

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

October 12, 2011

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

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 19, 2011**. 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

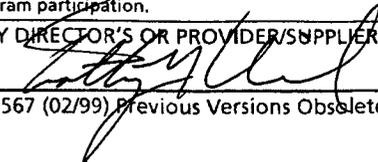
PC:jl



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>475039</u>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 8/19/2011
NAME OF FACILITY Rutland Healthcare and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 46 Nichols Street, Rutland, VT, 05701	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000	Initial Comments: An unannounced on-site complaint investigation was completed by the Division of Licensing and Protection on 8/19/11. The following is a regulatory violation:		Plan of Correction F 499	
F499 S/S=E	The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is NOT MET as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 professional staff member was licensed in accordance with applicable state laws. Findings include: Per record review on 8/19/11 at 9:45 A.M., a Registered Nurse (RN) worked 19 shifts without an active RN license. Per interview with the facility Staffing Coordinator on 8/19/11 at 9:50 A.M., the RN's license had expired on 3/31/11. Per review of the facility staffing schedule, the RN worked 19 shifts between 3/31/11 – 4/25/11. On 8/19/11 at 10:08 A.M., the facility Administrator confirmed that the RN worked 19 shifts between 3/31/11 – 4/25/11 without being properly licensed.		<u>Corrective Action:</u> For the Registered Nurse that worked without an active license, the facility validated that she had renewed her license on 4/26/11. <u>Identify Other Potential Residents:</u> A complete audit of all Licensed/Registered Nurses employed at the facility was conducted to ensure all staff possessed current and active licenses. <u>Systemic Changes:</u> For all Licensed and Registered Nurses, 30 days prior to the expiration date of each individual license, the Administrator will contact each licensee to inform them of their respective expiration date. That communication will include the directive that failure to provide the facility with an active license prior to the date of expiration will result in immediate suspension from work. The licensee will be removed from the schedule and not be permitted to work prior to the date of expiration. <u>Monitoring:</u> Audits will be completed monthly X4 prior to the last day of the month by the Center Human Resources Manager to ensure all licenses are current an active. The CQI Committee will evaluate the data and act on the information as indicated. Responsibility: Administrator Completion Date: 10/1/2011 <i>F499 POC accepted 10/4/11 Rtlandday RN / P.M. Not a RN</i>	OCT 03 2011

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/30/11
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