

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

November 30, 2012

Mr. Timothy Urich, Administrator  
Rutland Healthcare And Rehabilitation Center  
46 Nichols Street  
Rutland, VT 05701-3275

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 7, 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  
Licensing Chief

PC:jl



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

RECEIVED  
Division of  
NOV 27 12

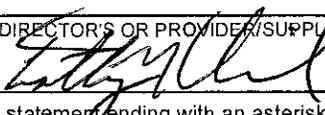
PRINTED: 11/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____  Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2012</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>RUTLAND HEALTHCARE AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 NICHOLS STREET RUTLAND, VT 05701</b>
---	---

(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
--------------------	--	---------------	---	----------------------

<p>F 000</p> <p>F 497 SS=B</p>	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced on site complaint investigation was conducted on 11/06/12 - 11/07/12 by the Division of Licensing and Protection. The following are regulatory findings as a result of the investigations.</p> <p><b>483.75(e)(8) NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE</b></p> <p>The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the facility failed to complete yearly performance reviews and/or ensured 12 hours of in-service training for 2 of 4 LNAs (Licensed Nursing Assistants). Findings include:</p> <p>1. Per review of personnel records of 4 LNAs on 11/06/12, yearly performance reviews had not been conducted for LNA #2 since 04/15/11 and LNA #3 since 07/20/11. In addition, LNA #2 received approximately 5 hours of in-service for</p>	<p>F 000</p> <p>F 497</p>	<p><b>Plan of Correction F 497</b></p> <p><u>Corrective Action:</u> For LNA # 2 a yearly performance review was completed on 3/9/2012 and LNA # 3 a yearly performance review was completed on 11/23/2012.</p> <p><u>Identify other potential staff:</u> In order to identify other staff without yearly performance reviews since 2011, a full audit has been conducted and was completed on 11/23/2012. An audit of LNA educational in-services for 2012 was completed on 11/27/2012.</p> <p><u>Systemic changes:</u> Yearly performance reviews will be conducted for staff during their anniversary month of their initial hire date. Prior to each new calendar year, a 12 hour educational in-service calendar will be put into place with an individual check off sheet attached to each LNA education folder.</p> <p><u>Monitoring:</u> A performance review audit will be conducted weekly x 4 and monthly x 3 to ensure compliance. Audits will be completed weekly x 4 and monthly x 3 to ensure compliance with LNA in-service education. Results will be reviewed at QI Committee meeting for further evaluation and recommendation.</p> <p><b>Responsibility:</b> Administrator <b>Completion Date:</b> 11/28/2012</p> <p><i>POC Accepted 11/29/12 Susan L. Emmerson RN</i></p>	
------------------------------------	---	---------------------------	---	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>ADMINISTRATOR</b>	(X6) DATE <b>11/26/12</b>
--	-------------------------------	------------------------------

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.

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

PRINTED: 11/19/2012  
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  C 11/07/2012
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 497	Continued From page 1 the year and LNA #3 approximately 4 hours for the year. The interim nurse educator informed the surveyor on the afternoon of 11/06/12 that "we had several staff educators this year so I can say that the records are a mess and not complete". The Director of Nursing stated at 3:00 PM, "the unit supervisors are responsible but there has been turnover on that unit". S/he confirmed at that time that "if the yearly performances are not found in the personnel files then we must be behind."	F 497			