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	11/25/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40258 Based on observation, and staff interview, the facility failed to ensure kitchen staff properly air-dried or hand dried pans prior to storage and failed to maintain a clean sanitary food service area. Findings include: During an observation on 11/25/24 at 2:05 PM, there was a baking sheet that was stacked on other baking sheets that was noted to be wet. The baking sheet was placed on the counter by this surveyor and the steam table pans were inspected. There was a wet small steam table pan that had been stacked on others. At this time the Director of Dietary was shown the small steam table pan and when this surveyor was attempting to show her/him the baking sheet it had been removed from the counter and placed back on top of the stacked sheets. The Director of Dietary confirmed that the baking sheet and the steam table pan that had been cleaned and stacked for use were still wet. The pans were found to have been stacked wet and not allowed to air dry prior to stacking. The Director of Dietary went into the dish room and returned stating, I just educated [dietary staff member] not to do that, they are not usually back there. The floor under one of the food prep table legs had two squares of missing tile creating exposed sub flooring with accumulated liquid and food particles. The leg of the table was noted to have a buildup of what appeared to be dirt and grease residue. The gas stove top was noted to have an excess amount of food and grease buildup on and under the burner grates. The Director of Dietary stated that they are taken apart weekly and cleaned. Per review of the kitchen cleaning schedule, staff sign off daily that they have cleaned the stove. This schedule had already been signed off for 11/25/24 however, there was a large amount of food and grease build up on and under the burner grates. The third floor steam table was noted to have pieces of orzo floating in the steam table water. The Director of Dietary and the Kitchen Supervisor confirmed that there was orzo in the steam table water. When asked when the residents were last served orzo the Director of Dietary stated last night. Per the Director of Dietary the steam table water is supposed to be drained and cleaned every night after diner service. The Director of Dietary stated that s/he would provide additional education to the staff member who had failed to do so. (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
	475018	A. Building B. Wing	11/25/2024

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Per interview with the facility Administrator on 11/25/24 at 3:15 PM the facility had been making repairs in the kitchen and the above concerns would be addressed. During a walk through of the kitchen the facility Administrator confirmed the above kitchen observations.