

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

July 31, 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 **July 8, 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: 07/15/2015
FORM APPROVED
OMB NO. 0938-0391

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 07/08/2015
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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 An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 7/7 and 7/8/15. There were regulatory findings.	F 000		
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, resident and staff interview, the facility failed to insure the resident environment remains as free of accident hazards as is possible for 1 of 3 residents in the sample, Resident #2, regarding medications at the bedside. Findings include: During observation on 7/7/15 at 5:47 PM, Resident #2 had a bottle of Ipratropium Bromide .06% nasal spray and Saline Nasal spray 0.65% on the bedside stand. Per interview with the spouse, at the time of discovery, s/he stated that the resident has been using these sprays for a long time whenever they get stuffy, but continued to state that there hasn't been a need for them for a long time. The spouse also stated that the nasal sprays have been with the resident since admission. Review of medical record presents that the resident has an order for the medications	F 323	F323 Free of Accident Hazards/Supervision/Devices The following will be completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. Resident night stands will be inspected to ensure they do not contain any medications that have not been care planned. Education will be provided to LNA's on assisting with unpacking the belongings of new residents and the importance of removing any medications and giving them to the nurse. Corrective action will be completed by 7/29/15.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deborah P. G.D.</i>	TITLE Executive Director	(X6) DATE 7/28/15
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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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F 323	Continued From page 1 but no evidence of being assessed for self-administration of medications. Per confirmation with the Licensed Practical Nurse (LPN), Unit Manager on 7/7/15 at 6:05 PM, the resident does not have the cognitive ability to self-administer medications and that they should not be at the bedside. The LPN stated that there is no system in place to insure that a resident that is admitted from home or any place other than the hospital, is assessed to determine if they have brought in medications from home.	F 323	A random audit will be conducted by Unit Managers or designee on 15 night stands per month for the next 3 months to ensure that stands remain free of medications. The results of the audit will be reported to the QAPI committee monthly for 3 months and information evaluated and acted upon as indicated.	
F 385 SS=B	483.40(a) RESIDENTS' CARE SUPERVISED BY A PHYSICIAN A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. The facility must ensure that the medical care of each resident is supervised by a physician; and another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to insure that orders were signed by a physician for 3 of 5 records reviewed, Resident #1 and #2. Findings include: 1. During medical record review of admission orders for Resident #1, it was evident that the orders were not signed by a physician, but were signed by the Nurse Practitioner (NP). There were changes in the resident's medication	F 385	F323 POC accepted 7/30/15 by [signature] F385 Resident's Care Supervised by a Physician An audit will be conducted on charts of residents admitted after July 8, 2015 to ensure a physician signed the admission orders. Corrective action will be completed by 7/29/15. New admissions/readmissions will be audited by nurse manager or designee to ensure new admission orders have been signed by MD.	

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F 385	<p>Continued From page 2</p> <p>regimen and noted by the NP, but not confirmed with physician upon return to the facility. Resident # 1 was re-admitted to the facility on 6/23/15, after a hospital stay. Upon return to the facility the medication and orders were reviewed and noted. The orders were signed by the NP at the hospital and not by a physician. Resident #1 was seen at the facility on 6/30/15 by the Physician Assistant (PA) and again on 7/7/15 at the facility by another PA. The Licensed Practical Nurse, Unit Manager on the second floor confirmed on 7/8/15 at 11:45 AM that there is no evidence that the Physician reviewed the orders Resident #1 as per regulation.</p> <p>2. During medical record review of admission orders for Resident #2, it was evident that the orders were not signed by a physician, but were signed by the Physician Assistant (PA). Resident #2 was admitted to the facility on 5/28/15, directly from the doctor office. The admitting orders were signed by the PA and accepted by the facility. The Licensed Practical Nurse, Unit Manager on the second floor confirmed on 7/8/15 at 11:45 AM that there is no evidence that the Physician reviewed the orders Resident #2 as per regulation.</p> <p>3. During medical record review of admission orders for Resident #3, it was evidenced that the reconciled medications were signed by the Nurse Practitioner(NP) at the hospital, but not by the physician. Resident #3 was admitted to the facility 5/17/15 after a short hospital stay for left lower lobe pneumonia. The Licensed Practical Nurse, Unit Manager on the first floor, confirmed that the orders were signed by the NP and not the physician.</p>	F 385	<p>Results of the audit will be reported to the QAPI committee monthly for the 3 months and information evaluated and acted upon as indicated.</p> <p><i>F385 POC accepted 7/30/15 BB&H/AN/PML</i></p>	