

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Mountain View Center Genesis Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 9 Haywood Avenue Rutland, VT 05701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview and record review the facility failed to complete accurate resident assessments for 2 of 13 sampled residents (Residents #1 and #2). Findings include: 1. Per record review, Resident #1's MDS (Minimum Data Set, an assessment tool used to evaluate resident health, develop personalized care planning, and determine facility reimbursement) dated 4/17/2026 indicates that Resident #1 had a diagnosis of diabetes type II upon admission. Further review of the medical record reveals there was no monitoring, treatment, or orders upon admission to the facility or throughout Resident #1's stay. Review of Resident #1's care plan reveals no focus, goal, or interventions related to diabetes. Per interview with on 7/23/2026 at 6:39 PM, the Registered Nurse (RN) assisting the facility with MDS issues confirmed that Resident #1's diagnosis list and MDS included the diagnosis of diabetes type II and that there were no physician's orders related to diabetes, monitoring, or treatment because they did not have an actual diagnosis of diabetes type II. The RN also confirmed that a modification should be submitted to correct the error. 2. Per record review, Resident #2's MDS that was dated 3/10/2026 was modified and signed on 4/3/2026 by a Registered Nurse who was assisting the facility with the MDS to reflect that the Resident required isolation or quarantine for an active infectious disease. Further record review reveals no documentation to support the Resident #2 had received care and services related to isolation or quarantine. Per interview on 7/22/2026 at 10:50 AM, the facility Administrator confirmed that the MDS inaccurately reflected Resident #2's condition regarding the provision of isolation or quarantine. The Administrator stated that isolation had been coded in error and that a MDS modification had been submitted. Per interview with on 7/23/2026 at 6:39 PM, the Registered Nurse (RN) assisting the facility with MDS issues confirmed that Resident #2's MDS had been coded in error and was not an accurate reflection of the Resident's care needs related to isolation and quarantine.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE