

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

April 29, 2015

Mr. Phillip Condon, Administrator  
Franklin County Rehab Center LLC  
110 Fairfax Road  
St Albans, VT 05478-6299

Dear Mr. Condon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 7, 2015**. 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  
Licensing Chief

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

PRINTED: 04/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/07/2015
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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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(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
F 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite recertification survey was conducted on 4/6-4/7/15 by the Division of Licensing &amp; Protection. The following regulatory deficiencies were identified as a result of the survey:</p> <p>F 164 SS=B 483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p>	F 000	<p>F 164</p> <p>The chart rack has been permanently built into the nurse's station on April 23, 2015.</p> <p>Date of completion: 4/23/2015</p> <p>F164 POC accepted 4/26/15 SDCM/RN/PMC</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator / Owner DATE 04/27/2015

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 164	Continued From page 1. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical records were stored in a manner that kept them secure from unauthorized access. Findings include:  Per observation over 2 days of survey (4/6/15 - 4/7/15), clinical records for the Four Seasons Unit were located in the hallway in front of the nurses station. Residents from all units and visitors were observed passing by the records. There were 18 records in the rack at the time of the observations. Per interview with the Director of Nurses (DON) on 4/7/15 at 2:10 PM, the records have been in that location since the facility opened. The DNS confirmed that the records were accessible to residents and visitors.	F 164			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and medical record review, the facility failed to ensure that the resident environment remained as free of accident hazards as is possible; and that each resident received adequate supervision and assistance devices to prevent accidents for 1 of	F 323	F 323  Size of sling will be entered on resident care plan. This will be reviewed at every scheduled care plan meeting.  New admissions will be assessed for mechanical lift usage during therapy initial evaluation.  If patient has been determined to require a mechanical lift the charge nurse or their designee will be responsible for assessing the proper sling size.  Date of completion: 5/1/2015		

F323 POC accepted 4/28/15 SDennis/PML

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F 323	<p>Continued From page 2</p> <p>14 residents (Resident #40). The findings are as follows:</p> <p>Per 4/7/15 medical record review, Resident #40 is on palliative care and had care plans in place for high fall risk, decreased mobility and ADLs (Activities of Daily Living). His/her 12/3/14 MDS (Minimum Data Set) identified Resident #40 as being totally dependent on facility staff for transfers with 2 staff assisting.</p> <p>On 4/6/15 at 4:07 PM, two staff LNAs (Licensed Nursing Assistants) were observed transferring Resident #40 from bed to wheelchair using a Hoyer lift (a mechanical device that utilizes a fabric sling that is attached and suspended from a lift boom and used for transfers). The LNAs positioned Resident #40 on the fabric sling which was then secured to lift bars on the Hoyer device. The resident was then raised from the bed in a sitting position, suspended in the sling.</p> <p>During this part of the transfer, the sling, which had covered and supported the resident's back to the tail bone, was observed to ride up Resident #40's back to above the hip level allowing the resident's buttocks to slip significantly downward through the sling. Per interview at the time of the observation, the 2 LNAs involved in the transfer confirmed the above observation and that the resident was sliding out from the bottom of the Hoyer sling.</p> <p>LNA #1 and #2 confirmed that Resident #40 was transferred using a size XL (extra-large) sling which was in the room at the start of the transfer. LNA #1 reported that s/he typically determines which sling to use by looking at the resident's size. (On 4/3/15, Resident #40 weighed 123</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>pounds and had a recorded height of 64 inches.) Following the transfer, the facility DNS (Director of Nursing) was notified of the above observation and agreed that if the resident's buttocks were sliding out of the bottom of the sling, the sling size was likely too large; the DNS then reported that the XL sling would be removed from Resident #40's room and replaced with a smaller size.</p> <p>Over the course of several interviews on 4/6/14 and 4/7/15, the DNS confirmed that the facility had no written policy for the use of a Hoyer lift and did not have a written policy to assist staff in the proper fitting/size determination of a sling. The DNS confirmed that s/he did not have any manufacturer's information available for the nursing staff to use to determine sling size.</p> <p>On 4/7/15 at 12:44 PM, the facility Long Term Care Charge nurse reported that the facility's Physical Therapists make recommendations for the type of transfer device that is used for residents (such as the Hoyer lift), but confirmed that the rehab staff had made no recommendation for a specific sling size for Resident #40 in his/her care plan or Care Tracker (the LNA care information sheet).</p> <p>On 4/7/15 at 2:47 PM, the facility Rehab Director (RD) stated that rehab staff assess residents on admission to the facility to determine the safest method to use for transfers. S/he reported that a Hoyer lift was recommended for Resident #40 in July 2013. S/he reported that s/he was aware that there are risks of residents sliding through or falling out of a sling if it is improperly applied or if a sling is too small or too large. The therapist was unable to find a recommendation for a specific sling size for Resident #40 in the therapy record.</p>	F 323			

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F 323	Continued From page 4 at the time of the interview.  According to the Arjo website (the manufacturer of the Hoyer lift and slings used by the facility), "choosing the right sling size is important in order to achieve the highest possible patient comfort and safety." The website gives guidance on how to measure a patient for a sling.  < <a href="http://www.arjohuntleigh.com/products/patient-transfer-solutions/slugs/sling-sizing/">http://www.arjohuntleigh.com/products/patient-transfer-solutions/slugs/sling-sizing/</a> >	F 323			