

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

September 23, 2013

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

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 20, 2013**. 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  
SEP 16 13

PRINTED: 09/04/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	Licensing and Protection  (X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/20/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRINGFIELD HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHESTER RD</b> <b>SPRINGFIELD, VT 05156</b>
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F 000  F 225 SS=D	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 8/19-8/20/13. Regulatory findings include:</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) <b>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</b></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</p>	F 000  F 225	<p><b>F225</b></p> <p><b>Investigate/Report Allegations/Individuals</b></p> <p>The following was completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. In-servicing reviewing the Elder Abuse Act and mandatory reporting will be completed by September 30, 2013 with a minimum of ninety percent of the direct care staff being in-serviced.</p> <p>A random audit will be completed for the next three months by the DNS or designee of seven staff reviewing what</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Debra Resch* TITLE: *Executive Director* (X6) DATE: *9/12/13*

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.

*PMA*

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F 225 Continued From page 1  
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 appropriate corrective action must be taken.

This REQUIREMENT is not met as evidenced by:  
Based upon interview and record review the facility failed to ensure that witnessed potential abuse towards one of 4 residents of the sample group [Resident #4] was 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). Findings include:  
Per record review Resident #1's Behavior/Intervention Monthly Flow Record for November 2012 documents an episode of "aggression toward others" on the evening shift on 11/27/12. Per record review of Nursing Notes for Resident #1 dated 11/27/12 at 10:42 P.M. "constant 1 on 1 needed to stop [Resident #1] from disturbing other residents in their rooms. Became aggressive when another resident approached [him/her] and slapped [Resident #4] in the head."  
Per interview with the Director of Nursing Services [DNS] on 8/20/13 at 1:40 P.M. the DNS confirmed the Nursing Note for Resident #1 on 11/27/12 documented an allegation of Resident to Resident abuse towards Resident #4. The DNS stated h/she had not been aware of the incident, and confirmed the incident should have been identified as potential abuse toward a resident. The DNS also confirmed that the incident should have been reported to the DNS and/or the facility's Administrator, should have been reported

F 225

constitutes as abuse and what needs to be done if that staff observes a resident being a victim of abuse. The results of these audits will be reported by the DNS or designee to the CQI committee. The CQI committee will evaluate the data and act on the information as indicated.

*F225 POC accepted 9/12/13 TDougherty/rs/ame*

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F 225  F 281 SS=D	<p>Continued From page 2 to the appropriate State Agency, and should have been investigated by the facility but was not.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon staff interview and record review, the facility failed to assure that Physician Orders for treatment of a pressure ulcer were implemented for one of four residents [Resident #2] in the sample group. Findings include:  Per record review on 8/20/13, Resident #2 was admitted to the facility on 1/11/13. A Skin Assessment conducted on Resident #2's admission notes "skin integrity problems- yes" and documents a "Right buttock pressure ulcer, stage 2" [the assessment defines Stage 2 as "Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough"]. The Minimum Data Set (Comprehensive Assessment) for Resident #2's admission lists the number of Stage 2 ulcers "that were present upon admission/entry or reentry: 1; Date of oldest Stage 2 pressure ulcer: 1/11/13". Per interview with the Director of Nursing Services [DNS] on 8/20/13 at 1:40 P.M. the facility has "standing orders" regarding treatment for residents' pressure ulcers. These Physician orders can be implemented immediately upon discovery and assessment of skin integrity</p>	F 225  F 281	<p>F281 Services Provided Meet Professional Standards</p> <p>The following was completed as corrective action for all residents found to have the potential to be affected by the alleged deficient practice. All residents were reviewed for current skin issues, staging, documentation completed, physicians notified of wounds and treatments, appropriate treatment and documentation put into place. An in-service with Licensed Nurses will be completed on September 10, 2013 through September 17, 2013 where Wound Assessments and Measurements will be reviewed as well as protocol orders for wound treatment. Revera's Pressure Ulcers/Skin Breakdown-Clinical Protocols will be reviewed.</p>	

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F 281	<p>Continued From page 3 issues. Per record review Physician Orders for Resident #2 dated 1/11/13 include "may use standing orders". The DNS confirmed there was no documentation that these orders for treatment of Resident #2's pressure ulcer were implemented after the Stage 2 ulcer was noted during the Admission Assessment on 1/11/13. The DNS confirmed that there was no documentation that Resident #2's pressure ulcer was monitored, assessed, or treated until 1/14/13. The DNS confirmed it is his/her expectation that treatment of Resident #2's pressure ulcer should have begun on 1/11/13 after discovery during the Admission Skin Assessment, but it was not. Reference: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams &amp; Wilkins.</p>	F 281	<p>A random audit will be completed for the next three months by the DNS or designee of ten newly admitted patients for skin issues, completion of the appropriate assessment, treatment and monitoring of any skin issues. The results of these audits will be reported by the DNS or designee to the CQI committee. The CQI committee will evaluate the data and act on the information as indicated.</p> <p><i>F281 POC accepted 9/20/13 TDougherty/ren/pmc</i></p>	
F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon staff interview and record review, the facility failed to assure that one of four</p>	F 314	<p>F314 Treatment/SVCS the Prevent/Heal Pressure Sores</p> <p>The following was completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. All residents were reviewed for current skin issues, staging, documentation completed, physicians notified of wounds</p>	

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F 314	<p>Continued From page 4</p> <p>residents in the sample group [Resident #2] received the necessary treatment and services to promote healing and prevent infection of a pressure ulcer.</p> <p>Findings include:</p> <p>Per record review on 8/20/13, Resident #2 was admitted to the facility on 1/11/13. A Skin Assessment conducted on Resident #2's admission notes "skin integrity problems- yes" and documents a "Right buttock pressure ulcer, stage 2" [ the assessment defines Stage 2 as "Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough"].</p> <p>The Minimum Data Sheet (comprehensive assessment) for Resident #2's admission lists the number of Stage 2 ulcers "that were present upon admission/entry or reentry: 1; Date of oldest Stage 2 pressure ulcer: 1/11/13".</p> <p>Per interview with the Director of Nursing Services [DNS] on 8/20/13 at 1:40 P.M. the facility has "standing orders" regarding treatment for residents' pressure ulcers. These Physician orders can be implemented immediately upon discovery and assessment of skin integrity issues.</p> <p>Per record review Physician Orders for Resident #2 dated 1/11/13 include "may use standing orders".</p> <p>The DNS confirmed there was no documentation that these orders for treatment of Resident #2's pressure ulcer were implemented after the Stage 2 ulcer was noted during the Admission Assessment on 1/11/13.</p> <p>Per record review the Treatment Record for Resident #2 regarding a "stage 2 Right buttock ulcer" is dated and begun on 1/14/13.</p> <p>The DNS confirmed that there was no</p>	F 314	<p>and treatments, appropriate treatment and documentation put into place. An in-service with Licensed Nurses will be completed on September 10, 2013 through September 17, 2013 where Wound Assessments and Measurements will be reviewed, as well as protocol orders for wound treatment. Revera's Pressure Ulcers/Skin Breakdown – Clinical Protocols will be reviewed.</p> <p>A random audit will be conducted for the next three months by the DNS or designee of ten newly admitted patients for skin issues, completion of the appropriate assessments, treatment and monitoring of any skin issues. The results of these audits will be reported by the DNS or designee to the CQI</p>	

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F 314	Continued From page 5 documentation that Resident #2's pressure ulcer was monitored, assessed, or treated until 1/14/13. The DNS confirmed it is his/her expectation that treatment of Resident #2's pressure ulcer should have begun on 1/11/13 after discovery during the Admission Skin Assessment, but it was not.	F 314	committee. The CQI Committee will evaluate the data and act on the information as indicated.  <i>F314 POL accepted TD [signature] PM</i>	