VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

September 30, 2025

Ms. Teresa Isabelle, Administrator
Mountain View Center Genesis Healthcare
9 Haywood Avenue
Rutland, VT 05701

Provider ID #: 475012

Dear Ms. Isabelle:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **September 9, 2025.** 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
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Center Genesis Healthcare	**9 Haywood Avenue , Rutland, Vermont, 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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite investigation from 9/8/25 to 9/9/25 of 1 FRI #2579252, and 3s complaint # 2579595, #2610677, #2571595 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey.	F0000	The filling of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance within applicable law.	
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to implement interventions to ensure residents were free of accidents for 1 of 3 residents (Resident #1). As a result, a resident suffered a fall which required hospitalization related to a fractured hip and pain management. Findings include: Per record review, Resident #1 has diagnoses that include irradiation of the pelvis, epilepsy, presence of an artificial eye, and normal pressure hydrocephalus (a neurologic condition characterized by an abnormal accumulation of cerebrospinal fluid in the brain). Per review of the "Minimum Data Set" (MDS-a standardized tool used to evaluate residents' needs and improve care planning) dated 5/30/25, in the section titled "Functional Limitation in Range of Motion," Resident #1 has an impairment on one side of the upper body and an impairment on both sides of the lower body. Per review of Resident #1's care plan, a focus reveals that " Resident requires assistance for ADL care in bathing,	F0689	1. The DON interviewed the employee, read/reviewed the hospital notes, and side railes were added to the bed so the patient could assist with ADLs & bed positioning. 2. Care plan for resident #1 was reivewed and updated, and an audit was conducted and no other residents were affected. 3. Staff education has been completed for following the patient specific ADL plan of care. 4. We will conduct weekly audit x4 an monthly x3 to ensure ADL care plan interventions are being followed. Compliance and results to be reviewed at QAPI meeting for further review and recommendations. **Tag F0689 POC accepted on 9/30/29 by D. Hoffman/S. Stem**	10/10/2025

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 reverse for further 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
	LNHA	9/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/09/2025

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F0689 SS = G	Continued from page 1 grooming, personal hygiene, dressing, bed mobility, transfer, locomotion, toileting related to chronic disease/condition: limited mobility, legally blind" the corresponding intervention reads to "provide the resident with 2 assist for Activities of daily living (ADL) care", with an initiation date of 5/5/23. Per review of a facility incident report dated 7/27/25, Resident #1 had a witnessed fall from the bed while receiving care from a Licensed Nursing Assistant (LNA) on 7/26/25. Per review of the 5-day summary report submitted to the State Agency, dated 8/1/25, Resident #1 was non-weight-bearing, at his/her baseline, and required complete care. After the fall, s/he reported pain in his/her right hip, back, and the back of his/her head. Resident #1 was transported to the hospital and was admitted for a left femoral neck (hip) and inferior and superior (Pelvic) pubic rami fracture. A "Discharge Planning Form" dated 7/27 from the local hospital reveals that Resident #1 was admitted to the hospital for management of severe hip pain. Per interview on 9/9/2025 at 2:38 PM with a Licensed Nursing Assistant (LNA) who was providing care for Resident #1 when the incident occurred, it was revealed that the LNA was providing evening care to the resident without assistance. The resident required a complete change of bed linen. When the LNA attempted to tuck in the sheets, he rolled the Resident #1 to the side of the bed; without assistance, s/he fell onto the floor. Per interview with the Unit Manager (UM) on 9/9/2025 at approximately 2:45 PM, she stated Resident #1 needs 2 people to assist with ADL care as mobility is limited. She states that the care plan includes this intervention, and the expectation is that the staff will follow it for safety. She states the resident would not have fallen had the interventions been followed.	F0689		