

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 20, 2016

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 **May 3, 2016**. 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: 05/17/2016
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 05/03/2016
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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		
	An unannounced on-site complaint investigation was conducted on 5/3/16 by the Division of Licensing and Protection. There was a regulatory finding.		F441 Infection Control, Prevent Spread, Linens	
F 441	483.65 INFECTION CONTROL, PREVENT SS=E; SPREAD, LINENS	F 441	Residents #1 and #2 had no negative effects from the alleged deficient practices.	
	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.		Resident's requiring assistance with perineal care have the potential to be affected by the alleged deficient practice	
	(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.		The following was completed as corrective action for all residents found to be potentially affected by the alleged deficient practice.	
	(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.		Clinical competencies will be validated with nursing staff regarding Perineal Care. Follow up education regarding perineal care and/or hand hygiene will be provided and documented as need is identified.	
			An audit will be completed weekly by the DNS or designee to monitor the effectiveness of the plan.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: H. D. Presch TITLE: Center Executive Director (X6) DATE: 5/19/16

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 441	<p>Continued From page 1</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to assure staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice in 2 out of 2 units. Findings include:</p> <p>1. Per observation on 5/3/16 at 1:58 PM of Unit #1, Licensed Nursing Assistant #1 (LNA) performed incontinence care (incontinence is the accidental or involuntary loss of control of the bladder or bowel) on Resident #1. The LNA washed hands, donned clean gloves, removed the resident's pants, removed the soiled brief, cleaned the resident's peri-area (pelvic and bottom area), and removed gloves. Without sanitizing hands, the LNA donned new gloves, applied a clean brief, put the resident's pants back on and removed his/her gloves. Without sanitizing hands, he/she then proceeded to touch the draw sheet on the bed, move the privacy curtain, and remove the garbage from the resident's room. Per interview on 5/3/16 at 2:07 PM, the LNA confirmed that he/she did not sanitize his/her hands either time gloves were removed. Per interview on 5/3/16 at approximately 2:15 PM, the Unit Manager from Unit #1 confirmed that staff members were to wash/sanitize hands each time gloves were removed.</p>	F 441	<p>The QAPI committee will evaluate the data and act on the information as indicated and at the end of three months to determine further frequency of the audits.</p> <p>Corrective action will be completed by May 29, 2016</p> <p><i>F441 POC accepted 5/19/16 DMD/awickard/jma</i></p>	

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F 441	Continued From page 2 2. Per observation on 5/3/16 at 3:30 PM of Unit #2, LNA #2 performed incontinence care on Resident #2. The LNA donned clean gloves, removed the resident's pants, removed the soiled brief, cleaned the resident's peri-area, applied a clean brief, put resident's pants back on, and then removed gloves. Without sanitizing his/her hands, the LNA proceeded to put supplies away, cover the resident up, manipulate the bed control, and move the privacy curtain. Per interview on 5/3/16 at 3:38 PM the LNA confirmed that he/she did not sanitize his/her hands after gloves were removed. Per interview on 5/3/16 at approximately 3:40 PM, the Unit Manager from Unit #2 confirmed that staff members were to wash/sanitize hands each time gloves were removed.	F 441		