

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Division of
MAY 20 10

PRINTED: 05/17/2010
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection | (X3) DATE SURVEY COMPLETED 05/05/2010 |
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| NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478 |
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| F 000 | INITIAL COMMENTS | F 000 | | |
| F 272 SS=D | <p>483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced</p> | F 272 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Aura Crawford RN* TITLE: *DNS* (X6) DATE:

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.

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| F 272 | Continued From page 1 by: Based on record review and staff interview the facility failed to conduct a comprehensive assessment for 1 of 2 residents (Resident # 49) with a disease process that limited the use of his/her upper extremities. Findings include: Per record review conducted on 5/5/10 for Resident # 49 who had a diagnosis of arthritis and bilateral hand contractures there was no evidence that a comprehensive assessment had been completed including an evaluation of the use of splint(s) and a ROM (Range of Motion) program. On 5/5/10 at 8:20 a.m. the OT (Occupational Therapist) confirmed that until it was brought to her attention this morning, an assessment had not been completed before today which would have evaluated this resident for the use of hand splint(s) and for a ROM program. | F 272 | F 272 Resident # 49 has been reassessed with the conclusion that she remains inappropriate for splinting devices or Range of Motion exercises. Rehabilitation Therapists have screened all residents within the building, with restorative programs in place for all residents who might benefit from such a program. Rehab services will screen all residents on a quarterly basis. The Director of Rehab Services will monitor for compliance and report findings to the Quality Assurance Committee for review. Completion Date: 05/30/2010. <i>PDC aupt 6-11-10</i> <i>KCups 18</i> | |
| F 279 SS=D | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise | F 279 | | |

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| F 279 | Continued From page 2 be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to develop a comprehensive care plan for 1 of 14 residents (Resident # 49) in the Phase 2 sample. Findings Include: Per record review conducted on 5/5/10 the facility failed to develop a care plan that addresses ADL's (Activities of Daily Living) and ROM (Range of Motion) for Resident # 49, who has arthritis with bilateral hand contractures. On 5/5/10 at 8:20 a.m. the charge nurse confirmed that a care plan had not been developed. | F 279 | F279 Resident #49's care plan contains all necessary information to provide care for this resident. All care plans have been reviewed to assure their continued completeness and accuracy. The Nursing Supervisor will audit a sample of resident care plans on a weekly basis to assure continued compliance. Findings will be reported to QA committee for further action as indicated. Completion Date: 5/30/2010. | |
| F 282 SS=D | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure that care was provided in accordance with the comprehensive care plan for 1 of 14 residents (Resident #24). Findings include: 1. Per observation on 5/5/10 at 11:00 AM, the | F 282 | <i>Per audit 6-11-10</i> <i>K. Curran</i> | |

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| F 282 | Continued From page 3 staff failed to apply a fleece splint to the left foot while the resident was in the recliner. Per record review, Resident #24 who has diabetes, is receiving treatment for a pressure ulcer on the heel of the left foot. The comprehensive care plan directs the staff to apply a pressure relieving [Leonard] splint to the left foot while the resident is in bed and the recliner. Per interview on 5/5/10 at 11:15 AM, the Registered Nurse on duty confirmed that the splint had not been applied to the left foot while the resident was in the recliner. | F 282 | F 282 Resident #24 wears his splint at all appropriate times. An audit has been conducted to assure that all residents wear splints as planned. Staff have been educated on the importance of splint application. Supervisor and Charge Nurse will monitor compliance and report any deviation to QA Committee for follow up action as indicated. Completion Date: 5/30/2010 | |
| F 334 SS=C | 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; | F 334 | Rec audit 6-11-10 K Curran | |
| | (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical | | | |

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| F 334 | <p>Continued From page 4 contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced</p> | F 334 | | |

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| F 334 | <p>Continued From page 5</p> <p>by: Based on staff interview and record review, the facility failed to develop policies and procedures to assure that residents and/or their responsible parties receive education regarding the benefits and potential side effects of influenza and pneumococcal vaccine, and that they are provided the opportunity to consent or refuse prior to administration. Findings included:</p> <p>Per record review, the facility policy for pneumococcal and influenza vaccine did not include the provision of education regarding the benefits and risks associated with administration of the vaccine or the opportunity for residents/responsible parties to consent or refuse each time the vaccine was offered. During an interview on 5/4/10 at 2:00 PM, the Infection Control Nurse stated that the facility provided a Vaccine Information Statement (VIS) the first time residents received the vaccine, and did not provide this in subsequent years. During subsequent interviews on the afternoon of 5/4/10, the Licensed Practical Nurse (LPN) and the Director of Nursing (DNS) confirmed that the policy lacked the required information regarding education and consent.</p> | F 334 | <p>F 334 Influenza/ Pneumoccal vaccine policy has been ammended to include annual education regarding the risk/benefit of vaccination. Residents/ responsible parties will sign a consent form prior to vaccine administration. Infection Control Nurse will monitor compliance and report findings to Quality Assurance Committee for follow up as indicated. Completion Date: 5/30/2010</p> <p><i>BC arm 5-11-10</i> <i>Kup/ [Signature]</i></p> | |
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