01/08/16, the reason being seen "was to comment on the [resident] capacity to refuse treatment". The report further stated that the resident exhibits some confabulation which at times can become frank paranoid ideation and requires frequent redirection to stay on topic. It states when [resident] is redirected, the resident is able to clearly articulate concerns, most of which appear to be reality based. The plan at that time suggested that the resident does appear to have capacity for decision making and Risperidone 0.5 mg twice daily for treatment of paranoid ideation, which could be titrated upward after 5 days if there is no benefit.</p> <p>On the pharmacy consultation report, the Facility's practitioner wrote "failed GDR, seen by</p> | F 329 | | |
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| F 329 | Continued From page 4 psych, meds per psych". However, there is no evidence that a smaller dose was attempted and failed. Furthermore, there are no indications that an assessment of alternative non-pharmaceutical interventions were tried and failed. There was no evidence of the need for continued use of the medication; rather, the lack of psychotic behavior was used to justify continuation without an actual trial of a gradual reduced dose. | F 329 | | |