

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

January 12, 2015

Ms. Heather Presch, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 22, 2014**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2014
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NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT 05156
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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
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F 000	INITIAL COMMENTS	F 000		
F 223 SS=D	<p>An unannounced investigation of a self-report and a complaint was conducted and completed on December 22, 2014 by the Division of Licensing and Protection. The findings include the following:</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the Facility failed to assure that 1 of 3 residents in the sample was free from verbal abuse (Resident #1).</p> <p>Per Division of Licensing and Protection intake information, the facility reported an allegation of verbal abuse of Resident #1 on 10/29/14. The alleged incident reportedly occurred 48 hours earlier.</p> <p>Per review of the Facility internal investigation, which was conducted by the Director of Nursing Services, a witness described LNA #1 speaking to Resident #1 in a verbally threatening manner and using curse words.</p> <p>Per interview with the Executive Director (ED) on 12/22/14 at 10:30 AM, the ED confirmed that LNA #1 had a telephone conversation with the DNS on</p>	F 223	<p>F223</p> <p>Free From Abuse/Involuntary Seclusion</p> <p>The following will be completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. In-services for staff will be conducted reviewing the Elder Abuse Act.</p> <p>Corrective action will be completed by January 16, 2015.</p> <p>A random audit will be conducted by the DNS or designee, on five staff members for the next three months to indicate and understanding of what constitutes abuse. A random audit will be conducted on 5 residents per month for the next three months to ensure that they feel safe and free from abuse. The results of the audits will be reported to the QAPI committee monthly for three months and information evaluated and acted upon as indicated.</p> <p>F223 PCL accepted 1/8/15 MBeckwith PML</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Debra Peralta</i>	TITLE Executive Director	(X6) DATE 1/7/15
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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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT 05158	
(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 223	Continued From page 1	F 223		
F 225 SS=D	<p>10/28/14 stating "I lost my temper and knew I was wrong".</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225	<p>F225</p> <p>Investigate/Report Allegations/Individuals</p> <p>The following will be completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. In-services reviewing mandatory reporting requirements will be completed.</p> <p>Corrective action will be completed by January 16, 2015.</p> <p>A random audit will be completed for the next three months by the DNS or designee of five staff to indicate understanding of reporting timelines. The results of these audits will be reported by the DNS or designee to the QAPI committee. The QAPI committee will evaluate the data and act on the information as indicated.</p>	

F225 POC accepted 1/8/15 MBent...

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

PRINTED: 12/28/2014
FORM APPROVED
OMB NO. 0938-0391

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F 225	Continued From page 2 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by interview, the Facility failed to assure that an allegation involving verbal abuse was reported immediately to the administrator of the Facility and to the Licensing Agency in the required timeframe for 1 of 3 residents in the sample (Resident #1). Based on record review of the Adult Protective Services/Licensing and Protection Intake Form, the Facility reported an allegation of verbal abuse to the Licensing Agency 48 hours after the alleged incident occurred. Per review of the Facility Policy entitled "Abuse Policy and Procedure", identified on page 7 is the expectation that "When an employee reports an incident of witnessed or suspected abuse, mistreatment or neglect to the Administrator/designee, the Administrator /designee will submit the report of the incident to APS as soon as possible, but NEVER LATER THAN 24 Hours after the incident". Per interview on 12/22/14 at 10:30 AM, the ED confirmed that the allegation of verbal abuse was reported late.	F 225			