

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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, 2014

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 **June 30, 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

PC:jl

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

RECEIVED
Division of

PRINTED: 07/11/2014
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 _____ JUL 23 14 B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED C 06/30/2014
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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

F280

F 280
SS=D

483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:
Based upon staff interview and record review the facility failed to review and/or revise the plan of care after a fall and subsequent hospitalization for one resident [Resident #1] of 5 residents sampled.
Findings include:

F 280

Right to Participate Planning Care - Revise CP

Care Plan for resident #1 will be reviewed to ensure that a recent fall risk assessment has been completed and that the care plan is up to date.

All residents in the facility who have a fall have the potential to be affected by the alleged deficient practice.

The following is corrective action for the alleged deficient practice.

An audit will be conducted by the DNS or designee on care plans of residents who have fallen since 6/1/14 to ensure that the care plans have been reviewed and/or revised and fall risk assessments have been completed. The audit will be completed on or before July 28th, 2014.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Heather P. ...

Executive Director

7/18/14

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 280	Continued From page 1 Per record review, Resident #1, whose diagnoses include dementia and a history of falls, was found lying on the floor near h/her bed on 6/8/14 at approximately 5:15 A.M. Resident #1 has a Care Plan that includes 'At risk for falls/injury related to; dementia, impaired balance, and poor safety awareness'. The Care Plan notes falls with and without injuries on 4/19/14, 4/26/14, 5/21/14 and 6/2/14. Per record review and per interview with the facility's Director of Nursing [DON] on 6/30/14, the DON confirmed that Resident #1 had an unwitnessed fall on 6/8/14 and was admitted to the hospital later that day. The DON confirmed it was the facility's written policy and procedure that a fall risk assessment would be done after the fall but was not, and stated it was h/her expectation the Care Plan regarding falls and prevention would be reviewed and/or revised after Resident #1's fall on 6/8/14 and return to the facility but was not.	F 280	In-servicing on fall management, including fall risk assessment, neurological evaluation, and care plan revision following a fall will be conducted with licensed nursing staff. Falls will be reviewed weekly by the DNS and/or designee to determine that Fall Risk Assessment was conducted, care plan was reviewed and/or revised, and neurological evaluation was conducted as indicated. Results of review will be presented at monthly QAPI meetings for the next three months. Corrective action will be completed by July 28th, 2014. <i>F280 POC accepted 7/29/14 Dougherty RN/pmc</i> F281		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based upon staff interview and record review the facility failed to assure that services being provided meet professional standards of quality and are provided by appropriate qualified persons after an unwitnessed fall and change in condition for one resident [Resident #1] of 5 residents sampled. Findings include:	F 281	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS Resident #1 was not adversely affected by the alleged deficient practice.		

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F 281	<p>Continued From page 2</p> <p>Per review of the Agency for Healthcare Research and Quality; Guidelines for Fall Prevention- Evidence-based geriatric nursing protocols for best practice- [http://www.guideline.gov/content.aspx?id=43933#]</p> <p>'Major recommendations' for assessment and nursing care strategies include; "Perform a postfall assessment (PFA) following a patient fall to identify possible fall causes...because of known incidences of delayed complication of falls, including fractures, observe all patients for about 48 hours after an observed or suspected fall".</p> <p>1) Per record review, Resident #1, whose diagnoses include dementia and a history of falls, was found lying on the floor near h/her bed on 6/8/14 at approximately 5:15 A.M. Per record review, a fax sent to Resident #1's physician on 6/8/14 at 5:45 A.M. reports the fall was "unwitnessed so neuro [neurological] checks started". Per review of the facility's Neurological Evaluation, the neuro checks are to be completed every 15 minutes for 1 hour, then every 30 minutes for 4 hours, every hour for 2 hours, and then every shift for 72 hours.</p> <p>Per record review and confirmed during interview with the facility's Director of Nursing [DON] on 6/30/14, after Resident #1's fall on 6/8/14, neuro checks were completed every 15 minutes for one hour, then every 30 minutes and stopped after only one hour at 7:00 A.M. A single check was completed at 8:00 A.M., then a note added that the neuro checks were discontinued per physician order. Per record review of Nursing Notes dated 6/8/14, at 2:29 P.M. "call placed to</p>	F 281	<p>All residents in the facility who have a fall have the potential to be affected by the alleged deficient practice.</p> <p>The following is corrective action for the alleged deficient practice.</p> <p>In-servicing on fall management, including fall risk assessment, neurological evaluation, and care plan revision following a fall will be conducted with licensed nursing staff.</p> <p>Falls will be reviewed weekly by the DNS and/or designee to determine that Fall Risk Assessment was conducted, care plan was reviewed and/or revised, and neurological evaluation was conducted as indicated. Results of review will be presented at monthly QAPI meetings for the next three months.</p> <p>Corrective action will be completed by July 28th, 2014.</p>	
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F281 POC accepted 7/29/14 T.Dougherty RN/PMC

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F 281	<p>Continued From page 3</p> <p>on call Dr. Clay, received orders to discontinue neuro vitals". Per interview with the DON on 6/30/14, neuro checks should have been continued but were not from 8:00 A.M. through the 6½ hours until the physician's order was given.</p> <p>2) Per review of the Agency for Healthcare Research and Quality; Guidelines for Fall prevention- Evidence-based geriatric nursing protocols for best practice; "Following a patient fall, observe for serious injury due to a fall and follow facility protocols for management (standard of care)." Also, "When plans of care are targeted to likely causes, individualized interventions are likely to be identified. If falling continues despite attempts at individualized interventions, the standard of care warrants a reexamination of the older adult and their fall." The Guidelines also include "Provide staff with clear, written procedures describing what to do when a patient fall occurs".</p> <p>Per record review Resident #1 has a Care Plan that includes 'At risk for falls/injury related to; dementia, impaired balance, and poor safety awareness'. The Care Plan notes falls with and without injuries on 4/19/14, 4/26/14, 5/21/14 and 6/2/14. Per interview with the facility's Director of Nursing [DON] on 6/30/14, the DON confirmed that Resident #1 had an unwitnessed fall on 6/8/14 and was admitted to the hospital later that day. The DON confirmed it was the facility's written policy and procedure that a fall risk assessment would be done after the fall but was not, and stated it was h/her expectation the Care Plan regarding falls and prevention would be reviewed and/or revised after Resident #1's fall on 6/8/14 but was not. The DON also confirmed</p>	F 281		
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F 281	Continued From page 4 the facility's policy stated an incident report must be completed for resident falls and this also was not done for the resident's fall on 6/8/14.	F 281		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475025	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/30/2014
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NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 157 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)

A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e) (2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:

Based upon interview and record review, the facility failed to immediately notify the resident's legal representative after an unwitnessed fall and change in condition for one resident [Resident #1] of 5 residents sampled.

Findings include:

Per record review, Resident #1, whose diagnoses include dementia and a history of falls, was found lying on the floor near h/her bed on 6/8/14 at approximately 5:15 A.M. Nursing Notes for 6/8/14 at 12:03 P.M. report Resident #1 "was complaining of right hip pain this morning and was given a [narcotic pain medication] with fair results". [The medication was given at 8:20 A.M.] "Patient states it is still sore. Patient's hip was assessed for bruising or redness related to overnight episode on floor; hip shows no areas of concern however, there is a quarter sized bruise beginning to develop on [h/her] right buttock." The nursing notes ends with "MD and family to be notified". At 2:29 P.M. on 6/8/14 nursing notes report "Daughter made aware of incident. [Res. #1] complained again of pain and requested another pain pill."

Per interview with the facility's Director of Nursing [DON] on 6/30/14, the DON confirmed the daughter was not notified for more than 8 hours after the fall, and it was h/her expectation that after Resident #1 was found on the floor, with bruising noted and complaining of pain, the resident's family should have been notified sooner but was not.

*This is an "A" level citation.

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