STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475018	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pines at Rutland Center for Nursing and Rehabi	99 Allen Street 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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29776 Based upon interview and record review, the facility failed to provide adequate supervision to prevent accidents resulting in harm to one resident [Res.#59] of 6 sampled residents. Findings include: Per review of Res.#59's medical record, the resident was admitted to the facility with diagnoses that included generalized muscle weakness, cerebral infarction [stroke], seizures, and dementia. Review of Res.#59's Care Plan reveals the resident was identified as at risk for falls related to a history of falls, dementia, hemiplegia [one-sided paralysis], anxiety, depression, and medications associated with increased fall risk. Regarding toilet use, the Care Plan records Res.#59 requires extensive assistance and sit to stand by 2 staff for toileting. An interview was conducted with the Director of Nursing [DON] on 9/18/24 at 10:02 AM. The DON stated that Licensed Nursing Assistants [LNAs] receive training during orientation regarding following a resident's Kardex. [the 'Kardex' is a documentation system that enables direct care staff to easily reference key patient information that shapes the resident's care plan.] Review of Res.# 59's Kardex for July and August 2024 reveals Res.#59 requires extensive assistance and sit to stand by 2 staff for toileting and regarding transfers, requires extensive assistance and sit to stand by 2 staff to move between surfaces. Per review of Progress Notes for Res.#59, dated 8/7/24, At approx. 6:15 AM this writer was called to [Res. #59's] room by LNA for reports of [Res.#59] falling in the bathroom .[Res.#59] was observed to be uncomfortable and expressing complaints of pain in right leg. Progress notes record at 10:23 AM Resident began to yell out in pain. Upon assessment, resident is touching [h/her] lower back as well as [h/her] right leg . Providers updated and ordered resident to be sent to [NAME] Regional Medical Center for evaluation. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Per review of Emergency Department notes from [NAME] Regional Medical Center dated 8/7/24, Res. #59 was inappropriately moved by LNA- patient is a mechanical lift only. Right leg 'popped out' (rotated externally) as patient was pivoting while standing. Patient has dementia history, reports 'very bad' pain. Grimacing .Apparently patient usually utilizes a sit to stand and is unable to transfer on [h/her] own. This morning patient was being attended by a new medical staff who tried to get [h/her] to stand up and make a transfer on [h/her] own. Res.#59 underwent a series of x-rays on 8/7/24 which showed the resident suffered a Tibial plateau fracture (A tibial plateau fracture is an injury where you break your bone and damage the cartilage on top of your tibia (bottom part of your knee)). [https://Orthopaedic Trauma Association ota. org/for-patients/find-info-body-part/3834#/+/0/score, date_na_dt/desc/]. Per review of the facility's investigation of the incident on 8/7/24, it was determined that [LNA #1] did not understand that [Res.#59] required a sit to stand lift for transfers when assisting [him/her] in the restroom . LNA states [s/he] was aware resident was a 1 assist for care and 'assumed' [s/he] was a 1 assist for transfers. Per interview with the Director of Nursing [DON] on 9/18/24 at 10:02 AM, the DON stated LNA#1 was not familiar with Res.#59 and the resident's care requirements. The DON confirmed the facility's investigation demonstrated that Res.#59's Kardex contained the instructions of extensive assistance and sit to stand by 2 staff for toileting and transfers. The DON confirmed that on 8/7/24, contrary to training and specific instructions, LNA #1 attempted toileting and transfer of Res.#59 without a Sit to Stand device and without the assistance of another staff member. The attempted transfer without the proper device and additional staff resulted in harm to Res.#59 in the form of a fractured tibial plateau. The facility completed corrective actions after identifying this deficient practice, prior to the survey entrance; therefore, this deficiency is considered past noncompliance. Per the facility investigation, the facility educated the LNA involved, educated all nursing staff regarding the use of the Kardex and its purpose, and completed several weeks of audits regarding proper implementation of resident Kardex's, which were reviewed and verified.