STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475023	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Heights at Brattleboro Center for Nursing & R	187 Oak Grove Avenue Brattleboro, VT 05301

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to ensure resident involvement in the care planning process for 1 of 20 residents (Resident #38). Findings include:Per interview on 9/15/2025 at 11:39 AM, Resident #38 reported that s/he is not involved in her/his care plan development or review. S/he stated that s/he feels that decisions involving her/his care are made without her/him and that s/he does not know when the facility reviews or revises her/his care plan. Review of a Care Conference/Care Plan meeting note dated 7/8/2025 reveals that a Nurse, Social Services, and Recreation was in attendance at the meeting. Section 2. of the form that states Was the resident/responsible party invited to the resident care conference? was left blank. Per interview with the facility Administrator on 9/17/2025 at 2:27 PM, residents and/or their responsible parties are only invited to the comprehensive care plan meetings which are done annually and with a significant change.

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

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow professional standards of practice related to care and maintenance of a PICC line for 1 of 1 resident (Resident #23). Findings include:Per record review, Resident # 23 has diagnoses that include acute osteomyelitis, left ankle and foot, and non-pressure chronic ulcer of the other part of the left foot. Resident #23 is receiving wound care and intravenous (IV) antibiotics through a PICC line. On 9/16/25 at 9:35 AM, a Licensed Practical Nurse (LPN) was observed preparing to administer an antibiotic via Resident #23's PICC line. She encountered resistance while trying to clear the catheter line to allow the antibiotic to pass through. This surveyor noticed that the line was very long and coiled, causing it to kink under the dressing, thus preventing the flow of liquid to flush the line. When the line was uncoiled, it measured 42 cm at the indicator marked on the line, indicating that the line could have potentially migrated out of position. An interview conducted minutes later with the Assistant Director of Nursing (ADON) revealed that, after assessing the line, it should have been measured during the admission assessment performed by nursing and each week thereafter.A review of Resident #23's medical record revealed that the resident was admitted to the facility on [DATE] with a PICC line inserted. There was no evidence in the record indicating the length of the line at the insertion site upon admission or any time after. A policy Central Venous Access Device [CVAD] Catheter Dressing Change, dated January 2022 reads, A VAD (Venous Access Device) assessment should occur before, during, and after medication administration, during dressing changes, with each site assessment of the VAD, presence of the following, at a minimum, should be included: erythema (redness) drainage, induration, tenderness warmth, swelling, external catheter length.Per the interview with the ADON on 9/16/2025 at 2:20 PM, the nurse admitting the resident should have measured the line, and the line should have been measured at the insertion site at least weekly during dressing changes. She confirmed that there were no measurements in the medical record that might support whether the line had migrated or not, and that it was safe to use. Caring for your PICC: What you need to know. CEUfast.com Blog. (n.d.). https://ceufast.com/blog/caring-for-your-picc-what-you-need-to-know#:~:text=Measuring%20The%20PICC, proper%20function%20of%20the%20PICC.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to complete annual evaluations for two of three Licensed Nursing Assistants sampled. Findings include: Per record review of three Licensed Nursing Assistants' (LNA) personnel files that had worked at the facility for over a year, there was no documentation of annual evaluations for 2 of the 3 LNAs to indicate what education or trainings were appropriate for each LNA. Per interview on 9/17/2025 at 12:19 PM, the facility Administrator confirmed that they do not conduct annual evaluations for any staff. Per interview on 9/17/2025 at 12:48 PM, the Director of Nursing confirmed that the facility does not conduct annual evaluations for Licensed Nursing Assistants.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, it was determined that the facility failed to ensure medications were stored in accordance with currently accepted professional principles for 2 of 4 medication carts. Findings include:Observation on [DATE] at 8:17 AM for one of the Third Floor Unit medication carts revealed that the Isopto Atropine Solution 1% bottle had expired on 4/2025. Per interview on [DATE] at 8:17 AM with the Licensed Practical Nurse (LPN) assigned to this medication cart, they confirmed that the above medication had expired. They stated the process for checking for outdated medications was a task completed by the night shift.Observation on [DATE] at 11:51 AM for one of the Fourth Floor Unit medication carts revealed that a tube of Glutose 15 had expired on 6/2025. Per interview on [DATE] at 11:51 AM with the LPN assigned to this medication cart, they confirmed that the above medication had expired. They stated the process for checking for outdated medications was a task completed by the night shift.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards of food service safety. This has the potential to impact all residents. Findings include:During the initial tour of the kitchen with the Dietary Manager (DM) on 9/15/2025 at 9:49 AM a frozen turkey in a cardboard box was noted on the floor and an open bag of frozen fish was seen on the shelf. When asked about the frozen turkey on the floor, the DM stated that it was left over from last Thanksgiving, and that she had just not discarded it yet. The DM also confirmed that the bag of fish had been left open and that it should not have been. On 9/15/2025 at approximately 10:15 AM on return to the kitchen, it was noted that clean dishes were being put away and placed on food carts while wet. At this time the DM confirmed that the dishes were being put away wet and that they should not be.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, policy review, and staff interviews, the facility failed to implement infection control policies and procedures when staff didn't don personal protective equipment to handle an indwelling device for a resident on enhanced barrier precautions for 1 of 7 residents (Resident #11). Findings include:Per observation on 9/16/2025 at 9:48 AM, a Licensed Practical Nurse (LPN) was observed picking up an indwelling catheter bag (collection bag for urine connected to a catheter, which is a thin, flexible tube that a healthcare provider inserts into the bladder to drain and collect urine) from the floor without wearing any personal protective equipment (PPE). Per interview on 09/17/2025 at 10:34 AM with the Infection Preventionist (IP), she confirmed that indwelling catheter bag handling, whether it is in a privacy pouch or not, requires gloves worn when handling, and Enhanced Barrier Precautions (EBP) should be utilized during care of the catheter. The facility policy Urinary Catheterization policy dated 1/2023/4-24 defines EBP as the use of gown and gloves.Per interview on 9/17/2025 at 10:43 AM with the LPN observed on 9/16/2025 handling the indwelling catheter bag without PPE, she confirmed PPE should've been worn when handling the bag. She stated, Should have, but that wasn't my focus, and I carry gloves with me when I know I'll be providing care, so I didn't have gloves in my pocket. When asked about gloves being available in Resident rooms, she stated there may be some gloves in the bathroom, but she isn't sure.,The Centers for Disease Control and Prevention describes the reasoning for EBP as reducing the opportunities of Multi-Drug Resistant Organisms (MDROs) to be transferred from one resident to another on staff hands and clothing.